REVIEW OF REVIEWS

MID-SESSION LUNCHEONS

"The *raison d'etre* for schools serving mid-session nourishment has been established gradually during the past ten or fifteen years," say Stone and Turner, writing for the *Nation's Health*. "Much study has been given to the health needs of the school child", they add, "and as a result actively functioning health-education work has grown up in the schools. This has placed a necesary emphasis on health as an integral part of a well-rounded educational program. With this work has come a realization that many children, from well-to-do as well as from poorer homes, come to school inadequately nourished. To meet this problem and because many children profit by an extra feeding the mid-session lunch was evolved."

"Occasionally we hear the objection from parents that if the children drink milk at school they have no appetite for their noonday lunch. There should be no objection on this score if the milk is served sufficiently early in the morning.". In a number of cities where a study of mid-session luncheons was made, luncheons were served between 9:30 and 10:40 in the morning, with the majority serving before ten o'clock. "That practically no complaints of the above character were received would seem to indicate that the hour of serving was satisfactory to the parents."

A WAY TO CHECK RESULTS OBTAINED IN HEALTH-EDUCATION CAMPAIGNS

"In a recent health campaign in Chile," states Surgeon Long, of the *United States Public Health*, "measures were taken to check the results obtained by measuring the interest that the public was showing in public-health matters. This interest was measured in terms of articles bought by the public which had relation to the public health."

"In order to confirm the general impression that the public was interested in improving sanitary conditions," says Dr. Long, "some of the principal wholesale houses, and producers and vendors of food supplies were asked for figures as to sales of articles having

relation to the public health in 1926 as compared with sales in previous years. Some of the information obtained was as follows:

"The sale of soap increased ten times as compared with 1925.

"The sale of canned milk increased from five to six times; and for the first time milk producers were willing to make wholesale sales on the basis of the fat content of the milk, thereby removing all incentive to water or adulterate it.

"A number of new and modern dairies began to function, three in Santiago alone, and Pasteurized milk can now be obtained at fairly reasonable prices—an entirely new condition.

"Sales of fly-killing substances increased from five to six times.

"Refrigerating apparatus was sold as fast as it could be obtained; and a tremendous demand grew up for the better care and conservation of milk and other foods.

"Physicians, hospitals, dispensaries, and clinics reported a larger clientele than ever before, and the patients arrived in earlier stages of the disease, so that results were better.

"Curiously, quacks and fakers also increased, and the Health Service had more prosecutions of this type than ever before.

"It became the custom to inquire of the Health Service as to the sanitary security of summer resorts and bathing places, especially during the vacation season from December to March, and hundreds of inquiries were answered by telephone and letter.

"The sales of bottled gaseous waters, of preparations containing chlorine for the sterilization of water, also markedly increased.

"In all, it is conservatively estimated that probably 10,000,000 *pesos* more were invested by the public during 1926 in articles having a bearing on the public health than were so invested in any previous year."

THE SPLEEN RATE IN MALARIA SURVEYS

The following conclusions are arrived at by Coogle, of the United States Public Health Service, after a study of "The Spleen Rate As a Measure of Malaria Prevalence in the United States", which appears in *Public Health Reports* of June 24, 1927:

"A history rate alone is manifestly unreliable as a quantitative measure of the amount of malaria in a community. It is useful as indicating the probable presence or absence of a malaria problem and the need, or lack of need, of more exact determination by the spleen or blood method or both.

"The spleen rate is evidently a useful index in southern United States; but, owing to the small numbers involved, it should be supported wherever prac-

ticable by the examination of blood smears. An erroneous impression might be obtained by depending upon either method alone. The combination of the two presents a much more accurate picture.

"The results of these and of previous studies show that, except for certain very limited areas, malaria is only lightly endemic in southern United States. The spleen and blood rates are, for the most part, quite low as compared with similar rates in the native populations of many tropical countries. This is not surprising in view of (1) the relatively short period of transmission—from about June 15 to October 1; (2) the comparatively good economic status of most rural populations in this country—particularly as affecting nutrition and quinine medication; and (3) the fact that the disease has a definite trend downward in this country, already having disappeared from large areas."

BUBONIC PLAGUE

The following editorial on Bubonic Plague appears in a recent number of the *Nation's Healths*

"One of the most serious and difficult sanitary situations that confronts the world today is that of bubonic plague. Man has developed methods of control and prevention of acute and chronic plague in urban areas. He has, to a certain extent, been able to control the migration of the disease from port to port but up to date little really effective work has been done in the control of the chronic reservoirs of the disease in wild animals. At the present time such reservoirs are found in Asia in the marmot, in Southwest Russia in the souslik, in South Africa in the gerbille and in the ground squirrel of California. In these areas the disease exists in the chronic and sub-acute forms, each new generation acquiring the disease and thus perpetuating it. From these reservoirs the disease spreads to suburban rodents and from them into urban rodents, thus producing outbreaks among human beings.

"In the infected rural area, farmers, hunters, and others coming into contact with infected rodents contract the disease either by inoculation by fleas or ingestion through the eating of infected rodents. This species is notoriously prolific and attempts at its extermination in an infected locale have not proven successful although in many instances large sums of money and an immense amount of effort have been expended in this direction. Attempts have been made by poisons, gas, explosives, traps and guns. The natural enemies of the rodent have also been utilized but none of these things has proven an unqualified success. At the present time about all that can be done is to limit the number of rodents and to exclude them from intimate contact with man. It is equally important that the suburban and urban rodents be protected against infection. This has been accomplished in California by the creation of rodent-free zones about suburban areas in the hope that the distribution of the suburban rat and the rural rodent may not overlap each other, thus permitting an interchange of ectoparasites.

