



Warm Lands Are Vine Lands

VINES are most abundant in the woods in the lower latitudes.

In the Arctic, as on the high mountain-tops, there are no vines at all, or as good as none. The last straggling firs that mark the limit of timber, both in latitude and altitude, have no dependents looking to them for support.

As you come down into the temperate regions, vines begin to appear, at first few in species and sparing in total abundance, growing gradually thicker and more varied botanically as you get into warmer and moister regions.

It is when you get into the tropics, however, that vines develop in all their twining glory. There they reach their widest botanical development, with representatives not only of what we commonly think of as vine families, like trumpet-creepers and ivies, but also of plant groups that seem decidedly queer to find as vines: bamboos, palms, ferns, milkweeds, figs.

In the densest tropical jungles there are very few undergrowth shrubs; not enough sunlight can get down through the thick tree-tops to nourish them. But the vines are even more numerous than the trees—it is hard to guess, frequently, whether a given piece of forest supports more of its own leaves or of vine leaves, at the tops of its massive trunks. Vines are the traveler's chief trouble in the virgin jungle, if he strays away from the clearings.

Their stems are often massive, thick as fair-sized tree trunks of a temperatezone forest. Even in the warmer lands outside the tropics this is the case. In the hardwood "hammocks" of northern Florida, for example, it is nothing uncommon to find poison-ivy vines with stems six or eight inches in diameter.

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POPULATION

Poverty Reduces Birthrate But Poor Have Large Families

POVERTY is not a cause of large families, but has the opposite effect of reducing the birthrate. The popular misconception that poverty is the reason why relief families have a higher birthrate than those not on relief, was thus blown up by a report of Drs. Frank W. Notestein and Clyde V. Kiser, of the Milbank Memorial Fund, speaking before the Population Association of America in Washington, D. C.

Surveys made by the U. S. Public Health Service and the Milbank Memorial Fund reveal the birthrate is much higher among those on relief, but that does not mean the birthrate of this group rose during the depression. On the contrary, it fell as did the birthrate of all other groups.

Birth control methods are only one factor tending to reduce the live birthrates, especially among the better classes. Another factor is abortion, including unavoidable miscarriages. One abortion to every two and a half confinements in cities, and one to five confinements in country districts, is the startling estimate cited by Drs. Notestein and Kiser.

A survey of 10,000 clinic patients in New York City showed 15 per cent. of the pregnancies were terminated by criminal abortion during the first five years of marriage. After 10 years of married life, the abortion rate had increased to more than 40 per cent.

Differences in birth control practices are held responsible, by these scientists, as more important than any other factor in making the fertility greater for the lower social groups.

Depressions were pictured as a social sieve for sorting out those most in need of aid for physical as well as economic survival by Dr. G. St. J. Perrott, of the U. S. Public Health Service, in a report to the same meeting.

The larger proportion of those hardest hit by bad times are unskilled workers with little education. They have much more tendency toward illness in the family, a higher deathrate and a higher birthrate than those who have weathered the economic storm.

These facts were revealed by a survey of white wage-earning families in 81 large cities made by the U. S. Public Health Service in cooperation with the Milbank Memorial Fund.

One out of every five of the families studied was receiving public or private relief. About half of those with family incomes under \$1,200 were on relief.

For people in comfortable circumstances in both 1929 and 1932, the illnesses occurring during the three months just before the survey amounted to 119 per thousand. For the chronic poor, the rate was higher, 153 per thousand. But those suffering most from illness were the newly poor, people who were comfortably well off in 1929 but who were poor in the days of the depression. The rate for them was 185 per thousand, more than half as large again as the illness rate of those who remained in good economic condition.

Probably the change in income, with its crowding into smaller quarters and lack of proper food, clothing and medical care, was responsible for much of the illness in this newly-poor group. But other figures lead Dr. Perrott to believe that there is another side to the picture. It may be that loss of income and loss of jobs naturally come more often to those who have also a tendency to sickness in their families.

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