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IS THERE NEED TO FORTIFY INFANT FOODS?

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To be presented at a meeting of the American Public Health  
Association, New York City, October 5, 1964.

Within the past two decades new focus has been placed on the food needs of the world's population. This was made possible by the creation of new international organizations, i.e. United Nations, W.H.O., F.A.O. and UNICEF, which could assist by bringing technical assistance and advice to developing nations and by a new atmosphere of cooperation between nations. The information which has been secured must cause concern. A rapidly increasing world population makes the outlook for the future even more alarming. It is estimated that from one-third to one-half of the people of the world are undernourished and exhibit manifestations of malnutrition. Most severely affected are children, with more than half suffering from nutritional deficiency disease in early childhood and with malnutrition accounting for or contributing to a large share of deaths in infancy and early childhood. It is of great importance that attention be given to the recognition of malnutrition in infants and young children and that techniques be developed and applied for the prevention and amelioration of nutritional deficiency disease in this most susceptible segment of the population.

The problems presented by and the costs in life and health attributable to malnutrition may be assessed in a number of ways. One of these is in the mortality experience of a population. Nations or population segments confronted with inadequate supplies of food or accustomed to consuming diets of poor nutrient quality characteristically record high death rates in the early years of life. This is the experience of many of the developing countries of Asia, Africa and Latin America. For example, the cumulative

mortality in Vietnam approaches 40 per cent by the age of four years, a proportion of deaths which is not reached until age 60 in the United States. The information for Vietnam derives from the official reporting of deaths to public health authorities. Similar assessment has been made in certain of the nutrition surveys undertaken by the Interdepartmental Committee on Nutrition for National Defense by questioning a sample of women concerning the number of live births and number of deaths of children by age one and four years. Accordingly, it was found in East Pakistan that 16% of infants die during the first twelve months of life and 25% are dead before the age of five. In Northeast Brazil by similar means it was learned that death comes to 18% of all live born within the first year and to 23% in the first four years of life. It is difficult to assess precisely the role of malnutrition and nutritional deficiency disease in this large death toll. Even though most of the deaths occurring in infancy and early childhood in these countries are ascribed to infectious disorders involving the gastrointestinal tract and/or lungs, malnutrition contributes importantly and greatly enhances the risk of death. A recent review of death certificates of children in Guatemala who died within the first four years was undertaken by the Institute of Central America and Panama. It was ascertained that almost 50% of these children had shown typical symptoms of malnutrition (1). Another evaluation by the Venezuelan Institute of Nutrition demonstrated that in that country deaths directly due to malnutrition varied inversely with population density,

with a death rate of 48 per 100,000 population in communities of 100,000 or more; of 134 per 100,000 in cities of from 40,000 to 100,000 inhabitants, and of 214 per 100,000 in typically rural communities.

It is even more difficult to obtain and interpret statistics of morbidity. Field studies in the Caribbean Islands and Central America have recorded a prevalence of from three to six per cent of severe malnutrition in children examined and of six to fifty per cent of milder forms of deficiency or undernutrition.

The most highly prevalent and most severe forms of malnutrition in infants and young children of the world today are marasmus and kwashiorkor, representing caloric and/or protein deficiency. These diseases exist throughout Latin America, Africa and the Near and Far East. Undoubtedly they cause more deaths in early life than other forms of malnutrition. Characteristically they occur after the infant has been removed from the breast. In some hospitals of Latin America marasmus and kwashiorkor are stated to account for 50% of all admissions. An ICNND nutrition survey in Jordan demonstrated that marasmus and prekwashiorkor occurred in from 1.2 to 6.1% of the boys examined in different communities, while the prevalence in girls varied from 3.5 to 12.1%. About one per cent of all children seen had fully manifest kwashiorkor (2). In addition to the large toll taken by these diseases in causing early death, they contribute importantly to poor health and undoubtedly compromise physical development of young children in critical years of growth.

Another form of nutritional deficiency disease which is widely distributed throughout the world and is a major cause of death and blindness in infants and young children is vitamin A deficiency. WHO consultants report that avitaminosis A occurs frequently in children of Malaya and Northern Rhodesia (3). ICNND surveys have demonstrated a high prevalence of this nutritional disorder in Vietnam, Thailand, East Pakistan, Libya, Jordan, Bolivia and Northeast Brazil. In these countries the serum content of vitamin A is noted to be low or at deficiency levels and corneal scarring is observed in certain of the persons examined. The acute lesion of xerophthalmia often occurs in association with kwashiorkor and may have been preceded by an infectious disease such as measles.