"In the case of the marmot, it is of importance economically that this species be not exterminated since it produces fur and fat that are valuable. No practical method has been found for the utilization of the pelts or carcass of the ground squirrel, the rodent of greatest importance in this country. In this

connection it may be pointed out that this species, through its several varieties, is distributed in an almost continuous belt from the Pacific to the Atlantic and that it is not inconceivable that plague in this way might gradually extend by continuity from the *Citellus beecheyi* of California to the *Citellus franklini* of Massachusetts.

"The periodic fumigation of ships, the building of rat-proof ships, and careful quarantine inspection seem to be the methods best calculated to prevent the maritime distribution of the disease and consequently the protection of seaports. The substitution of building materials that are impervious to rodents for wood and careful limitation of the rodent species in cities seem to be the most effective weapons against plague. It must be regretfully admitted, however, that sanitary science has not yet evolved a satisfactory method of dealing with the chronic reservoirs of the infection."

ADVANCED TUBERCULOSIS

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

"Tuberculosis sanatoria are increasing throughout the country. While this increase is intended largely to provide facilities for the care of early cases, the need for proper facilities for segregating advanced cases must not be overlooked.

"Advanced cases, when in direct contact in the home with others, put too great a risk upon other members of the family. While it is most desirable to give early cases every advantage to recover, and sanitarium care is highly advantageous in such cases, due thought should be given to the needs of the advanced case in order that it may not menace others.

"An infection prevented is much better than a case arrested. Every effort should be directed to doing away with infection and the proper separation of advanced cases from the possibility of infecting others should have due consideration by those responsible for the care of those suffering from this disease."

THE MISSISSIPPI FLOOD

"There is probably no disaster in the history of the United States where the importance of disease prevention has been emphasized as much as in the Mississippi Valley flood", states the Indiana State Board of Health *Bulletin*. "Approximately 600,000 people were cared for in refugee camps established for this purpose, over a period of from three weeks to six weeks, without a single outbreak of epidemic disease of any kind. In fact the sickness rate and death rate in the refugee population was even lower than under normal conditions. This splendid accomplishment has been due to the recognition of the importance of health protection in connection with disaster and to the prompt adoption and application of well-recognized hygiene and sanitary methods of disease prevention. Not

only the states in the flood districts, but the entire contry has had a splendid object lesson in the value of hygiene, practically applied, whether in time of disaster or in normal-community life."

SUMMER CARE OF BABIES

The Bureau of Health of the City of Allentown, Pa., gives the following rules for the summer care of babies:

"Summer is the baby's hard time. It is then that most intestinal troubles come, due generally to improper or spoiled food. Breast milk is the best milk for summer. Breast-fed babies have ten times as many chances of living as bottle-fed babies.

"If cow's milk must be given, follow your doctor's instructions carefully. Feed baby regularly by the clock.

"Boil the milk in a double boiler as soon as received and then put it at once upon ice. Warm it again to body temperature (98°) just before feeding time.

"Boil nipples and bottles every day. Keep nipples in a covered jar. Do not touch the part that goes into baby's mouth.

"Cod-liver oil and the juice from oranges and tomatoes contain foods that make baby well and strong. They may be given in small quantities from the time baby is three months old.

"In very hot weather the baby needs less food but more to drink. Give cooled boiled water between feedings.

"Stop the food and have your doctor see baby at once, if you notice any of the following symptoms: Loss of appetite, vomiting, fever, restlessness, loose bowels.

"The clothing in warm weather should be very light.

"Bathe the baby morning and evening and, in very hot weather, in the middle of the day. This avoids prickly heat.

"Keep dirty napkins in a covered pail of water.

"Keep baby out of doors as much as possible.

"Keep flies away from the baby and its food.

"Daily sun baths are good for baby. Shade his eyes and let him lie in the sunshine only a few minutes the first day. Gradually increase the length of time and the amount of skin exposed until his whole body is well tanned. The sun's rays must be *direct—not through glass. This is important.*

"Have your baby examined by your doctor at least every two weeks during the summer. Prevention is easier than cure."

RELATION OF GOOD POSTURE TO GOOD TEETH

The following is taken from a recent number of *Hygeia:*

"Poor posture, especially during sleep, is blamed for many cases of malocclusion, or poor relation of the closed jaws, by Dr. M. Evangeline Jordon, writ-

ing for the American Dental Association. 'The infant who is put to sleep on his face and allowed to remain that way', says Dr. Jordán, 'presses the soft arches of the mouth in such a way that they are soon no longer in proper relation to each other.'

"The same thing may occur later if the older child forms the habit of sleeping on a hand, an arm or a rolled pillow. Nail-biting, thumb-sucking and lip-sucking are other habits that may cause serious malocclusion.

"During infancy, which is the correct time for establishing good habits of posture, especially in sleep, the child should be taught to sleep on his back with his arms to the sides, even if they must be bound. Later he should be watched to prevent development of such injurious habits, advises Dr. Jordon."

CANNED FOOD

The following news item was also taken from *Hygeia:*

"Housewives need no longer hasten to pour the contents of a can of food into a bowl immediately after opening the can, as has been the custom of many of them, for there is no scientific basis for this procedure, according to Dr. J. C. Geirger of the University of Chicago laboratories, writing in the *Chicago Daily News.*

"The kind of dish in which food is kept has no influence on food poisoning, which is due to bacterial action. The inside of a tin container has been sterilized at the same time as the food it contains and is often more sterile than the dish into which the food is poured," observes Dr. Geiger. There is no scientific evidence for the theory that the tin lining of the can becomes corroded and yields poisons, which may attack the system.

"In an article in the *American Food Journal* Dr. Geiger give the results of a scientific investigation that also proves that the container does not affect the contents either by removing properties or by imparting substances."