

tion: "In one instance we had a well that was grossly polluted by a sewer pipe breaking and letting the contents into the well. The water was pumped out and a half a bushel of air-slaked lime put into the well, and then the water pumped out two or three more times, after which these used that water. In less than three weeks five of the eight children, who used this water, had typhoid and one died. They had been taught the fallacy that the use of lime will prevent disease."

In the intensive public health work that is being inaugurated all over the country let not the sanitary students forget to strike at the core of the situation by a vigorous educational campaign. The above is but a sample of the work to be accomplished along the lines of education and enlightenment.

#### THE WAR'S INFLUENCE ON HEALTH CONDITIONS

In an article on "Children in the War Zone," Sedgewick and Pearce\* report a study of 200 children refugees at Toul, who had gone thither to escape the German gas attacks which were being launched north of the city. Living under the most unhygienic conditions, in order to escape bombing, crowded in cellars without sufficient ventilation or light, covered with head and body lice, with insufficient quantity and quality of food, the results of the medical investigation of health conditions of these little ones is of some interest. It was found that 93 % of the married men were in the Army and that 95 % of the youngsters had been breast fed for at least three months and some for two years.

A table gives the comparative measurements of the children up to thirteen years of age in contrast with a like number of Americans. While the height of the

French child is less than the American up till one year of age, its head circumference is greater.

Contrary to what might be expected, the von Pirquet test and physical examination of suspected cases, showed less than 0.5 % tuberculosis, and only two positive Wassermanns out of sixty tests. No typhus fever was found.

In contrast with the above let us consider the health conditions existing in Germany. Mr. Frederick L. Hoffman, Statistician for the Prudential Insurance Company, and a man whose thorough work on the control of malaria has been a source of great inspiration to the National Malaria Committee, has an illuminating article in *The Spectator* for August 22, 1918, on "Social Insurance in Germany." Mr. Hoffman bases his statements largely upon the "Annual Report of the Communal Sick Fund of the City of Leipsig for the Year 1917."

Obviously, nothing can be more pleasing to the German Government than the spreading abroad of ideas that German manpower is practically inexhaustible. Although any one familiar with practical statistics knows thoroughly well that no means exist whereby the net losses in war, while a war is in being, can be ascertained with even approximate accuracy, nevertheless the most marvelous assurances have been forthcoming from German sources that these losses have been relatively small, because of the successful restoration of the injured for military duty in the field. There are no convincing reasons for believing that anything like the alleged proportion of injured has been successfully rehabilitated for military service and that the available manpower for a new offensive on a large scale is actually available.

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The report at the outset draws attention to the unfavorable hygienic results of the war, chiefly in consequence of the deficient nutrition of the population, resulting in a material increase in the frequency of diseases of the stomach and intestines and a reduction in the successful treatment of tuberculosis and related diseases, where the treatment primarily depends upon wholesome food in sufficient quantities. It is readily conceded, therefore, that there was an actual increase in the number of deaths in the experience of the Fund, from 1,782 in 1916 to 2,223 in 1917, primarily in consequence of the under-nutrition of the population. ("Lunge oedema" is the term officially used in the report.)

\*Sedgewick, J. P., and Pearce, N. O.: J. of R. M. A., August 3, 1918.

The observation is made that the effect of physical deterioration had not become so apparent in 1916 in consequence of the conditions in 1915, as during 1917, largely because during the latter year and without reference to existing illness many of the members "continued to work to the point of complete exhaustion."

A plan was . . . inaugurated by providing for those on the sick list at least one wholesome meal a day, but under very strict regulations, to preclude conflict with the elaborate food-rationing system for the population at large. This experiment, however, was limited to a maximum number of 750 persons of the Fund membership of 168,000. The experiment was not a success, for reasons not made clear in the report.

The sickness rate in the compulsory insurance branch of the Fund increased from 31 % of the membership in 1915 to 37 % in 1916 and 46 % in 1917. The death rate of the entire male membership of the Fund increased from 9.0 per 1000 in 1914 to 20.2 (including, however, members in military service) during 1915. The rate diminished to 16.6 during 1916, but increased to 22.8 during 1917. There was also an increase in the mortality of the female membership from 6 per 1000 during 1914 and 1915, and only 5.4 per 1000 during 1916 to 7.3 per 1000 during 1917. This increase in the death rate during the last year under observation has, unquestionably, a direct bearing upon the lamentable food situation, or, in other words, is directly attributable to starvation, or semi-starvation, as the case may be.

The evidence of an excessive amount of malingering is overwhelming. Out of 5881 cases of sickness especially investigated, 48 % were found to be persons fully capable of self-support and 11 % additional were warned and made to return to work at the end of the current week for which compensation was paid. Only 29.6 % were found to be really deserving of sick support or unable to work. These figures vary more or less from year to year, but at no time in the past has the proportion of cases properly entitled to sick support of those actually receiving sick benefits been so low as during 1917. In other words, there can be no question of serious doubt that the resources of the sick fund are being used in an improper manner, to amplify an otherwise deficient family income and that the entire experience of the Fund clearly reflects the deplorable physical deterioration of one of the most representative cities of the German Empire, in consequence of the war.

If conditions like these prevail during 1917, it is reasonable to assume that there must have been further deterioration during the second half of the fourth year of the war, and that the evidence from these and other trustworthy sources fully justifies the conclusion that Germany of today is indeed "the land of the deepening shadow."

## POSTNATAL CARE

Much emphasis has been laid upon the importance of prenatal work; and, indeed, the many arguments that are advanced to sustain this plea would lead one to suppose that this is the end-all of modern obstetrics. As a matter of fact, this is absolutely essential in performing a moral duty toward mother and offspring and in order properly to discharge the mission as guardian of health and life.

But it is practical to demand the continuance of scientific methods during parturition and during the lying-in period. Little will be said in this connection about the technique of the attendant, for the writer assumes that this special phase in the art of obstetrics is highly and zealously cultivated, because nine out of every ten of the laity will measure his ability as an obstetrician by the manner in which he conducts the mechanical procedure of labor. The JOURNAL in a previous editorial, "Safe Obstetrics,"\* argues to the contrary of the foregoing conclusion; and in passing it again wishes to voice a disapproval of the harmful and burdensome work of the physician who is thoroughly disqualified by training or temperament successfully to handle maternity work. A still-born or mayhap a live baby with a wrecked and mutilated mother is often the result of such brazen selfreliance and obvious incompetency.

The question of postnatal care receives but little consideration save in centers especially adapted for institutional obstetrical work. The average man in private practice fails to appreciate the fact that involution is a physiological process as are the changes brought about by gestation, and that professional skill, in contradistinction to chance, is a prerequisite for consistently successful obstetrics. Why should the parturient woman be aban-

\*November, 1917 (Vol. X, No. 11), page 885.