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## THE AIRPLANE AND YELLOW FEVER

IT is well known that contagious disease travels at the rate of human transportation. Modern developments have changed many of our conditions, in some cases for the better, but in many for the worse, so our ideas and practices must be modified to meet these.

The substitution of steam for sail has brought us into very much closer contact with every part of the world, and the diseases indigenous to one country are becoming common possessions of all countries engaged in commerce.

The most recent problem is the airplane, and this has come up for discussion before the International Office of Public Hygiene, which has been attempting to draft a program to prevent the spread of yellow fever by this means. While it has been shown that the carrying of adult mosquitoes on vessels is not the danger it was once supposed to be, nothing is known of airplane conditions, though there is a rather general belief that a real danger exists. Apart from the carrying of infected insects, passengers may well carry the infection. To avoid this danger, an article in the regulations imposes on passengers from infected areas a period of observation of 6 days before embarkation, and a further period of observation of 6 days upon arrival. As all studies so far have shown that the infective period of yellow fever is only 3 days, it is possible that these proposals may be modified. The Conference of 1926 fixed 5 days as the infective period on the suggestion of Dr. Chagas, and at the last meeting of the Quarantine Com-

mission on Aerial Navigation, May 14, 1930, modification was opposed until the delegates from South America who were not present could have an opportunity of discussing this point.

There has already been established in South America a hydroplane service route along the coast across the yellow fever regions, for which the points of departure and landing are entirely on the sea. This may lessen the danger, but certainly does not do away with it, in view of the embarkation and landing of passengers. The matter is one of extreme interest and possibly great importance from the public health standpoint. New methods of transportation require new studies and new rulings.

### THE AMERICAN HEALTH OFFICER AND HIS EUROPEAN BROTHER

THIS summer, more than a hundred American public health workers visited the International Hygiene Exhibition at Dresden and called on many of their confrères in European health services. What did they observe? What did they learn? Certainly they could not have avoided an observation which to one traveler at least seemed very obvious—that American health officers are particularly fortunate to have a country like the United States in which to work. Their job is made infinitely easier and more effective because the standard of life of the great mass of people is on a relatively high level. In fact, the higher standard of living may be what has made possible most of the health work so characteristic of America today; it is part of the service which the American standard requires!

The countries of central, southern and eastern Europe present a striking contrast in this regard. To a very large extent, they appear to have overcome the immediate effects of the war. Nevertheless, one cannot avoid the conclusion that their populations are still suffering seriously from a poverty which verges very close on destitution. Housing, with the exception of a few isolated instances, as in Berlin, Vienna and Rome, is generally unfavorable to the development of good health. Illiteracy is far too prevalent, while undernourishment and malnourishment are frankly in evidence. Under conditions of this sort, it is amazing that health officers have been able to accomplish as much as they have in many European countries. Imagine the difficulties that are met with in developing a campaign against tuberculosis in the manner that it has taken hold with us. We emphasize the instruction of the people in personal hygiene and prescribe adequate nutrition, rest, good housing, and plenty of sunlight and fresh air as