In Indonesia and East Pakistan the prevalence of xerophthalmia is about one per cent in children under five years of age. Experience has demonstrated that about half of the children who develop this manifestation die, usually of other causes. Of the remaining half who survive, one-fourth will be left totally blind. Utilizing these figures, McLaren has estimated that 3,000 new cases of total blindness develop annually in Indonesia. A similar estimate for Pakistan indicates that 13,000 new cases of blindness occur annually in boys alone because of vitamin A deficiency.

The manifestations of vitamin A deficiency in young children probably result from a variety of factors including inadequate liver stores of the vitamin provided the infant by a mother whose

diet affords little of the vitamin, lack of a supplementary source of the vitamin while breast fed or on dried milk formulae, and intercurrent infection. Manifestations of deficiency are prevented by provision of a dietary source of the vitamin.

Anemia exists in child populations the world over. Most commonly this is on a basis of iron deficiency and often develops in association with other disease such as infection and intestinal parasitism. Ten per cent of children under age five in Northeast Brazil were found to have anemia with blood hemoglobin values of less than 10 gm%. The foods provided in infancy and early childhood are likely to be of relatively low iron content.

Other dietary deficiency disorders are observed less frequently in infants of the world. Scurvy is of sporadic occurrence, probably because most of the countries with largest food deficits are in tropical and semi-tropical climates where fruits providing sources of vitamin C abound. However, even under these circumstances infant feeding practices may exclude sources of the vitamin and scurvy results. Rickets or vitamin D deficiency also is seemingly of low prevalence but appears in certain populations, as in Ethiopia where an ICNND survey team found manifestations of the disorder in 30% of infants under one year of age. Deficiencies of the water soluble vitamins of the B group undoubtedly occur but are not readily recognized clinically. However, determination of urinary excretion products of thiamine, riboflavin and niacin may afford evidence of low intake in infants and young children. The cereal gruels provided infants during and immediately after weaning in many cultures afford inadequate

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Evidence obtained by Filer and Martinez ( ) concerning food intakes of six month old infants in the United States indicates that 70% of calories are provided by milk and that iron is the nutrient most frequently in short supply. Other studies have demonstrated that iron needs are directly related to rates of body growth and that requirements for this mineral are greatest per unit of body weight in the first two years of life and in the premature infant ( ). As a result, iron deficiency anemia is a commonly occurring disorder in infants and young children in the United States, with greatest prevalence in families of lowest socio-economic classes. It is to be expected that this problem is of even larger proportion in populations of the world where food availability and economic opportunity is less.

quantities of these nutrients. Although thyroid enlargement or endemic goiter is widespread throughout the world, goiter is of low prevalence before the age of five years. Provision of additional iodine as in iodized salt in early life would, however, avoid the occurrence of thyroid enlargement in later childhood, adolescence and early adulthood. Similarly, dental caries is most importantly a defect of the permanent teeth. However, if it is to be reduced in prevalence and extent, provision of protective quantities of fluoride in water in childhood becomes an important consideration.

The costs and effects of undernutrition and malnutrition in the earliest years of life are measured not only in loss of life and the occurrence of disease but also in limitations of growth and physiologic function. Uniformly, in populations where food supplies afford inadequate calories, proteins and other nutrients, the growth performance of children is limited and retarded. This influence is manifest in nearly all children and throughout the growth period. To illustrate, heights and weights were determined on a group of children in Northeast Brazil and the mean height and weight for boys and girls of different ages compared with the Iowa Growth Standard. It was observed that body weight and length at birth are almost identical for infants in Northeast Brazil and in the United States. However, the weight gains in the first few months of life are much less in Brazilian infants of both sexes and average growth in body length after six months in the infants of Northeast Brazil is less than that of the lowest 16% of U. S. infants. This lower growth

achievement persists in the Brazilian child so that the boy at five years of age has an average weight of 32 pounds, whereas the average U.S. boy of the same age has mean weight of 40 pounds. Comparable heights of boys of this age are 37.5 and 41 inches, respectively. These differences in rates of growth persist throughout adolescence and the adolescent growth spurt is delayed by almost two years in the Brazilian boy. Claim might be made that an inadequate diet alone does not account for the lower rates of growth in children of Northeast Brazil and that genetic factors are equally important. However, a growth standard derived from children in southern Brazil and of similar racial stock also demonstrates marked inhibition of growth in children of the northeast. In addition, annual nutrition surveys undertaken in Japan during the past fifteen years have demonstrated an increase in average height of two cm. at maturity in the male population during a period<sup>in</sup> which there has been improvement of the diet.

