



TRANSFUSION—In Northern Papua, in a tiny blackout cubicle, Corporal Clarence Jaschinski, of Sheboygan, Wisc., is shown holding the blood plasma for a transfusion as Capt. Arnold Nuestadter, of Flushing, N. Y., keeps his finger on the pulse of the wounded soldier. The Army and Navy have requested 4,000,000 pints of blood from the American Red Cross in 1943.

PUBLIC HEALTH

Still Greatest Saboteur

Problem of control of venereal disease greater in any war and this war has brought a few new problems. Concentration on spreaders urged.

► “VENEREAL DISEASE is still the greatest saboteur,” Dr. Roger E. Heering, U. S. Public Health Service, declared at a conference on social hygiene sponsored by the New York Tuberculosis and Health Association.

The control of venereal diseases in war time is basically no different from their control under normal conditions, he stated, but the problem of control becomes greater in war and this present war has brought a few new problems in venereal disease control.

“Local talent—so-called charity girls or chippies” are figuring more and more prominently in the spread of venereal disease in this war, Dr. Heering pointed out. This confounds the police attack on prostitution.

Overwhelming concentration of troops

in the South, where both white and colored races have a phenomenally high incidence of venereal disease, and thinning of the color line are other special problems in control of venereal disease during the present war.

“The population, as well as armed forces, is on the move and civilians, equally with the soldier and sailor, are swept into the morale-wrecking effects of change, break-up of home and stabilizing influences, loneliness and unrest,” Dr. Heering pointed out.

Scientific discovery of a so-called one-day cure of syphilis is removing the fear which was often effective in prevention of venereal disease.

Public health, police and judicial concentration on venereal disease spreaders was commended by Dr. Heering but he

pointed out that in addition to removing these people from circulation and treating them to make them non-infectious, social and psychiatric rehabilitation is needed.

“Venereal disease control does not involve a lot of mysterious hocus-pocus but rather an appreciation of the problem, a reasonable knowledge of the diseases to be dealt with, a little understanding of human nature, and the conviction that something can and must be done,” Dr. Heering declared. “The infected persons must be found and treated until no longer capable of transmitting infection. With the exception of syphilis, this means cure. These diseases are communicable diseases, not a disgrace.

“The prostitute is not a criminal but a social and frequently a psychiatric problem, who already is, or will become a health problem. Her exploiters are the criminals.”

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Children Should Advise

► PUTTING the war-increased problem of juvenile delinquency up to the children themselves to solve is the novel but effective and democratic method urged by Arthur E. Fink, southeastern regional supervisor for the Social Protection Section of the Federal Security Agency, at the social hygiene conference held under the auspices of the New York Tuberculosis and Health Association.

That this method works is shown by an example Mr. Fink cited from a town whose best citizens met one night in the local school to discuss ways and means of curbing the growing delinquency.

The group was about to vote on a recommendation to the Town Council for a nine o'clock curfew for all under the age of 18 years. One man happened to notice a slogan the teacher had written on the blackboard for the pupils. It said:

“The essence of democracy is cooperation and representation, it is not genuine without it.”

The man asked the chairman to wait and pointing to the slogan said:

“Have we asked the kids about this? They're part of this town, you know.”

“For the next week,” Mr. Fink concluded the story, “various phases of the local delinquency problem were discussed in the social science classes in each school. At the week's end a student vote was taken, and now the town has a curfew, but it's not on the statutes; the youngsters observe it themselves.

"Let's get the youngsters to work on this problem, too," Mr. Fink urged. "It's the democratic way, and what are their big brothers fighting for, if not to preserve it?"

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WILDLIFE

Water Hyacinth, River Pest, On Increase in California

► WATER HYACINTH, a floating weed of tropical origin that has become thoroughly established in Southern rivers and is a major hindrance to navigation there, is now threatening to assume a similar role in the San Joaquin river in California, Prof. Ira L. Wiggins of Stanford University reports (*Science*, Feb. 5). It has been known to be present in local spots for some years, but during the past season rafts of the plant 10 to 15 feet wide and several times as long were observed in the river near Stockton.

