

degeneracy. Poor and inappropriate food, says another, is responsible for more ill health, classroom stupidity and backwardness than any other one injurious influence of modern city life. And again, one of the most striking things about undernourished children is their vulnerability. They "take" everything, and offer very little resistance to any acute infectious disease which they may contract.

It is not difficult to count the ultimate cost to society of these underfed children—in other words, the degenerate, the mentally defective, the tubercular, who form so large a percentage of the total child population of our modern city. The degenerate child, beginning as a moral canker among its playmates, ends by taking the city's money for its support in reformatories and prisons. The children who catch every disease spread these diseases broadcast before they themselves are gathered into hospitals—at the expense of the community. The tubercular, the anemic, the mentally deficient, take two years to do one year's work, or are taught in special classes; all of which means extra expenditure of city money. In every case we are confronted with the expense to the community—expense in health, in morals, in money—of the undernourished child.—From *"The Vital Question of School Lunches,"* by Mary Josephine Mayer, in the *American Review of Reviews* for April.

The pitiful condition described by the *Review of Reviews* is probably duplicated in a small way in two or three of the larger cities in the South, which should help to console us for the fact we have very few cities large enough to allow their school children to go to school hungry and the surrounding population remain in ignorance of the fact. If the people of even New Orleans or Birmingham, and they are sizeable towns, were to learn of such a condition in one of their public schools, it would simply rain hog and hominy in that

school until the destitution was corrected. Last month, in a city smaller than those, a policeman found a mother and two daughters actually needing food. 'It was such a novelty that he told a reporter and he told his editor, who told the public; and that ended that case of suffering. No, people in the South don't often go hungry themselves nor let others, especially children.

TYPHOID INOCULATION.

Journal American Medical Association, November 19, 1910. Anti-Typhoid Vaccination. By George B. Foster, Jr., M.D., First Lieut. Med. Corps, U. S. Army, Washington, D. C.

In a brief but pregnant article, Dr. Foster concludes as follows:

If 1,300 men, anywhere, were kept in camp with perfect sanitary conditions, one or more cases of typhoid would develop.

"Three per cent of those recovered from typhoid fever continue, indefinitely, to excrete typhoid bacilli capable of infecting others."

Between March, 1909, and October, 1910, 12,000 persons have been inoculated with anti-typhoid vaccine in the U. S. army. Each cc of the prepared substance is standardized to contain 1,000,000,000 bacilli, sterilized at a temperature of 56 C. for one hour. Before practical use it is tested upon guinea pigs. Three inoculations, ten days apart, 0.5 cc being hypodermically administered the first time, and a full cc at each of the subsequent injections. One instance of results is instructive.

Of a certain battalion 92 members were inoculated, 24 were not. All served in the Gettysburg maneuvers June, 1910, being inoculated on the 14th of the same month. Within thirty days 25 per cent of the uninoculated men developed typhoid fever, while of those inoculated not one was attacked.