

## REVIEW OF REVIEWS

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### IMMUNIZATION AGAINST MEASLES

The following is taken from *The Nation's Health*:

"Recent discoveries by research workers have shown that the coccus of measles, always present in the early stages of the disease, when injected into the blood of goats, causes the formation of an immunizing body that acts as a preventive of the disease in humans. This goat germ, if injected into the blood of susceptible persons not later than the fifth day following exposure to the disease, forestalled the onset of measles in ninety per cent of the experimental cases, according to Dr. Ludvig Hektoen, chairman of the medical division of the National Research Council."

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### DISSEMINATION OF LEPROSY BY INSECTS

"Addressing the Société de Pathologie Exotique, de Mello and Cabrol have given the results of their researches at the leprosarium in Mapuca. Flies and other insects have been caught about the beds of leprosy persons, and, in 50 per cent of the cases, acid-fast bacilli resembling *Bacillus Lepræ* were found within their bodies. It was, of course, impossible to obtain the conclusive proof derivable from the inoculation of man. Possibly flies and insects contribute to the spread of the leprosy bacillus from man to man. However, de Mello and Cabrol found on lepers themselves, flies and other insects that were free from bacilli. During the discussion, M. Marcel Larger recalled that, about the middle of the last century, Daniel de Beauperthuy, a French physician established in Venezuela, had pointed out that the transmission of leprosy was accomplished probably through the mediation of flies and other insects."

—(From the *Journal of the American Medical Association*)

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### ABOUT COLDS

The following useful information about the common cold is given by *Hygeia*:

"The common cold is badly misnamed. The condition is really an inflammation of the mucous membrane of the nose, throat or larynx. The cause of colds is bacteria, it is generally believed, but there are many factors that en-

courage colds, though these factors cannot be considered causes. Fatigue, too much or too little food, dust of all sorts, overheated rooms and too heavy clothing are some of these encouraging conditions.

“‘Feed a cold and starve a fever’ may be a garbled way of saying ‘if you feed a cold you may have to starve a fever’. Certainly one should eat lightly with a cold, take plenty of water and rest and keep warm. If the cold does not respond immediately to this simple treatment one should consult a physician, for the consequences of colds are many and serious, ranging from infections of the sinews, middle ears and mastoids to pneumonia.

“To avoid a cold, keep away from persons who have colds and keep the body in as good condition as possible, so that it will have strength to resist the germs that cannot be altogether avoided. Proper ventilation including sufficient moisture in rooms, enough rest, moderation in eating and dressing, and daily outdoor exercise are good preventives of colds.”

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#### HEALTH EXAMINATIONS IN COLLEGES

An editorial of *The Nation's Health* calls attention to the advantages that could be derived from a conscientious study of the physical condition of every college student, with a view to training him in the formation of better health habits, and improving his health in every possible way.

“What is being done with the information obtained by physical examination of students as they enter college? Is it effectively used to bring to the student the need for corrections and changes in his habits of life, or is the experience looked upon by the student as an ordeal to be endured as a requisite to matriculation?

“The practice in this regard may have a more far-reaching effect upon health problems than the school authorities suspect. By a proper use of this required procedure much benefit can accrue to the student both immediately and for his future life. Either he will retain a favorable reaction towards such procedures with gratitude for the information the experience has brought him or he will feel that it is an intrusion of his personal life that is unwarranted and without benefit.

“The one reaction will make for the extension of the periodic health examination with an appreciation of health values and their place in the scheme of living. The opposite reaction will hold down any intelligent interest in health matters and by so much retard the progress of health education among this interesting and influential group.”

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#### A SCHOOL FOR THE STUDY OF MALARIA

“A special school of malarology, attached to the hygienic institute of the Faculté de Médecine de Paris, has recently been established with the aid of the health section of the League of Nations. From June 7 to July 13, 1927, the school will give a series of thirty-

two hourly lectures, in six series, each followed by a three-hour laboratory period. A special diploma will be given to those who complete the course and pass the two final examinations, provided they are French doctors of medicine or foreign physicians holding a doctor's diploma from the University of Paris. A certificate of diligence will be given to all students who complete the course but do not take the examinations. The tuition fee is 850 francs. Foreign candidates who are recommended by the administrations of the public-health services in their respective countries may apply, in order to secure admission to the course, to the health section of the League of Nations at Geneva. A number of scholarships are available, and will be granted on the basis of requests presented by foreign sanitary administrations."

