

REVIEW OF REVIEWS

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RARITY OF BONE AND JOINT TUBERCULOSIS IN THE TROPICS

Bone and joint tuberculosis is very rare among children living in the tropics. The tropical sunlight, so rich in ultraviolet rays, is probably what protects our children from such dreadful afflictions.

In our tuberculosis dispensaries, in San Juan and other towns of the island, we have recorded only two cases of bone tuberculosis and none of the joint variety, among several hundreds of cases of tuberculosis seen during the past two years.

Dr. Robert A. Lambert, Director of the School of Tropical Medicine of Porto Rico, published in November, 1925, in the *American Review of Tuberculosis*, a review of findings in 492 autopsies performed in Sao Paulo, Brazil, by himself and Dr. De Castro Filho, of the Institute of Pathological Anatomy at Sao Paulo. In this review, Lambert and De Castro Filho state that 60 per cent of the cases studied in this series of autopsies showed evidence of active or healed tuberculous infection. Tuberculosis was directly the cause of death in 83, or 20.6 per cent, of their cases. Among all the cases studied, only one showed evidence of manifest bone tuberculosis.

Discussing this phase of their work, Lambert states:

"There is little to record respecting bone tuberculosis, except its striking rarity. Only a single instance of caseous involvement was found, this a case of typical Pott's disease, in which death resulted from a generalization of the infection. It is possible, of course, that an occasional case of early or slight bone involvement may have escaped notice, but the fact remains that among more than four hundred autopsies only one case of manifest bone tuberculosis, and none of the joints, tendons or skin, was seen."

Townsend, of the U. S. Public Health Service, in a survey of the tuberculosis situation of Porto Rico made in 1923 and published last year, remarks that tuberculosis of the bones and joints is very rare among the children of Porto Rico. Our studies, as already stated, confirm his views.

It is also interesting to note that rickets, which is so common in the United States, is exceedingly rare among the children of Porto Rico. This is no doubt due also to the beneficial action of the ultra-violet rays of the tropical sunlight.

ENLARGED THYROIDS AND INTELLIGENCE

Enlarged thyroids apparently have little influence on the intelligence of children of school age, according to the conclusions of Mabel R. Fernald, Director of the Psychological Laboratory of the Vocation Bureau of the Cincinnati Public Schools, who made a study on 3,796 children in the sixth grade of the Cincinnati Public Schools.

Dr. Fernald found some degree of thyroid enlargement in 25.2 per cent of the white boys and 39.6 per cent of the white girls studied, but she could not find any marked difference in intelligence between the children with thyroid enlargement and those without it. In determining the intelligence of the children studied in this survey, the indices followed were: First, "the information afforded by school retardation or advancement as indicated by age"; and second, "the record of a standard group test devised to measure intelligence".

—*Public Health Reports*, May 21, 1926.

LAENNEC

It will be just one hundred years next August since Laennec, greatest of all latin clinicians, died.

Laennec was the father of modern physical diagnosis. He differentiated tuberculosis from all the other diseases with which it had been confounded from time immemorial. He invented the stethoscope, and wrote a treatise on physical diagnosis that will forever be a classic. He described bronchiectasis, pulmonary emphysema, and pulmonary gangrene for the first time. He discovered the true nature of hydatid cysts. He discovered the form of cirrhosis of the liver known today as Laennec's cirrhosis. He did remarkable work on cancers. He represented the ideal medical man, pathologist as well as clinician, thorough and conscientious in his scientific work, kind and sympathetic, unpretentious and always willing to sacrifice himself for the good of others.

A more lovable character than Laennec's will hardly be found in the history of medicine. One hundred years have served to make the world realize the immensity of his genius and the almost divine nature of his personal traits.

FOOD FALLACIES

The following is taken from an article by Irene Rich which appeared in the June number of *Hygeia*:

"The number of persons who believe that oranges give them acid stomach, and that milk and acid fruits eaten together curdle on the stomach, is legion. It is a sad commentary on the meager knowledge of gastric physiology possessed by the populace.