The foregoing discussion has attempted to provide a brief but broad description of the health hazards confronting a large proportion of the children of the world today because of inadequate food supplies and defective practices of feeding. The problems are urgent and it is imperative that all available information and resources be called upon at an early date in the effort to afford relief. What procedures may be utilized?

The largest problem concerns the need for additional calories and protein. The requirement is for larger quantities of food of good nutrient quality for infant and child consumption. Eventual solution will depend upon increased local production of

foods selected to correct the deficits of protein and of calories. Enhancement of agricultural production of current crops would in many countries provide an excess of calories before protein requirements are met. The need is for variety in the cereals and vegetables available and in almost all instances for more animal protein products. To achieve this will require broad changes in the agricultural economy and technology of all of the countries in which malnutrition exists. Such a development cannot occur quickly and will not afford immediate relief. Similarly, there is need for education to make better use of available supplies. It must reach the mother so that the child gets his full share of the family meal. Again the process of education is slow, especially since illiteracy coexists with undernutrition.

Another and more ready solution to the problems of calorie and protein deficiency in children is to make better utilization and wider distribution of presently available or potential resources. The United States has assisted through its Food for Peace program by making available to many developing nations large quantities of commodities which are surplus in our economy, such as wheat flour, corn meal, rice, dried skim milk and others. These commodities are then distributed and utilized by the recipient country. Undoubtedly through these means millions of persons have been afforded additional food to lessen the burden of undernutrition. However, in many of the countries which have been benefited, the foods distributed have not reached or been in a form readily consumed by infants or young children. Even

dried skim milk which provides a most important supplement of calories and protein for infants may not be properly utilized. A common experience in Northeast Brazil where large quantities of dried skim milk have been distributed is to observe a severely malnourished young child only to learn that the mother has been provided with this commodity which she has fed her child, but in highly dilute form so that it may be more "readily digested" and the supply afforded "will last longer."

Agencies of other countries and international organizations have sought to provide supplements of calories and protein through use of relatively inexpensive byproducts of various industries. Included are fish flour, peanut flour, cottonseed flour and soybean flour. Acceptable products of each of these and mixtures of them have been successfully tried. Dr. Autret of FAO has provided a listing of these dietary supplements with their approximate costs. They are not inexpensive, although costs would undoubtedly be reduced with production of any of these in volume. The product used most successfully and perhaps most widely is Incaparina, which was developed by the Institute of Nutrition of Central America and Panama for distribution in Central America. With any of the products proposed for this use, it is necessary to consider local food habits, tastes and means of preparing foods. In addition, there is need for education of the mother if these food supplements are to reach infants since lack of knowledge, tradition and superstition may guide her in her choice of food for her child.

Technical developments might make new and inexpensive protein and calorie sources available on a broad basis. One potential

source is fish of varieties not usually purchased and consumed. It is technically possible to produce a meal from fish at little cost and of good acceptability which provides dietary sources of calories, protein and calcium. In this country this development has not flourished, however, primarily because the Food and Drug Administration has not given its acceptance of these products.

Still another approach to improvement of the diet of infants and children is through addition of a nutrient or nutrients to foods which are widely consumed in an effort to improve the nutrient quality. This is the process of fortification or enrichment. The addition of small quantities of amino acids to common foods, the protein quality of which is limited because of amino acid deficits, is such a consideration. Many of the essential amino acids can be purchased at relatively small costs because of new methods of production or synthesis. Some evidence exists in humans that there is nutritional improvement of wheat flour by addition of lysine ( ). Other evidence has demonstrated that nitrogen retention with diets of corn meal is increased when the amino acids, lysine, tryptophane and isoleucine are added ( ). There is need for field trials of the effectiveness of these procedures in improving the nutrition and health of children in developing countries. If successful, a new avenue of approach to prevention of protein deficiency disease or kwashiorkor may be afforded.

