

IN THIS ISSUE

INTEREST in the health of the population of Paris under the German occupation naturally is great, but little definite information has been available. Mortality statistics and other data relating to approximately the first year of occupation were assembled by Dr. Ramon F. Minoli, who left Paris in November, 1941, and are presented in the article "Food Rationing and Mortality in Paris, 1940-1941." A striking increase in tuberculosis occurred in this first year of food restrictions, and the new cases were characterized by rapid development and high fatality. Food rations were relatively least deficient for young children and most inadequate for old persons, and mortality among the latter group was very high. Since the effects of continued diet deficiencies are most certainly progressive, health conditions and mortality in Paris no doubt have become much worse.

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Morbidity surveys have shown that females are ill more frequently than are males. Since at any specific age period mortality is higher for males than for females, additional study of sex differences in morbidity is of interest. The article "The Severity of Illness Among Males and Females," by Sally Preas of the Fund's staff and Ruth Phillips of the United States Public Health Service, presents a further investigation of sex differences in morbidity. Severity of illness was tested according to (1) degree of disability, (2) duration of disability, and (3) the amount of medical care for illness. The results indicate that even though the rate of illness was greater for females, on the whole the illnesses reported for males were considerably more severe than those reported for females.

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Between the widespread prevalence of dietary inadequacies revealed by surveys and the relatively infrequent occurrence of deficiency diseases reported by clinicians has existed a seeming contradiction. In an article entitled "A Concept of the Deficiency States," Dr. H. D. Kruse points out that the recorded prevalence of malnutrition depends on the concept of deficiency diseases and the methods of recognizing them.

Reports on the infrequency of deficiency diseases have tacitly referred solely to the classic frank type. Of these, the prevalence is low. But most of the defi-

ciency diseases are not of this type. In reality, deficiency states are widely prevalent. Recognition of their characteristics and application of new methodology are necessary for their detection.

Based on observations of tissue changes in four deficiency diseases, Dr. Kruse outlines the various states in which these disorders actually occur in the population. He points out that almost all the literature on deficiency diseases, all clinical examinations of persons and experiments with animals, have dealt with the severe acute forms; whereas in this country the most prevalent states are mild or severe chronic with or without a mild acute process superimposed. The reasons for the high prevalence of these states are also explained.

Dr. Kruse calls attention to the importance of time in the course of deficiency diseases, particularly chronic forms, in which several changes previously attributed to the aging process are shown to be manifestations of deficiency states. These changes have now been demonstrated to be reversible. He emphasizes that recession of the chronic processes under therapy occurs at a slow rate and requires a long period for completion.

The concept also explains the restricted application of blood and urine methods in the appraisal of nutritional status and the circumstances under which they may be misleading.

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In the medical evaluation of nutritional status, methods have been needed for detecting all states of avitaminosis C and aniacinosis. In two papers Dr. H. D. Kruse reports on "The Lingual Manifestations of Aniacinosis" and "The Gingival Manifestations of Avitaminosis C," with especial consideration in both to the detection of early and mild changes by biomicroscopy.

Presenting observations on the changes in the tongue and gums, early sites of involvement in aniacinosis and avitaminosis C, respectively, the papers describe the lesions in various stages of development, from very early to far-advanced. Gross and biomicroscopic examination of the tongue and gums for these characteristic changes permits detection of aniacinosis and avitaminosis C in any states. Just as the biomicroscope proved indispensable in permitting detection of the initial and mild conjunctival and corneal changes in avitaminosis A and ariboflavinosis, it is shown to be invaluable again in revealing subclinical lingual and gingival alterations in aniacinosis and avitaminosis C.

These two new methods, together with those previously reported for avitaminosis A and ariboflavinosis, form a battery of simple, convenient, and objective procedures for the appraisal of nutritional status.

It is also shown that recession of the chronic process, in aniacinosis and avitaminosis C as in ariboflavinosis and avitaminosis A, under potent, specific therapy is complete only after a prolonged period.