

F or nearly five years the Netherlands was occupied by the Germans and all import and export trade with the rest of the world was stopped. This densely populated country became dependent entirely upon home-produced food supplies, except for some food stocks accumulated before the war through the foresight of her government. A detailed account of how this situation was met is given by Dr. M. J. L. Dols and D. J. A. M. van Archen in "Food Supply and Nutrition in the Netherlands During and Immediately After World War II." By strict control of all available foods and planned production, it was possible to provide fairly adequate amounts of calories until 1944, but a shortage of fats and protein led to a gradual shift to high carbohydrate diets. After the Allied advance in Europe in 1944 had cut off Western from Eastern Netherlands, food distribution was disrupted completely, and starvation diets were the common lot of the urban populations of Western Holland. This critical period caused the death of many persons and many others suffered from severe nutritional diseases.

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The interpretation of any observed hemoglobin value is made difficult by the fact that the hemoglobin content of the blood is very unstable. Considerable variation within one day has been reported, as well as large fluctuations from day to day. For a large number of persons, data on diurnal changes in hemoglobin have been collected by Dr. Walter Wilkins and Ruth Blakely who present these data in "Preliminary Observations on Diurnal and Other Variations in Hemoglobin Levels." For 651 persons, mostly school children, morning values were on the average 0.6 gm. higher than afternoon values, and 83 per cent of the subjects had higher values in the morning. For twenty-one girls examined five times during one day, highest values were obtained in the morning, lowest

values between two and five in the afternoon, and in the evening the values increased but continued lower than morning values. Determinations made before and after strenuous exercise for 144 boys gave higher values after exercise.

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The effect of prolonged iron therapy on the hemoglobin levels of a small group of women who were found to have slightly subnormal values at one examination is reported in "Hemoglobin Variations for Women on Iron Therapy for Thirty-One Months" by Dorothy G. Wiehl and Dr. H. D. Kruse. For comparison, hemoglobin values were observed over the same period for other women with low values and for some with normal average values and with higher than average values. Three months after therapy was begun, the average hemoglobin levels for the therapy group and for the low hemoglobin nontherapy group were somewhat higher than at the first examination; but both groups showed the same increase, and continued to be alike throughout the remaining twenty-eight months. Neither the therapy nor the nontherapy group reached an average level at any time equal to the average for women with higher initial values.

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The economic development of British South Africa, and especially of the Union, has been largely contingent upon the utilization of unskilled native labor. Yet social and territorial segregation has prevented the development of a permanent industrial labor force. Rather, natives are recruited on a temporary basis for work in the principal labor centers. In a paper "The Migration of Native Laborers in South Africa" Dr. Wilbert E. Moore indicates the approximate amount and turnover of the migratory labor drawn from predominantly native areas within the Union and from beyond the national borders. This migratory movement is interpreted in terms of the peculiar institutional conditions that require such a labor system.