

MEDICINE

Spread of Ills Predicted

Tropical diseases may be carried over post-war world by dispersing armies and migrating peoples. Air transport increases danger. Sanitation a defense weapon.

➤ A WORLD-WIDE spread of tropical diseases can be expected after the war, Col. Thomas T. Mackie, of the Army Medical College, declared at the National Conference on Planning for War and Postwar Medical Services held in New York under the auspices of the Carlos Finlay Institute of the Americas.

The present war, Col. Mackie said, is unlike any in history in the enormous potential hazard of disease to which populations may and probably will be exposed. The peak of the hazard will come after the war as armies that have become reservoirs of disease return home and as masses of people in oppressed and disease-ridden countries emigrate.

Besides furnishing food and clothing to relieve malnutrition, semi-starvation and destitution, the United Nations will be faced with the "imperative need for the effective control and treatment of disease" in occupied nations, Col. Mackie said.

Public health practice and the practice of clinical medicine will be affected in many parts of the world, Col. Mackie declared, by the expected extensive migration of tropical diseases.

Tropical diseases do not stay in the tropics because of the climate, he explained. Malaria can and does occur in

such far northern regions as Canada and the British Isles. Even such a strictly tropical disease as filariasis, popularly known as elephantiasis, has existed near Charleston, S. C.

Sanitation and personal hygiene are more important than climate in keeping these diseases out of temperate regions. But they can spread wherever mosquitoes, ticks or other insects that carry the germs exist, and many kinds of insects capable of carrying tropical disease germs are widely prevalent all over the world. Other kinds, never before known to carry these germs, may acquire that ability, Col. Mackie pointed out.

Constant air transport between widely separated theaters of war may accidentally spread widely both the disease-infected persons and the mosquitoes or other carriers of the disease.

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Refugee Doctors Idle

➤ A PLAN for meeting the present shortage of doctors by having the War Manpower Commission issue special type temporary licenses to refugee physicians was suggested at the National Conference on War and Postwar Planning for Medical Services.

The suggestion was made on an unofficial and personal basis by Dr. Frederick P. Keppel, director of the Equitable Life Assurance Society of U. S., who is now in Washington serving on the War Relief Control Board and also on a two-man board of appeals on immigration visas for refugees.

The postwar practices of American doctors now serving their country with the armed forces would be safeguarded, according to Dr. Keppel's plan, by making these special licenses good only for the duration of the present emergency. The licensees, furthermore, would be limited to practice in certain localities such as the towns that have mushroomed around war industrial centers and army training camps.

The American people are ignorant and uninformed on the immigration problem at the present time, Dr. Keppel declared. (*Turn to page 198*)

QUININE PRODUCTION — *Natives are shown (extreme left) stripping quinine-laden bark from cinchona trees. After being ground, the bark is placed in the digester at a crude South American extraction plant (center) and mixed with oil and lime. Quinine, the anti-malarial so badly needed by the armed forces, leaves the bark and dissolves in the oil. At the rear of the photograph, two vertical tanks are shown where quinine is transferred from the oil to a water-acid solution. Placed in settling barrels (right) the quinine then separates out and is collected for drying.*