Resolution of the problem of avitaminosis A in infants and young children requires the provision of additional dietary sources of vitamin A. Dried skim milk has been widely distributed in

areas of food shortages for purposes of infant feeding or for supplementary feeding of older children. The product is stripped of vitamin A as it is defatted. Efforts to replace the the butter oil as the milk is reconstituted have not proved practical in field use. A much more promising approach is addition of a stabilized form of vitamin A to the dried product. This form of fortification is currently utilized by UNICEF and about 28,000,000 pounds of fortified dried milk have been distributed to children in Indonesia and in India at a cost of approximately 0.02 cent per child per day. The level of fortification is 6,000 IU of vitamin A per 100 Gm. of dried milk powder, a quantity which reconstitutes to one quart of milk. The vitamin A content of this milk is about three times that of fresh whole milk. Animal experiments have demonstrated that the vitamin is absorbed from the product. It is warranted to urge all agencies distributing dried skim milk in developing countries to fortify dried skim with vitamin A. Unless this is done, an alarming and increasing toll of blindness in children will continue to occur.

Since iron deficiency anemia often occurs in malnourished infants and young children, enrichment of milk products with iron merits consideration. In a study of infants of low socio-economic levels in Chicago, iron deficiency anemia was avoided by provision of 12 mg. of ferrous iron per quart of formula ( ). The same objective could be achieved by addition of 12 mg. iron per 100 Gm. of dried skim milk distributed in other areas of the world where iron deficiency anemia is prevalent in young children.

In distribution of other food commodities to children of other nations every effort should be made to provide products of best nutrient quality and protective against deficiency diseases. Accepted nutritional policy within the United States provides for the enrichment of milled grains such as wheat flour, corn meal and white rice with thiamine, niacin, iron and/or riboflavin. The cost of such enrichment is minimal. Thousands of tons of surplus grains have been made available to other people of the world whose food needs are great. Not all of this has been enriched. Appropriate policy should be established requiring enrichment of these cereal grain products in accord with U.S. enrichment standards.

Children of the United States have benefited greatly from procedures of iodination of salt to prevent endemic goiter and of fluoridation of water supplies to prevent dental caries. Health authorities cooperating with officials of other nations in the effort to improve child health should encourage the adaptation of these preventive measures where goiter and dental caries are endemic.

General policy concerning the addition of specific nutrients to foods in the United States has been established jointly by the Food and Nutrition Board of the National Research Council and the Council on Foods and Nutrition of the American Medical Association ( ). The same policies should apply to foods provided by our country in endeavoring to alleviate the serious health problems existing in malnourished people of other nations.

Moreover, consideration should be given to modification of these policies to permit fortification at higher levels of content of a given nutrient and to enrichment of food items which may not be common articles of diet in the United States. Certainly this would be warranted when specific nutrient deficiency disease is known to exist. It is only by these means that the very large and important effort of the United States to utilize the products of a highly developed agricultural industry will deal most successfully with the health problems of malnourished persons in a world which aspires for improved health and opportunity.

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Children of the United States have benefited greatly from procedures of iodination of salt to prevent endemic goiter and of fluoridation of water supplies to prevent dental caries. Health authorities cooperating with officials of other nations in the effort to improve child health should encourage the adaptation of these preventive measures where goiter and dental caries are endemic.

General policy concerning the addition of specific nutrients to foods in the United States has been established jointly by the Food and Nutrition Board of the National Research Council and the Council on Foods and Nutrition of the American Medical Association ( ). The same policies should apply to foods provided by our country in endeavoring to alleviate the serious health problems existing in malnourished people of other nations.

However, consideration should be given to modification of these provisions to permit participation at higher levels of amounts of a given matter and to encourage of those individuals who act in common interest of time in the United States. Significant may want to encourage more specific national instruments through to come to exist. It is felt by these means that the best single and important effect of the revised laws to realize the creation of a highly developed experimental laboratory will also have correspondingly with the better position of management services in a world-wide system for improved health and management.

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DATE 11/19/01 BY 60322 UCBAW

Problems in Overseas School Lunch Feeding Programs

Martin J. Forman, M.A., Ph.D.  
Chief, Food for Development Branch  
Office of Material Resources  
Agency for International Development

Present: Annual Meeting  
American Public Health Association  
Session: U.S. Surplus Foods and Health for Peace  
October 5, 1964

Other food projects — in, for example — school feeding projects are but one of the many types of activities being carried on, however or part of the Food for Peace program. Today, in 22 countries and territories around the world, over 100 million school children are regularly receiving some form of supplementary food dependent on the size of U.S. surplus agricultural commodities — a gift from the people of the United States.

