

REVIEW OF REVIEWS

SANITARY ETIQUETTE

The following article on Sanitary Etiquette was taken from a recent number of the bulletin of the New Mexico Bureau of Public Health:

"Among the several modes of transmission of human disease, modern sanitarians have assigned high place to personal contact. There are a large number of serious and important diseases, known as contact infections, which are transmitted and propagated largely, if not exclusively, by personal contact. Such diseases include pneumonia, influenza, diphtheria, scarlet fever, measles, whooping cough, smallpox, chickenpox, mumps, and the common cold. These are, of course, all germ diseases. Their method of spread is through personal contact between a person who harbors the infection and another who is susceptible to the same infection. In typhoid fever and some other diseases the person who harbors the infection need not necessarily be sick; he may harbor the infection as a carrier—and in some diseases the carrier is an important source of transmission."

"These personal contacts may be direct or indirect; the more direct the more dangerous. Such contacts literally represent an exchange of bodily secretions or excretions between the persons involved. These contacts are far more common than most people realize; and under our modern complex social organization, especially in large cities, close personal contacts in a variety of ways are absolutely unavoidable. Some depend upon customs and usages difficult to break up, as, for example, inconsiderate use of the handkerchief with soiling of the hands, indiscriminate kissing, and handshaking. The Chinese custom of bowing and then shaking one's own hand is far more desirable from a sanitary standpoint. There are a number of these contacts, however, which can not be defended on any grounds. They simply represent unhygienic manners. One of these habits is particularly reprehensible, and it is the habit of passing some article to another person after it has been wet with saliva."

"In view of the recent prevalence of influenza, which is one of the important contact diseases, it is a good time to bring to public attention this habit, which is very common, easily avoidable, and thoroughly condemnable from every standpoint. This is the habit of sticking one's fingers in the mouth before performing some action that involves another person. It is usually associated with the passing of some article to another person after it has been wet with saliva. Could there be any closer or more direct personal contact between individuals?"

"The prevalence of this practice is widespread. From limited observation, it would appear particularly common among those who have to handle paper of any kind; that is, paper which is piled in stacks or bound in books. But it is by no means confined to those engaged in such activities. With many persons it seems simply to be a form of nervousness, or a nervous bad habit."

"A while ago some sanitarian, impressed with the undue prevalence of customs and habits involving an exchange of saliva among persons in their daily

contacts, cleverly suggested, in order to visualize what was really going on, that we should imagine salivary secretions colored blue. He then, in imagination, followed a few individuals through a day of active existence. At the end of the day he tried to evaluate them chromatically. He concluded that most of them in the color scale would be found well spotted to an indigo blue."

"What should we do about it? Certainly in matters of this kind education is far more effective than law. If people generally disapprove unhygienic habits, then public opinion will correct them speedily."

DANGERS OF VACCINE THERAPY

In an article of Ludvig Hektoen and Ernest E. Irons, which appears in one of the recent numbers of *The Journal of the American Medical Association*, the following cases of deaths after the administration of therapeutic vaccine, are reported:

"1. In a case of erysipelas following pneumonia, a moderate dose of mixed streptococcus stock vaccine was administered subcutaneously. The respiration immediately became rapid, and there was tachycardia, collapse, and death a few hours after the injection."

"2. In a case of thrombophlebitis a polyvalent stock vaccine was administered subcutaneously, with an immediate severe reaction and pulmonary embolism."

"3. In a case of Ludwig's angina, the patient was given a moderate subcutaneous dose of polyvalent stock vaccine, with immediate respiratory disturbance, syncope, and death in a few hours."

"4. Within four hours after the subcutaneous administration of a polyvalent mixed stock influenza vaccine, as a prophylactic, to a healthy person, death occurred."

"5. In two cases of advancing infections in the neck, operative relief was prevented by the insistence of physicians on the use of polyvalent stock vaccines."

"6. Mixed stock polyvalent influenza vaccine, given subcutaneously as a prophylactic, was followed immediately by a severe, spreading lymphangitis, and death within forty-eight hours. (Bacteriologic examination of the ampule of the vaccine, at the state laboratory, failed to reveal any evidence of contamination.)"

"Striking evidence of the interest taken by physicians in cases of this sort is shown by the fact that in case sixth, five physicians of the town, besides the one in whose practice the case occurred, reported in their answers on this instance of death."

"7. Several physicians report occasional untoward reactions from the use of stock vaccines as prophylactics in typhoid-paratyphoid fevers."

