

Malaria can be controlled under any set of conditions with the exception of the factor TIME but don't forget, TIME is truly golden over here.

In consideration of the aforementioned and in appreciation for the sterling service rendered by these silent, Khaki Clad Scientists, lets say: Hats off—Boys Behind The Microscope, WE SALUTE YOU!

In conclusion, we quote an excerpt from a paper presented to the Florida Anti-Mosquito Association by this writer: "Mosquito Control is a problem in species, terrain and seasons; its solution is found in the fields of Entomology and Engineering." If plagiarism is suspected in rendering this definition, the writer can only say 'others may have coined it but prior to its publication, he knew nothing of its existence.' This definition is applicable to every land and clime, contentions to the contrary are fallacious and wrong. Mosquito control workers know this and hence, do not get excited over "the different problem." As a finale, we also define Malaria in terms of Control: "Malaria is a problem in species, terrain and seasons, its solution is found in the fields of Parasitology, Entomology and Engineering."

The definitions herein given are as true in Africa as in America. The Parasitologist, Entomologist and Engineer have proven them to be so.

"ARE YOU WILLING TO TRY"

**By S/Sgt. Claude R. Strickland
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Permit me to digress from the usual "gab" of a fellow worker and write upon another subject, one that is "the topic of the day" or at least it should be.

Our pathway has crossed and recrossed a few outstanding spots upon the globe; our experiences have enriched our knowledge of world affairs and peoples. The single, outstanding thing that impresses us most, and is encountered constantly, is the utter lack of even rudimentary sanitation. The second, and perhaps the greatest contribution to the first is **POVERTY!** Truly, we have seen wretched poverty at its worst where the earthly soil was the richest, yes, where a little science applied to their problems would raise thousands to a better standard of living and a better appreciation of **HUMAN VALUES, GODLINESS and BEAUTY.**

Preventive Medicine, Sanitation, Reservoirs of Disease—these mean nothing to millions of human beings. Romanticism seems to have drowned the better judgment of songwriters, poets and scribes who, for years, have painted a rosy picture of a grotesque scene. 'The scene is in contrast to the picture,' 'the song does not harmonize with the surroundings,' 'the written story fails to portray actuality!'

Problems of great magnitude will have to be solved when the "show" is over and they **MUST BE SOLVED!!** The world needs **ENGINEERS** as well as **MISSIONARIES** and the majority of its downtrodden people do not expect us to hand them something on a silver platter! To the travel minded engineer, great opportunities will be open to you and your pay will come from the meager earnings of millions for whom you work! The question is: **"ARE YOU WILLING TO TRY?"**

ACTIVITIES IN MEMBER STATES

MEETING OF THE ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES HELD OCTOBER 21-22-23, 1943 AT PHILADELPHIA, PA.

The 51st Annual Meeting of this Association was held at the Bellevue-Stratford Hotel, Philadelphia, October 21-22- and 23, 1943, and was attended by about 2,000 members of the Army, Navy, and United States Public Health Service personnel, active and retired, who were members of the Association. There were also present, as guests of the Association, the Surgeon General

or his representative from the following countries: Australia, Canada, China, Cuba, Czechoslovakia, Great Britain, Greece, Iran, Netherlands, Nicaragua, Norway, Peru, Uruguay, Venezuela and Yugoslavia.

Among the papers presented, which touched on the matter of Malaria and Mosquito Control, were papers on the subject of "Medical High-lights in Africa and Italy"—by Brigadier Hugh Morgan (MC) U.S.A.—Chief Consultant In Medicine, U. S. Army; "Medical High-lights in the Southwest Pacific"—by Brigadier General Charles Hillman, U. S. Army, Chief of Professional Service, U. S. Public Health Service; "U. S. Army Dietary Measures In Combatting Malaria" by Juan Iturbe, M.D. Caracas, Venezuela. One of the high-lights of the convention was a teaching panel on the subject of "Tropical Medicine", a large part of which was given over to the discussion of Malaria with particular reference to present conditions. Captain E. G. Hakansson acted as Chairman. His experience has been: "Research Work" Gorgas Memorial Laboratory, Panama, 1934-37; Pearl Harbor, U.S.S. Solace, December 7, 1941; Medical Officer in Command, Naval Medical Research Institute.

The Chairman opened the panel discussion with a ten minutes resume of the subject, following which written questions were collected from the audience which were handed to the Chairman who, in turn, designated one of the experts of this panel to answer the questions. The experts assisting the Chairman of the panel have, in the majority of cases, had practical experience at the front or are carrying on important clinical and laboratory investigations in this field of military medicine at leading medical centers of the nation. The experts constituting the panel included the following:

Commander Omar Brown

In charge of malaria control work and treatment of malaria patients in Panama; Directed Malaria Control Operations for Military Units in Cuba and Eastern Section of United States.

Dr. L. T. Coggeshall

Professor of Epidemiology and Tropical Medicine, School of Health, University of Michigan.

