

PUBLIC HEALTH

Leprosy Expected

A small number of those serving in the armed forces in foreign countries where the disease is prevalent will become its victims, it is predicted.

► A SMALL NUMBER of those serving in the armed forces in foreign countries where leprosy is prevalent will become its victims, two authorities on leprosy predict (*Journal, American Medical Association*, Dec. 9).

The authorities making this prediction, which they term a "safe" one, are Dr. Ralph Hopkins, consulting dermatologist at the U. S. Marine Hospital, Carville, La., and emeritus professor of diseases of the skin, Tulane University, and Dr. C. H. Faget, medical officer in charge of the Carville institution which is better known as the National Leprosarium.

Their prediction is based on experience from the Spanish-American War. Thirty-two veterans of that war have been admitted to the Carville hospital. All of them presumably contracted the disease in foreign countries. The 51 veterans of World War I and the 10 veterans of World War II already admitted to the institution, however, probably all contracted leprosy before induction into military service. They came from states or countries in which the disease is prevalent.

Of the 723 patients admitted to the Leprosarium between July, 1928, and January, 1944, the period covered by the current report, one-fifth or 20% have been released conditionally. They have the disease in arrested form and are no longer a menace to the public health.

Of 16 new kinds of treatments tried, "best results with least harmful effects were produced by promin and diasone," the two physicians report. Promin and diasone have been hailed as promising treatments for tuberculosis but have not yet been accepted as proved remedies for that condition.

They are still considered experimental also in leprosy. Other experimental treatments for the leprosy patients included penicillin, four kinds of sulfa drugs, diphtheria toxoid, pooled human blood plasma and fever treatment in the Kettering fever cabinet.

Yearly admissions of patients to the Leprosarium have shown some shifts during the period studied. Nearly three times as many now come from Texas as

formerly and the yearly average admissions are greater from this state than from any other. Louisiana, with the next highest number of average yearly admissions, has a few less than formerly.

The decline in admissions from Minnesota and Massachusetts warrants the belief that the disease is not indigenous in those states and that the foci established by immigration have disappeared or are disappearing.

From California and Florida, on the other hand, there are enough native born patients admitted each year to argue for the disease having been established there, although there are also evidences of imported cases.

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PUBLIC HEALTH

Keep Up Guard Against Danger of Shipyard Eye

► THOSE OF YOU who live in industrial areas must continue to keep alert to the danger of shipyard eye, warns Dr.

Hedwig Kuhn in her book, *Industrial Ophthalmology*. This book, published by the C. V. Mosby Co., is written for physicians specializing in treatment of eye diseases. There are, however, many things in it of interest to all of us.

Shipyard eye is known medically as epidemic keratoconjunctivitis. It is, as you may know, a very "catching" disease. It is not limited to shipyards and workers in them, as its popular name might suggest. It struck its first heavy blow at the shipyards about two years ago but has also appeared in such industrial centers as Schenectady, Buffalo, Detroit, Milwaukee and Chicago.

If you have not been hearing of any cases lately, that means that doctors, public health authorities and plant management have been taking great care to prevent outbreaks of the disease. These efforts must continue and citizens in industrial areas must continue to help because, in the opinion of Major Murray Sanders, who has studied the disease intensively, shipyard eye is here to stay.

Doctors are "not yet equipped with an effective weapon for cure of this condition," Dr. Kuhn states. "Because of this there is only one method of procedure and that is prevention."

Be suspicious of red, watering eyes that feel as if they had something in them. Such eyes should be seen at once by an eye doctor. Anyone who touches such eyes or the skin around them, to



WATERPROOF JEEP—The engine of this jeep is protected by a plastic to guard against damage while crossing the stream.

see whether there is a cinder or something in them or to apply compresses, should scrub his hands thoroughly immediately afterwards.

At work and at home, use your own towel, handkerchief, wash cloth and do not let anyone else use yours. This cuts

down the chance of picking up or passing along the infection. Make a habit of keeping your fingers away from your eyes. Fingers that touch eyes, to get out a cinder, for example, should be scrubbed before as well as after.

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the new electronic devices, supply gun crews with needed information about the guns they are firing, so that front-line batteries can be synchronized.

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Cooked *vegetables* that have been preserved by freezing contain less than one-third their original vitamin value.