The feeding program may — although not nearly as well as the welfare and health of the people continue to show that are essential to your countries, the feeding consists of a daily 10 gram portion of concentrated protein by name (WFP), which is stored, distributed, distributed and packed for use in schools. In some places, as with the United States, school meals are served at the schools, while in other areas, school buses and machines pack equipment are the rule. There may be local companies, serving a handful of schools in a given area, or a program may be operated on a national basis.

The U.S. surplus commodities which go into the program normally receive some additional instructions that are other people provided in the world. They must be used within a certain time as well as the target dates. They may be used in feeding, health or other projects in the further interests of countries they help, in an other school system that is voluntary or may be used in the interests of the United States or in the interests of the United States, the U.S. Government or the U.S.

from Seoul to Cebu, from Tunisia to Timbuktu, throughout the sub-continent of India -- anywhere and everywhere, at every minute of our day and night, children are lifting their cups (or tin cans), their forks (or fingers) -- to bring to their mouths foods that originated on America's farms.

The program has developed in a relatively short time. In 1954, when P.L. 480 was enacted, the concept of providing food at school was unknown in many areas of the world, and hunger and malnutrition was widespread. Hunger and malnutrition still persists in many areas, but for millions of children, at least, hunger has become a memory -- a thing of the past.

Overseas school lunch programs are sometimes operated under the direction of U.S. registered voluntary relief agencies such as CARE, Catholic Relief Services, and Church World Service. In such programs, the agencies secure the Food For Peace commodities under agreements with the U.S. Government and operate the programs under the terms of an agreement with the local government. Other programs may be operated by the local governments themselves under a bilateral agreement with the United States.

In either case, the U.S. Government provides surplus agricultural commodities such as wheat flour, bulgur, corn, cornmeal, nonfat dry milk, salad oil and shortening and pays the costs of ocean transportation. The local government pays for the costs of handling, warehousing, internal transportation, preparation, and serving. They often provide equipment and contribute money for the purchase of other foods, fuel, and processing. They pay the salaries of administrators, cooks, teachers, and other personnel

who may be involved. The voluntary agencies may provide personnel to assist in the supervision of the program or to train others and they may contribute funds for the purchase of equipment and supplemental foods.

In some places, mothers may take turns preparing and serving the food. On an increasing scale Peace Corps volunteers help to organize communities for this purpose.

In many places, the children participate in the financing of the program on an ability to pay basis, either by paying a small fee or by bringing an occasional vegetable or egg to contribute to the community pot.

There is support for the program at many levels, and it flourishes mainly because people here and abroad are highly motivated with respect to its fulfillment. The recipient children and their parents need it and want it. The local governments come to recognize the political benefits of reducing frustration among the people and of being identified as the administration that brings the program to the children.

The American public derives satisfaction from the humanitarian aspect; American farmers and those involved in related industries such as processing, packaging, and transporting the foods recognize a new source of business stimulus; and the American Government is able to achieve humanitarian, economic, social, and political benefits at home and abroad with the expenditure of a resource which it already has in abundance. Putting our surplus foods to this use is helping to change the concept of our abundant production from that of an embarrassing surplus to a blessed resource.

To everyone, the program is easy to understand. The U.S. produces

more food than it requires for all of its domestic and commercial export requirements. In other areas of the world, there is a food deficit and a lack of adequate purchasing power. What could be more simple than to share this resource to promote health, goodwill, and peace?

And yet, in practice, the process is not so simple. There are problems at every step of the way, and their solution commands our continuing energy and ingenuity. A partial list of everyday problems may serve to illustrate.

1. Many countries lack the administrative infrastructure to permit orderly record keeping, organization, and distribution. There is a shortage of persons possessing the simplest administrative skills.

2. The distribution system within many countries is woefully inefficient and obsolescent, causing delays, poor coordination, over and understocking, and spoilage.

Many countries have stepped from the ox cart into the aviation stage, skipping the railroad and highway development so necessary to an internal distribution system -- a situation which is further complicated by an often imposing topography.

As an example, consider the problem of keeping commodities flowing throughout a country like landlocked and mountainous Bolivia. It must depend on Chile, Peru, and Argentina for its port service. It is vulnerable to the Chilean freight car availability at any given time to permit movement of commodities from the ports to its borders. Within the

country, an east-west railroad line is interrupted by a bridgeless river.

The problem exists even with respect to its own locally produced commodities. The fruits grown in abundance in the lowlands are an expensive and rare luxury in the Alto areas due to the problem of getting them there.