Lieutenant Colonel Thomas T. Mackie

Director, Division of Parasitology and Tropical Medicine, Army Medical Center. Executive Officer, Course in Tropical and Military Medicine, Army School, Army Medical Center.

Major Oliver R. McCoy

Consulting Parasitologist, Gorgas Memorial Laboratory, Panama, 1943; Chief of Division of Epidemiology and Tropical Diseases, Douglas Aircraft Co.

Dr. Henry E. Meleney

National Consultant, Malaria, Wartime Graduate Medical Meetings; Lecturer on Tropical Medicine, Army Medical School; Chairman of the Subcommittee on Tropical Diseases, National Research Council; President, American Society of Parasitologists.

Although some of the questions and answers are still considered matters of military secrecy, the general feeling at this meeting was that although malaria had accounted for many cases of illness requiring hospitalization, yet very good progress had been made in the prevention and control of this disease on the various battle fronts. During the earlier period on many fronts, malaria was the outstanding cause of hospitalization; but as the result of preventative measures combined with the knowledge of the physician, the entomologist and the sanitary engineer, considerable reduction has taken place in malaria.

The Malaria Control Units organized by the Army and Navy, in which several members of the Eastern Mosquito Control Association are serving, have done excellent work in preventing and controlling malaria, not only in the rear areas, but also well up toward the front lines.

The use of Atabrine as well as quinine has proven quite satisfactory; and the record, in fact, was very good considering the difficulties encountered in the various battle zones. Most of the malaria seems to be of the vivax type.

Two motion pictures—one called "Malaria Cause and Effect" issued by

the Army, and a Walt Disney animated cartoon on malaria called "Winged Scourge" issued by the U. S. Public Health Service, were shown at the meeting. There were also three excellent exhibits on malaria and mosquito control; one by the Army, one by the U. S. Public Health Service, and one by the Marine Corps—(which exhibit was prepared by Camp Lejeune, New River, N. C.)

**BRIEF ACCOUNT OF THE JOINT MEETINGS OF THE AMERICAN
ASSOCIATION OF ECONOMIC ENTOMOLOGISTS AND
ENTOMOLOGICAL SOCIETY OF AMERICA**

Prepared by Philip Granett, Assistant Entomologist, Rutgers University

Attendance at Meetings

The meetings were held at the Deschler-Wallick Hotel, Columbus, Ohio, December 7-9, 1943, and were well attended—250 to 300 people being present.

Scope of Discussion

The meetings were divided into two parts; the first part dealt with Medical Entomology in wartime and the second part with Agricultural Entomology in wartime. The discussions on the whole tended to give a broad picture of the work being done by various agencies and individual groups in protecting the health of the soldier and civilian populations and in providing adequate insect control for agricultural crop pursuits.

Medical Entomology in Wartime

A copy of the printed program follows this account. Several additional papers were given in addition to discussion from the floor.

Instead of attempting to present a resume of each paper, some of the high lights and impressions left by the sessions, will be discussed here.

Malaria is recognized as the principal disease which the armed forces must combat. Mention was made of the effectiveness of the malaria survey and control units of the Sanitary Corps within the army camps and overseas and the control work performed in the neighborhood of camps in this country by the U. S. Public Health Service. The military units make most effective use not only of the customary control measures but also have adopted such recent developments as, improved larvicides, aerosols to kill adult mosquitoes in enclosed spaces and more effective repellents to prevent biting of mosquitoes in the field. It was interesting to note the common acceptance and apparent regard which the use of repellents has taken as one of the means of reducing the risk of contracting malaria. Although the malaria rate is admittedly high in some sections of the overseas war areas, the speakers intimated that all possible measures were being taken to control this disease.

Of great interest was the proposed plan, originated by Dr. L. L. Williams and advanced by Dr. Mountain at a recent conference on malaria, to eliminate malaria as an economic disease from the Americas. This plan, admittedly bold in its concept and scope, is proposed as a means of eliminating the danger of spreading the disease by infected troops returning from abroad. The plan is based on the principle that in any locality there is usually only one chief malarial vector. It is also known that a very small percentage of the possible vectors are infected. It is, therefore, proposed to reduce the principal malaria vectors to a low enough number to make the odds too long for transmission of the disease and thus reduce malaria to a point where it is not economically important. Pest mosquito control or control of non-*Anopheles* mosquitoes under this program will only be incidental to the main problem of malaria elimination. *Anopheles quadrimaculatus*, *Anopheles freeborni* in the United States and *Anopheles albimanus* in Central America region are considered the chief malaria vectors for these areas.

In addition to malaria other diseases carried by mosquitoes and other pests were mentioned and discussed. Of the mosquito borne diseases yellow fever, filariasis, and dengue are predominant. Mention was also made of the other pest carried diseases such as typhus, trench fever, plague, dysentery and leishmaniasis.