"To begin with, the digestive juices in the stomach are acid; therefore orange juice could not make them that way. Milk, as soon as it reaches the stomach, is curdled by the gastric juice, in the perfectly normal process of separating the casein, or solid part of the milk, from the whey, or watery part. Exactly the same process takes place as in the making of cottage cheese. Any one who has ever had a baby in the house knows that milk is changed from an apparent liquid into a partial solid almost as soon as it is eaten.

"It is quite all right to eat oranges, grapefruit or berries for breakfast, and to follow them with cereal with milk and cream on it."

Discussing fish as a brain food, Irene Rich says:

"Another old wives' tale in cookery is that fish is a brain food. Fish is the same kind of food as meat, which is protein and fat. All food that nourishes the body nourishes the brain, because all of the organs draw their food supply from the same source, the blood stream. Fish is no more a brain food than milk is a heart food, or eggs an eye food, or carrots a foot food."

Propaganda of this kind is greatly needed. Such food fallacies as pointed out by Irene Rich are even more common in latin countries than they are in the United States; and they should be by all means discredited.

MIDWIVES

By far the largest proportion of children that are born every day in Porto Rico are brought to the world with the assistance of midwives. Most of these midwives are ignorant, superstitious, and absolutely unfit for the work they are doing; but many of them are amenable to advice and instruction and could be taught cleanly habits and conscientious, prudent midwifery if a real effort was made to instruct them.

In this respect, we might well follow the example of the state of New Jersey, where the Health Department has tried with remarkable success to organize and instruct its midwives.

A very interesting and instructive article on this subject ap-

pears in the April issue of *The Nation's Health*. The article is written by Dr. Henry B. Costill, Director of the New Jersey State Department of Health.

Discussing midwifery supervision in his State, he says:

"Progress in midwifery supervision has been made in New Jersey not by assuming that 'it is impossible to train a midwife sufficiently to make her a safe person to attend cases'—an opinion expressed by a pediatrician at a conference on infant mortality held some years ago in Philadelphia—but by organization and sympathetic, vigorous supervision. New Jersey is divided into twelve districts, each in charge of a supervisor who visits all of the midwives in her district at least once a month and in many instances more often. The purpose of the supervisor is to check up in detail the midwife and her work. All puerperal deaths, infant deaths, and still-births attended by midwives are investigated by the state supervisor, and later visits are made in company with the midwife upon all antepartum and postpartum cases.

"Stimulated by the supervisors, the midwives have formed county associations which meet usually once a month. During 1924, eighty-three such meetings were held with a total attendance of 1,057. As a rule each county association arranges for at least ten meetings, at which a definite uniform series of lectures is carried out in each district. These lectures are given either by the supervising nurses or by pediatricians invited for this purpose."

Summing up the result of this new method of organization and supervision in New Jersey, Dr. Costill says:

"Midwives in New Jersey today obey the law and follow the rules of the state department of health. They attend the meetings of their county associations, they use silver nitrate in the eyes of new-born babies, they urge their prospective patients to go to a clinic for a prenatal examination where such services are available, they call a physician when abnormalities are encountered, and, what is more important, they teach the mother the rudiments of child care, a work which is continued throughout infancy and childhood in the child hygiene program."

A MAN SHOULD LIVE 125 YEARS

"Postponing Our Own Funerals" is the title of an interesting article by Thurman B. Rice, which appeared in the June issue of *Hygeia*, the Health magazine published by the American Medical Association.

Rice states that a man should live to be 125 years old, and his main reason for this statement is, he explains, that other mammals live five times as long as it takes them to become mature.

"For instance,—he says—a dog is mature at 2 years old and is old at 10 years.

"A cow is mature at about 3 years and is old at 15 years.

"A horse is mature at about 5 years and is old at 25 years.

"A man is mature at about 25 years, and at the same rate should live one hundred and twenty-five years."

He thinks we are on our way to the new goal of six scores and five.

"The average length of life has been so rapidly increasing in recent years—he says—that it will not be long until we must revise the three-score-and-ten idea. During the dark ages the average length of life was about nineteen years; in 1800 it was thirty-three; in 1855 it had risen to forty, and now it is about fifty-eight."