3. In many countries, there is resistance to the concept of child feeding as a governmental function or even a community function. This may be true on the part of the government, the people, or both.

4. There is often a lack of trust in governmental integrity. This is especially true where there may be a requirement for a fee to be collected. Many people fear that when the accumulation of pennies becomes dollars there will be leakage along the way, and far too often, their fears are well founded.

5. Developing countries have difficulty in making even modest sums of money available for the costs of operating a program; in the competition for a share of the budget, the education and health ministries often come off second best against the ministries of defense and economic affairs.

6. In many instances, food becomes a tool in the political rivalry of competing parties. (Recently, a national entity in one Latin American country held up school lunch foods going to one state to discredit the governor of an opposition party prior to an election.)

7. The absence of a concept of sanitation can lead to the spread of disease in a group feeding situation.

8. Carelessness in food storage has had serious repercussions in some

countries. In a moist, hot climate, warehousing foods from wall to wall and floor to ceiling can lead (and, unfortunately, has led) to infestation and deterioration. Some time ago, a tragic case was reported from one country, where a number of children died after eating foods that had become contaminated through being stored in proximity with a locally produced lethal insecticide which had leaked out of faulty cans and soaked through cotton flour sacks.

9. Where an elementary knowledge of nutrition is lacking, people often consume foods they like or are used to, foregoing locally available nutritious foods.

10. The introduction of some seemingly desirable foods into a deficient diet can result in aggravating nutrient imbalance and can bring on disease even more serious than the malnutrition.

11. Where people are unfamiliar with new foods, they may reject them, waste them, or, (through misuse), create strong negative attitudes toward acceptance which are later difficult to overcome. For example, if the proportion of powdered milk reconstituted with water is too great, the resultant mixture can bring on diarrhea when introduced into the stomach of a young child. The reaction can range from simple non-acceptance to fierce criticism that the provider of the milk is either dumping inferior products or seeking to poison the country's children. There have been cases where such incidents have been fanned into anti-American sentiment by political enemies of the U.S.

This is but a partial list of problems which are regularly encountered

in overseas school lunch programs, but they may serve to demonstrate the magnitude of the task we face. They are, however, capable of solution.

Regional and local workshops are serving to train workers in administration, in food preparation, and in nutrition education.

Mobile units are being introduced to tour remote areas giving demonstrations in food preparation and teaching sanitation practices and elementary nutrition.

Booklets, pamphlets, posters, and other materials written in the simplest level of the local language are being widely distributed.

School gardens are being promoted as a source of supplementary nutritious foods and as an aid to nutrition education.

Pilot programs are being developed for new foods such as soy grits and soy beverage which may be added to the Food For Peace program if they prove feasible.

Efforts are being directed at developing local food technology to enable countries to take advantage of locally available food sources.

The Agency for International Development and voluntary agencies are providing some vehicles to assist in internal food transportation. (In Brazil, some excess U.S. Army pontoons are being made up into rafts to transport food up the Amazon River.)

Voluntary agency personnel and Peace Corps volunteers are helping to organize communities to oversee their own school feeding programs. Systems are being set up to permit control of funds by mothers committees.

These efforts are beginning to pay dividends, but the task is huge.

It compels the cooperation of various talents, not only administrators and managers but educators, agriculturalists, food technologists, nutritionists, and public health workers as well.

With respect to the role of the Food For Peace program in overseas child feeding programs, we have completed the first decade -- a decade of distribution. We now enter the second decade -- which necessarily must be a decade of development. The degree of success which is achieved will depend to a large extent upon the degree to which there is inter-disciplinary cooperation and coordination.

Approx. 1,600 words

COMPLEMENTARY EFFECTS OF LOCAL AND IMPORTED FOODS IN  
IMPROVEMENT OF NUTRITION IN DEVELOPING COUNTRIES\*

\* \* \*

L. J. Teply, Ph.D.  
Senior Nutritionist,  
United Nations Children's Fund (UNICEF),  
United Nations, New York.

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For thousands of years societies have supplemented the food they could obtain locally with food from elsewhere. Jacob sent his sons to Egypt to buy grains during a local drought. Even in earlier times some subtle nutritional considerations, besides the need to combat starvation, may have been involved. For example, a relationship may have been recognised between an intake of salt below a certain level and health; the early Egyptians knew that they might cure a case of night blindness if they could get hold of some beef liver; in more recent centuries it was learned that certain fresh vegetable materials could prevent scurvy. However, it is clear that the bulk of food trade was for the purpose of abating hunger. Demands for spices to flavour and preserve food, and for tea, coffee and cocoa to provide psychic satisfaction, did play an important role in the development of new lines of international communications.