"8. Five cases of death were reported by tuberculosis specialists in which subcutaneous injections of stock mixed vaccines seemed to activate latent foci of tuberculosis."

IN BEHALF OF THE CRIPPLED

The following editorial entitled "The Care of the Crippled", appeared recently in *Hygeia*, the health magazine published by the American Medical Association:

"With the advancement of civilization more and more attention is being given to the care of the defectives that are a product no doubt of the benefits that civilization has conferred upon some of us. The number of mental defectives is so appalling as to demand the formation of special societies to consider their problems. At least three million children have difficulties with their education because their hearing is not what it should be. The blind, the partially blind and those requiring the aid of glasses are a great group of the disabled. The pace of modern industry and the intricacies of the machines yield vast numbers of industrial injuries. The great toll of paralyzes from anterior poliomyelitis, or infantile paralysis, and from meningitis (the two great crippling diseases of childhood), from acute rheumatic fever and from chronic disturbance of the joints, from tuberculosis and similar diseases is one of the great social and medical problems of our day."

"The latter problem has appealed particularly to Governor Franklin D. Roosevelt, himself a sufferer from infantile paralysis, but a man who has risen triumphantly above the effects of his disease."

"In his message to the legislature of the state of New York the governor devoted special consideration to the care of the state's cripples:

"While we have made and are making splendid progress in caring for the general health of our citizens, there are two specific matters in which we can lay the foundations for great public benefit."

"The first of these is the care of adults and children who, through accident or disease, are so crippled in body that they are unable to lead useful and happy lives. It is estimated that at least 50,000 men, women and children in the state of New York are thus seriously handicapped and many of them require constant attendance on the part of some able-bodied person. As a matter of good business, it would pay the state to help in restoring these cripples to useful citizenship, and the great majority of them can with the aid of modern medical science be so restored. Most of them are, however, not today receiving adequate care or treatment for the very good reason that such treatment costs more time and money than the average family can afford."

"But there is an added reason. I conceive it to be the duty of the state to give the same care to removing the physical handicaps of its citizens as it now gives to their mental development. Universal education of the mind is, after all, a modern conception. We have reached the time now when we must recognize the same obligation of the state to restore to useful activity those children and adults who have the misfortune to be crippled. I shall submit to you a carefully worked out program to initiate this much needed care."

"The medical profession will await with the greatest interest and sympathy the amplification of the governor's views as to how the difficult problem of the care of the crippled is to be solved. Nowadays everyone realizes that the problems of medical care are closely bound with such questions as the provision of fuel, shelter, food, clothing and other necessities of life."

"The question of the rehabilitation of the crippled involves not only surgical operation and the provision of artificial limbs, but also massage, exercise, physical therapeutic methods, occupational treatment and the finding of a position in which the crippled person may earn a livelihood despite his disability."

"Not only is the medical profession concerned with research to determine the cause, the method of spread and the prevention of infantile paralysis but also

with specific methods of treatment for this and other infectious diseases. The forward looking statesman will be as much concerned certainly with the prevention of crippling as with the treatment of the crippled that are now with us."

"Every statesman since the time of Pericles and more recently of Benjamin Disraeli has emphasized that the first care of the state is the care of the public health; but the problems of health are far different from those of education. They concern the individual in an intimate relationship not even slightly approached by educators. The mental aspects of the life of the crippled are just as important perhaps as the physical ones. The ability of an Elizabeth Barrett Browning, of a John Erskine, of a Trudeau or a Steinmetz, indeed, of a Franklin D. Roosevelt, to triumph over their disabilities is an indication of the importance of the mental factors. No doubt the governor of New York, having all these matters in mind, will take counsel with medical and other specialists in all the fields concerned in working out his plan."

INFANT WELFARE IN AUSTRALIA

"The Queensland government, as part of its maternal welfare program, has built and opened 64 maternity hospitals, and has 11 more in process of construction. The hospitals were first provided in the remote parts of the State and are being gradually extended toward the more populous centers. A rural nursing scheme is also being developed. The maternal mortality rate has not appreciably declined during the past twenty years, and prenatal clinics are being associated with maternity hospitals in an endeavor to improve on present results."

"The infant mortality rate of Queensland, on the other hand, is unusually low. For the five-year period 1922-1926 the rate was only 50.3. The lowest rate for the same period for any State of the United States birth-registration area is that of Oregon—54.6. The rate for New Zealand for this period was 41.1. (Australia correspondent, *The Journal of the American Medical Association*, Chicago, March 16, 1929, p. 914."

—(*Child Welfare News Summary*, Children's Bureau,
United States Department of Labor.)