PUBLIC HEALTH

### Prevent Early Deaths

➤ PROGRAMS TO PREVENT infant deaths would be more rewarding than ones emphasizing heart disease, cancer and stroke, which kill the greatest number after age 65, a team of Harvard researchers in preventive medicine pointed out.

(The House Commerce Committee approved, on September 2, a \$340 million program following a Senate-approved bill that would create centers for study and treatment of these three killer diseases.)

The President's Commission on Heart Disease, Cancer and Stroke, these physicians say, presents evidence, mainly in the form of death rates, to "demonstrate the major importance of these three causes of death."

Since man is not immortal, however, the mere fact of death from any disease is far less important than the age at which it takes place, the Harvard investigators said.

"Postponement of premature death is the crucial matter; prevention of death at the age of 35 produces greater salvage of satisfactory life than at 75," they stated.

Diseases that are widespread and impor-

tant in the living will be almost completely overlooked if one concentrates on deaths,

they said.
"For example, the more than six percent of the population who have arthritis and rheumatism, according to the National Health Survey, lose more than 16 million work days per year, and yet only about 2,000 deaths per year are attributed to this cause.'

To set practical goals in the development of health programs, the researchers said a realistic guide could be the results achieved in other countries, and they cited mortality figures for the United States in comparison with those in England, Wales and Sweden.

Throughout the young adult period of life, death rates in the U.S. are higher than those in England and in Sweden. The U.S. has been doing at least as well as these countries in the death rate from cancer

Establishment of new special treatment facilities would probably not bring about much improvement in the U.S. death rate from the three leading causes of death, the investigators believe.

"The unsatisfactory experience of treating mental disease and tuberculosis in isolation makes it unnecessary to argue the merits of creating special facilities for individual diseases.'

Other health problems the Harvard doctors emphasized include cirrhosis and accidents, which, along with infant mortality, could be reduced by means which are already available.

Drs. Alex M. Burgess Jr., Theodore Colton and Osler L. Peterson, all of Harvard Medical School, Boston, reported the study in the New England Journal of Medicine, 273:533, 1965.

They were aided in part by a U.S. Public Health Service grant.

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MEDICINE

## Schweitzer Method Hit

➤ NEWS OF THE DEATH of a Nobel Peace Prize winner, Dr. Albert Schweitzer, opens the door both for eulogy and for criticism.

From the standpoint of scientific medicine, Dr. Schweitzer is being criticized for the lack of sanitation in his Lambarene, Gabon, hospital, for his reverence of insect life that is hardly possible in mosquito eradication programs necessary to stamp out malaria, and for his belated and "reluctant" concession to recruit African nurses.

Science Service pointed out last year (SNL 86:346, Nov. 28, 1964), that Dr. Schweitzer used his 1952 Nobel Prize money to add new buildings for the leper settlement, which is apart from the main hospital. He used 60 male lepers who were well enough to do the carpentry.

As far back as 1943, Dr. Schweitzer treated the lepers with the new sulfone preparations promine and diasone, which give hope to patients formerly doomed. In other ways, this Alsatian physician, philosopher, musician and theologian tried to modernize his treatment with drugs, but there is no question that the sanitary needs were not met adequately from the standpoint of modern hospitals.

Government personnel from the emerg-

ing African nations are raising the health standards of the people, and in Gabon have already taken over the treatment of persons with sleeping sickness, the disease that first required most of Dr. Schweitzer's time.

The Gabon Embassy in Washington stated that there had been no official word from Africa about Government recognition of the hospital on the Ogowe River, which was considered "private."

There was talk of burning the Schweitzer hospital by authorities of the newly independent country some five years ago, but Albert Bongo, cabinet chief to President Leon M'ba of Gabon, said in a graveside eulogy that Schweitzer was "the greatest of adopted Gabonese and the benefactor of our people.'

For the time being, at least, Dr. Schweitzer's hospital will continue under the medical direction of Dr. Walter Munz, a Swiss physician who has been working with the hospital's founder for some six months. Mrs. Rhena Eckert, the only child of Dr. Schweitzer, will head the administration.

The hospital probably will be modernized. If it is not, its future is uncertain. "Missionary" medicine along with Government medicine must take its place in the present world of science.

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PHYSICS—Why does water leaving a bath drain in the southern hemisphere whirl in a clockwise direction while it does the opposite in the northern hemisphere? p. 185.

PUBLIC SAFETY—Which states do not now have laws that require reporting of physical abuse of children? p. 183.

SPACE—What paste or spray compounds can be applied to metals in order to prevent them from cold welding? p. 181.

ZOOLOGY—Which type of visual cell does the antelope ground squirrel have in its retina? p. 184.

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