

on the battlefield, they give their all for their country. Let us think of them with gratitude and of their achievements with pride. The mind and spirit of man have made possible the signal advances of the past half-century. We should realize what has been accomplished with pride; and we may look forward to the future with confidence, that the mind and the spirit of man will triumph in the end over the problems which we must meet in the future.

## FEEDING THE FACTORY WORKER

THE modern approach to the problems of industrial health more and more tends to involve positive programs of health promotion, as well as negative safeguards against specific hazards. From this standpoint, two factors are of special importance, temperature control and nutrition. For every worker who may be disabled by some toxic gas in a single process, there are thousands of employees who are operating with low efficiency as a result of overheated workrooms or inadequate dietaries.

In the course of the construction of the Pan-American Highway through Central America, it has been found that efficiency of Latin American workers could be increased more than threefold by providing them with an adequate calorie allowance. Even where energy requirements are met (as is generally the case in the United States), essential building stones may be deficient in the diet. A study of workers in a Southern California aircraft factory, where one-half of a group under observation for nine to twelve months were given large doses of vitamins and the other half were given a placebo, the vitamin group showed statistically significant superiority over the placebo group in absenteeism (3.9 days compared with 4.8 days), in turnover of labor force (8.4 per 100, as compared with 13.5) and in merit ratings, based on a careful appraisal of efficiency.<sup>1</sup>

The Division of Industrial Hygiene of the New York State Department of Labor has recently inaugurated a program for the installation of milk dispensing machines in industrial plants and reports an experience with such machines in fifteen industrial establishments.<sup>2</sup> "All plants felt that the workers interpreted the availability of milk in the plant as an indication of interest on the part of management in their health and welfare; and worker morale and labor relations were greatly improved thereby. One plant expressed the conviction that their milk dispensing machine was an important factor in their recent contract negotiations and that it actually contributed to preventing a strike." (If the reader asks, "Is this public health?" the answer is "Yes"; for mental hygiene is a most important factor in public health.)

The industrial hygienist should therefore interest himself actively in the inauguration of in-plant feeding programs. There are always, however, two aspects to be considered in the field of nutritional hygiene. The factory worker needs calories and salts and vitamins; but he must receive them in ways which do not involve possible hazards due to unsanitary methods of food handling. Mrs. Margaret Zealand and her colleagues, in this issue of the JOURNAL emphasize this point. Their studies have revealed the fact that, in many systems of in-plant feeding in New Jersey, the handling and refrigeration of food was found to be deplorably unsanitary. Flies and vermin were often in daily contact with the food and dishwashing procedures often woefully inadequate.

The industrial hygienist has a double responsibility—to improve the food supply of the industrial worker in its nutritional value; and to see that it is pro-

tected from the hazards of insanitation. The activities of New York and New Jersey in these fields should be widely emulated.

1. Nutritional Status of Aircraft Workers in Southern California. *Milbank Mem. Fund Quart.* 20:329 (Oct.), 1942.
2. Mayers, M. R., and Brener, F. Milk Dispensers for Industrial Plants. Division of Industrial Hygiene and Safety Standards, *Month. Rev., New York State Dept. of Labor* 29:39 (Oct.), 1950.

## THE FOURTH WORLD HEALTH ASSEMBLY

THE writer had the privilege of attending the Fourth World Health Assembly at Geneva, May 7-25, 1951, as an observer; and a very real privilege it proved to be.

At the beginning of the sessions, the World Health Organization had 71 national members and Germany, Japan, and Spain were admitted during the course of the Assembly. Some ten "iron-curtain" countries out of this list are not now actively represented but are still on the membership list, since the WHO constitution has no provision for resignation. Yet 64 nations make an impressive showing; and it is illuminating to the student of public health to learn at first hand about the problems of Ethiopia and Pakistan, of Indonesia and Yugoslavia.

As Americans, we may take justifiable pride in the election of Dr. Leonard A. Scheele as President of the Assembly and in the admirable addresses delivered by him at the opening and closing sessions; in the service rendered by Dr. Gaylord W. Anderson who, as Chairman of one of the most important Technical Discussion groups on the Training of Public Health Personnel, presided with graciousness and skill; and in the tributes of appreciation paid by the Secretariat to Dr. Martha M. Eliot on the close of two years of constructive and imaginative work as an Assistant Director-General of the Organization.

It is important that we in the United States should have full comprehension of the achievements of WHO; since one-third of its budget comes from Washington. The *Annual Report* of Dr. Brock Chisholm, its Director-General, to the Assembly is a document which should be in the library of every school of public health and of every organization devoted to the study of international relations. We learn from this report, first of all, of certain fundamental services of the headquarters staff which receive little publicity but which underlie the activities of every public health worker everywhere in the world. These basic activities (inherited from the Health Organization of the League of Nations) include definition of accepted international standards for biologic products, vaccines, hormones and antibiotics, and the preparation of an international pharmacopoeia. They include also provision of a truly international system of vital statistics (including uniform definition of such terms as "live birth" and "fetal death"); and the provision of an invaluable program of epidemiological intelligence which gives us a picture of the prevalence of serious communicable diseases throughout the world.

An important feature of the Fourth Assembly was the adoption of a new code of Sanitary Regulations to govern the practice of international quarantine. The committee which drew up these regulations has held forty plenary sessions during the year and has provided a document which marks great progress toward the modernization and simplification of such procedures. In former days international conventions of this sort came into force only for such countries as chose to ratify them. Under the WHO Constitution they become automatically binding on all member countries which do not reject them or make specific reservations within a specified period.