Alpacas and vicunas have been crossed in Peru producing *hybrids* taller than vicunas and very resistant to cold; they have fine, silky, long wool said to be an improvement over the alpaca.

MEDICAL ECONOMICS

Medical Care for All

A group of 29 physicians, economists and administrators, organized as the Health Program Conference, has presented a new nation-wide health plan.

➤ A GROUP OF 29 physicians, economists and administrators, organized as the Health Program Conference, have come forward with a new nation-wide health and medical care program. Details appear in a report published by the Committee on Research in Medical Economics.

All or almost all of the population should be covered by the medical care system, these planners believe. Money for supporting it should come through contributory insurance required by law. It should be levied and collected from individuals and employers by the federal government. Taxation may be necessary to establish hospitals, medical centers and similar facilities and to pay for medical care for the indigent.

Administration of the program, however, should be handled locally, according to the proposed plan.

Policies should be determined by groups representing both the public and the medical profession. Public representation should cover the entire population, not any one class or organization.

Freedom of patients to choose and to change doctors and hospitals and of physicians to accept or refuse individual patients is provided.

Group practice is favored as being a most economical way of providing the best medical care. Health centers where the health department and preventive medical activities, the doctors, the hospital, and diagnostic laboratories and other facilities would all be together seem to be favored.

Voluntary agencies and health insurance plans already in operation, such as the Blue Cross, might be drawn into the nation-wide program and carry on their functions within it.

Three methods of paying physicians should be recognized: salary, capitation and, under certain circumstances, fee-for-

service. The latter method is called "the most open to abuse by patients and physicians" and the most costly to administer. It should be discouraged, the 29 planners believe.

Compensation to physicians should be adequate in terms of annual income and in consideration of professional incomes usual among physicians of comparable ages, specialties and types of community. It should be commensurate with the physician's skill, experience and responsibility. Methods of payment should be such as to stimulate competition among physicians on a professional basis and discourage it on a financial basis. The method of payment should be determined locally by the physicians in a community.

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ORDNANCE

Heavy Artillery Aided by New Electronic Equipment

➤ NEW ELECTRONIC equipment in the hands of ballistics experts of U. S. Army Ordnance increases the accuracy and extends the battle usefulness of American heavy artillery.

The new equipment, mounted on 2½-ton trucks, is capable of measuring the speed of projectiles that must hit targets up to 17 miles away within a time tolerance of a hundred thousandth of a second. It helps solve complicated problems involving such factors as the age of the gun, quality of ammunition, curvature of the earth, wind velocity, temperature and barometric pressure, enabling Ordnance men promptly to calibrate all types of heavy artillery weapons.

Old guns and howitzers cannot shoot as far as new weapons, and when guns are being fired together in battery at the same target allowances have to be made for each gun used. Ordnance calibration teams on the various battlefronts, using

SCIENCE NEWS LETTER

Vol. 46 DECEMBER 16, 1944 No. 25

The weekly Summary of Current Science, published every Saturday by SCIENCE SERVICE, Inc., 1719 N St., N. W., Washington 6, D. C. North 2255. Edited by WATSON DAVIS.

Subscriptions—\$5.00 a year; two years, \$8.00; 15 cent a copy. Back numbers more than six months old, if still available, 25 cents. Monthly Overseas Edition: By first class mail to members of the U. S. armed forces, \$1.25 a year. To others outside continental U. S. and Canada by first class mail where letter postage is 3 cents, \$1.25; where letter postage is 5 cents, \$1.50; by airmail, \$1.00 plus 12 times the half-ounce airmail rate from U. S. to destination.

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Entered as second class matter at the post-office at Washington, D. C., under the Act of March 3, 1879. Established in mimeographed form March 18, 1922. Title registered as trademark, U. S. and Canadian Patent Offices. Indexed in Readers' Guide to Periodical Literature, Abridged Guide, and in the Engineering Index.

The New York Museum of Science and Industry has elected SCIENCE NEWS LETTER as its official publication to be received by its members.

Member Audit Bureau of Circulation. Advertising Representatives: Howland and Howland, Inc., 393 7th Ave., N.Y.C., Pennsylvania 6-5566; and 360 N. Michigan Ave., Chicago STate 4439.

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