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\* Presented at a Symposium on "Surplus Foods for Health and Peace", Food and Nutrition Section, American Public Health Association, New York City. 5 October, 1964.

The agonies through which mankind has passed in the search for food distribution systems that will at least prevent obvious manifestations of human misery due to food deficiencies are exemplified in the account of the Irish potato famine,<sup>(1)</sup> by Cecil Woodham-Smith, which tells of the export of cereal grains from Ireland at a time when many of the local population were attempting to survive on the peelings of potatoes, if they could manage to get even that much food.

The concept of donation of foods to areas stricken by famine has a long and an honourable history. Recent decades, especially after World War II, have seen increasing use of donated foods to combat malnutrition, in contrast to starvation, particularly in vulnerable groups such as children and mothers. This has called for shipment of "protective foods" which can furnish the protein, vitamins and minerals that are needed in addition to calories. It has been most fortunate that there have been available large quantities of skim milk powder which is an excellent source of protein and of most of the vitamins and minerals.

We are now entering a phase in which much more sophisticated approaches to the use of donated foods are indicated and are being tried. The food supplies are being used to support various projects for economic and social development that, in fact, can have an important bearing on improvement of nutrition. These remarks, however, will relate specifically to those projects concerned directly with nutrition.

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It is not easy to collect precise clinical statistics, but the need for improvement of nutrition in practically all the developing countries is clear, and it has been referred to by other speakers on this panel. Though nutritional deficiencies may occur throughout the population, the special plight of the pre-school child has been well documented.<sup>(2,3)</sup> We must not only eliminate the acute and monstrous deficiencies such as kwashiorkor, or protein-calorie deficiency, and blindness from vitamin A deficiency, but we must aim at the optimal physical and mental development of the world's most important resource - its children.

Neither is it easy to collect precise figures on food production and consumption, but there is adequate evidence that there are serious local shortages of protein and other nutrients.<sup>(4,5,6)</sup> Population growth can exacerbate the problem. One circumstance can be observed easily; that is the situation in which a mother is asked to provide special foods for her young child but cannot find the foods suggested in her market at a price suitable to her family's income.

There are two main situations to which our topic applies :-

1. The country has sufficient calories but has inadequate supplies of edible protein.
2. The country lacks total calories (sometimes also fats) but has adequate protein resources.

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Since donated cereal grains are in relative abundance, while the protein foods are in shorter supply, it is especially interesting to consider what developing countries could do to make up the protein lack locally. To some degree this might be accomplished through increased production of beans, peas, eggs, meat, milk and fish. However, there is a largely untapped source of nutritious and potentially more economical protein in the residues from production of oil from oilseeds. In general, the fact that the residues are by-products of oil production will tend to reduce the price. In some cases, however, it may be desirable to process the entire dehulled seed. Full-fat soy flour, for example, is coming into increasing use. It is well to remember that soy beans can be grown in most countries and will probably yield more protein per acre than can be obtained from any other crop, or from animal production on that acreage. The soy protein, incidentally, when properly processed is of excellent nutritional value.

In recent years, the development of satisfactory technology for production of edible proteins from oilseeds and the testing of such products to establish their suitability for feeding humans, including young children, has engrossed the attention of many groups throughout the world, including FAO, WHO and UNICEF, who have mounted a special collaborative effort in this field and have joined in establishing a Protein Advisory Group. The Rockefeller Foundation has been generous

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in providing funds, administered by the Committee on Protein Malnutrition of the U.S. National Research Council, for research. AID and the U.S. Department of Agriculture are initiating a joint programme to speed the technological developments on soy, cottonseed and peanut protein.