While it is possible that natural causes may hold the weed in check, Prof. Wiggins points out that no such luck can be counted on, and suggests a campaign of extermination before the growth gets out of hand.

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TRIPLE DUTY—the Army nurse's new greatcoat does triple duty. Its water-repellent, wind-resistant material, sealed seams and hood make it a raincoat; its removable wool lining makes it a warm topcoat; the lining itself is finished, trimmed and buttoned to become a bathrobe.

MILITARY SCIENCE

New Nurse's Uniform

Army Nurse Corps gets birthday present of new wardrobe suited to global war. Differs from WAAC's in hat, bag, buttons and insignia.

See Front Cover

► A COMPLETELY new, smart and practical wardrobe suited to global war from the Arctic to the tropics, from hospitals at home to service in very advanced theaters of operations at the front, has been designed for the Army Nurse Corps.

Announcement of the new uniforms was made by the War Department as a birthday present to the Nurse Corps on the anniversary of its founding and a tribute to its 42 years of service. Actual field experience in this war, such as that of the heroic Army nurses on Bataan who had to borrow servicemen's field service shoes for heavy duty work and the men's overalls for camouflage, was part of the reason for the change in the nurses' uniforms. Simplification of the supply problem, now that the Army has other women besides nurses to uniform, was another reason for the change.

The new uniforms will be issued to nurses overseas on July 1 and to nurses in the United States on Sept. 1.

Dress uniforms for the Army nurses will be of olive drab exactly like those of the WAAC except for: 1. the cap which is flat in back, softer, more feminine and more comfortable looking; 2. the Army Nurse Corps insignia worn on the jacket; 3. gilt buttons with U. S. Army insignia instead of the WAAC plastic buttons; and 4. the bag, which is envelope instead of pouch style.

For wear in field hospitals and other installations in the theaters of operations, the nurses will wear a one-piece wrap-around uniform of brown and white pin-striped seersucker. Easy to launder, requiring no ironing, crisp and fresh close-up, and fading into the background for camouflage at a distance, this uniform fastens with one hook and a tie, so the nurse "will not have to worry about sewing on a button when she has to save a life," as one officer put it.

When she moves into the very advanced zone, the Army nurse will don trousers and shirt of herringbone twill,

similar to those worn by the servicemen, with shoes that lace up to the ankle and leggings for protection against marsh and mosquitoes, and regular Army helmet. "Cargo pockets" on front of the trousers will hold necessary supplies.

When she goes into the Arctic, she will have the same protection against cold and storm as the ski troops; a reversible parka, white on one side and khaki on the other, with fur trimmed hood, and woman's type ski pants of wind-resistant, water-repellent fabric; pile fabric liners to wear underneath this, consisting of close-fitting jacket and under trousers of fur-like alpaca and mohair pile fabric to provide an insulating layer to hold body warmth; warm, trigger-finger gloves; and rubber shoe pacs.

Science News Letter, February 13, 1943

PHARMACY

Rumors of Restrictions On Sulfa Drugs Unfounded

► RUMORS of restrictions on civilian use of the sulfa drugs are unfounded. War Production Board officials state that no such restrictions have been ordered.

The sulfa drugs are critical and scarce but no real shortage exists, WPB states. It is doing everything it can to provide for military and civilian needs for these life-saving chemicals.

"Discretion" in the use of the sulfa drugs, however, is urged by WPB officials. Sulfadiazine is the scarcest of the sulfa drugs and the one most in demand by military and civilian physicians. It is hoped, therefore, that when a physician thinks sulfanilamide or sulfathiazole can be used as safely and effectively as sulfadiazine, he will choose one of these others instead of the scarce sulfadiazine.

The layman can help by not clamoring for a sulfa drug for a cold, boils or some minor infection when his physician says sulfa drug treatment is unnecessary.

The reason for the scarcity of the sulfa drugs is that enormous amounts are being used or reserved for use in the treatment of war wounds, where they are performing miracles in pre-