suspensions resulting from the addition of solutions of DDT in water-miscible solvents to water, solutions for direct application, emulsion of solutions of DDT in various water-insoluble solvents, and dusts. Attention was called to the possible catalytic decomposition which may result from the presence of iron and iron oxides and other anhydrous metallic chlorides. Most of the common insecticides with the exception of pure nicotine do not cause decomposition. Most of the solvents inhibit the catalytic decomposition reaction. Some biological tests have indicated that some insecticides or fungicides, such as lime-sulfur or Bordeaux mixture, have reduced the period of effectiveness of DDT sprays. Whether this reduction is of chemical or physical nature has not been established. A loss of DDT from deposits on glass plates exposed in direct sunlight was observed. The value of standardized mixtures for experimental purposes was suggested.

Author's Abstract.

50362


The author describes the technique employed by her for rearing Aedes aegypti, of which about 1,200 adult females are required each week for work at the laboratories of the Division of Physiology, National Institute of Health, U. S. Public Health Service, Bethesda, Maryland.

She tells how, in year round maintenance of adequate colonies of the insect, the egg are produced in quantities; how they are "conditioned" and manipulated to assure a maximum hatch; how the larvae, pupae, and adults are cared for; and how the adults are manipulated, both in experimential and therapeutic use, and in the production of eggs for continuation of the stock colonies of mosquitoes.

R. D. G.

4470


This article reports the salt-marsh mosquito Aedes sollicitans to have been occasionally troublesome as a result of breeding in the outflow from salt springs, salt wells, oils, and from coal mines, at many places in Indiana, Illinois, Missouri, Arkansas, Oklahoma, New Mexico, Arizona, and other States. Notes on Aedes cantator, A. doralis and A. taeniorhynchus are included.

R. D. G.

50355


This important vector of malaria "... is now reported from all of the Northeastern States except Vermont, and its occurrence in that State seems most probable." This paper then gives detailed records of recent inspections in the neighborhood of war establishments.

R. D. G.


Malaria is continuously present (is endemic) in many of our southern states. While formerly prevalent in many parts of the northern United States, it has almost completely vanished from that section in recent years. In consequence, the malaria control work performed by the Public Health Service, with headquarters at Atlanta, Georgia, had been very largely restricted to 20 southern states where it is complimentary to the control work performed by the Army and Navy within the boundaries of military reservations.

Army, Navy, Coast Guard and Merchant Marine personnel returning from malarious areas overseas; the introduction of prisoners of war; and the widespread transfer of personnel between malarious and non-malarious areas presents a special hazard for our non-malarious regions where, nevertheless, malaria carrying mosquitoes may be rather generally present and sometimes locally abundant.

Prompted by this hazard of possible local epidemics in non-endemic areas, the Surgeons General of the Army and of Public Health decided that steps should be taken to guard against it. Surgeon General Thomas Parran has described the situation in the following words: "Inevitably malaria cases will be dispersed through the United States by returning troops. Local outbreaks are probable in parts of the country like the Upper Mississippi or the Hudson Valley, which have malaria mosquitoes, but which have been free from infection for many years. However, it is believed that history will repeat itself and that such outbreaks will die out, because, as in the past, the environment is not favorable to perpetuating the infection. But we should accelerate nature's process with mobile control forces to deal with outbreaks in any area."

The paper then directs attention to local outbreaks of malaria which have occurred in non-endemic areas, such as those at Camden, New Jersey, in northern Ohio, in eastern Iowa, and in southern Minnesota; Terre Haute, Indiana, had several hundred cases in 1938. One small town in Illinois had 53 cases in 1943.

At first, the Malaria Control in War Areas program was limited to work within a one-mile zone around military and essential industrial establishments within the endemic area, and was designed to guard against the transmission of malaria from infected civilians to military and essential industrial personnel.

More recently this has been extended to certain non-endemic areas for the purpose of pre-