—(From the *Journal of the American Medical Association*)

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#### CHLORINATED WATER IN UNITED STATES

*Health News*, of New York, quotes Mr. L. H. Enslow of the Chlorine Institute, who estimates that there are over 6,000 installations of liquid chlorine equipments in the United States today, treating nearly four billion gallons of water per day, and that more than seventy per cent of the drinking water of the United States is chlorinated.

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#### CANCER DISPENSARIES IN PERU

The following news item is taken from *The Nation's Health*:

"The efforts of the Surgical Society of Peru in initiating a campaign against cancer brought about the creation of an anticancer league, following the recommendations of the permanent committee composed of Dr. Juan José Mostajo, Dr. Constantino J. Carvallo, and Ricardo Palma, which was named for this purpose. The league proposes to open dispensaries in several of the hospitals in Lima where cancer patients may be examined and classified, and to establish in the hospitals special wards for cancer patients until a special cancer hospital is built. Visiting nurses are to be provided to visit patients in their homes and see that they follow instructions given by the attending physician and watch the results of the treatment prescribed."

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#### FELLOWSHIPS IN PSYCHIATRY

"The National Committee for Mental Hygiene announces the availability of fellowships for training in extramural psychiatry.

These fellowships are made possible by a renewal from the Rockefeller Foundation, for a second period of three years, of an appropriation of \$40,000.

“The fellowships will be given to physicians who have had previous hospital training in psychiatry and who are anxious to fit themselves for extramural work in child guidance, delinquency, education, dependence and industry. Fellowships will also be granted for the training of social workers in psychiatric social work. For detailed information address Frankwood E. Williams, M. D., National Committee for Mental Hygiene, 30 Seventh Ave., New York City.”

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#### TYPHOID FEVER IN THE UNITED STATES

“The fifteenth annual survey of typhoid mortality”—says the *Journal of the American Medical Association*—“bears testimony to the remarkable improvement in typhoid rates which has occurred in the large cities in this country since these summaries were first undertaken. Data are available throughout the whole period for fifty-nine cities, which in 1910 had a population of 21,125,340 and in 1926 an estimated population of 29,784,917. Despite this population increase of over eight million, the actual number of typhoid deaths fell from 4,143 in 1910 to 822 in 1926, and the rates per hundred thousand of population from 19.61 to 2.76. If the rate that prevailed in 1910 had been maintained in 1926, the number of typhoid deaths would have been 5,840, or more than 5,000 deaths in excess of the number actually recorded. Since a material reduction in typhoid case fatality rates has not occurred during this period, these figures mean that probably 50,000 cases of typhoid, which would have occurred in our cities in 1926 if the 1910 rate had continued, were prevented. This record is an eloquent tribute to the increasing efficiency of American sanitation.

“It is somewhat surprising that after a period of four years during which marked typhoid reduction did not take place, a distinct increase even occurring in 1925, a rather substantial decline should be reported in 1926 marking indeed a drop of more than 10 per cent below the previous low rate. The fact that this decline was manifest in seven of the eight geographic divisions of the United States may have important epidemiologic implications and is at least worth noting as confirmation of the widespread belief in special ‘typhoid years’.

“Great as the improvement has been, let us hope that it is only an earnest of what is to come. Our city typhoid rates still average considerably higher than the rates in a number of European cities. The recent epidemiologic reports of the Health Section of the League of Nations, although not covering exactly the same period, show that in the large cities of England and Wales (with a total population of 19,474,270) the typhoid rate for 1926 was only about 0.7, the rate for London being about 0.6 and that for Birmingham still less (0.45). The German cities as a whole did not do so well, the typhoid rates for forty-six cities (population 16,746,000) being about 2.7. This relatively high rate was due in large part to an unusual prevalence of typhoid in a certain district in Germany in September and October, 1926. The Berlin typhoid rate in 1926 was but little higher (0.8) than that of London, and the Munich rate was lower. There is therefore every prospect that a further shrinkage in typhoid mortality can be brought about in the large cities of the United States, although the progress may not be at so rapid a rate in the future as it has been in the past. Urban typhoid mortality in the British Isles has reached a point not quite half what it still is in the best geographic division of the United States.”

—(*Journal of the American Medical Association*)