Industrial facilities for manufacture of edible soy flour exist in Brazil, Mexico, Colombia, Israel and Japan, and may be expected to become established soon as a logical outgrowth of an existing soy processing industry in other countries such as Taiwan and Turkey. Of course in the Far East soy beans are also commonly prepared for consumption in the home. Edible cottonseed flour is being produced in Central America and Colombia, and promising work on extraction of cottonseed with ethyl alcohol, acetone or an acetone-hexane-water mixture, is in progress in India, Brazil, and Italy, as well as in the United States. The technology for processing edible peanut flour exists in India, Senegal, Nigeria, Brazil and probably in additional developing countries. The identification of a toxin, aflatoxin, produced by certain molds which may grow on peanuts at higher moisture levels has proved to be a temporary hindrance in the use of peanut flour, but it is becoming clear that this toxin can be kept out of peanut products if reasonable control measures are taken in the harvesting, handling and processing of the peanuts. In short, a considerable oilseed protein technology already exists and industrial processing capacity is gradually being established in a number of developing countries, although a tremendous amount of work lies ahead to develop processes more easily adaptable to various local

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conditions and to produce still more palatable, cheaper, and in some cases even more nutritious protein preparations. Soy, cottonseed and peanut flours then, along with fish protein preparations, represent the more important new sources of potentially low-cost protein. Other sources, such as coconut, sesame, sunflower and yeast, no doubt will also be of some value.

It is sometimes argued that countries need the oilseed cakes for animal feed, or cannot spare the foreign exchange earned by their export. Actually, in some countries vast amounts of the oilseed cakes are now used for fertilizer, or just wasted. The use of urea for cattle feeding offers great promise for the sparing of oilseed proteins. The possibilities are especially intriguing in India and Brazil where local manufacture of urea is established.

Until recipient countries are able to develop their local protein supplies, donating countries should seriously consider providing protein foods, along with high carbohydrate foods, even though the protein foods may not be considered as surplus.

I should like to refer to three specific projects which have been under development over the past year in Brazil, Senegal and India through the collaborative efforts of governments, FAO, WHO, UNICEF and the World Food Programme of FAO and the United Nations. In each case a joint agreement is negotiated with an established manufacturing and distributing firm. The principles involved can be applied regardless of whether the donated foods come directly from bilateral sources or through international agencies. A distinguishing feature of these

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projects is the stress on establishment of permanent commercial marketing systems for the products. The assistance provided by the U.N. agencies and the Government in the form of ingredients for the mixture, or aid in introducing and promoting the product, are reflected in a lower price to the consumer.

Formulations which had been under study by local authorities and were found to be suitable for supplementing the diets of young children were selected. In Brazil the main ingredients are corn flour and de-fatted soy flour in equal proportions; the formula for Senegal is a mixture of sorghum, peanut flour and skim milk powder; the formula for India is wheat flour, peanut flour and skim milk powder.

Each of the mixtures mentioned has certain vitamins and minerals added. In each situation the basic diet being supplemented must be taken into account, and the most satisfactory means of providing the required nutrients in the supplementary mixture should be determined, i.e. by adding purified vitamins and minerals, by including enriching ingredients such as yeast, skim milk powder, etc. In some cases, it may be desirable to try to incorporate some fat.

In Brazil, marketing of the supplementary food mixture started in January 1964 and the results to date have been encouraging. It happens that because of favourable recent local production of corn and soy, so far the basic ingredients have been obtained locally. In Senegal, arrangement was made for special planting and harvesting of peanuts in

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a selected area in the 1964 season, and it is hoped that supplies of satisfactory peanut flour will be available to be mixed with imported sorghum and skim milk powder in 1965. In India, negotiations with commercial firms are still underway but it is expected that one or more commercial firms will become involved in the near future.

Pioneering projects of a similar nature in Central America and Colombia, under stimulation from the Institute of Nutrition for Central America and Panama (INCAP), and in South Africa, have been giving very encouraging results in recent months and thereby lend moral support to the three projects described.

It should be noted that by design projects of this type are intended not to interfere with either normal trade patterns or increase of local agricultural production. In fact, since the projects promote long-term increased intakes of certain foods, particularly by groups that are now undernourished, if they meet with any success at all the local production and marketing of foods should be stimulated.

It is recognised that generally local production of foods to provide adequate nutrition is a desirable goal. Furthermore, we know that in at least some countries, as in Mexico,<sup>(7)</sup> it has been possible, over a reasonable period of years, to increase local food production at a rate faster than population increase. However, it does take years of special effort. Some countries may always import certain foods, either because complete dependence on local production is impossible or

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uneconomic. In any case, it seems there should be ample opportunity in the foreseeable future within the framework of countries' needs and desires for imported foods to allow for some experimentation as to how such supplies can be used to improve nutrition.

In food aid programmes, the possible need to fortify cereal flours, either before shipment or in the recipient countries, should be considered. Skim milk powder, excellent food though it is, is not a good source of vitamin A, vitamin D, vitamin C, essential fatty acids, iron, or iodine. This should be kept in mind if it is added to a diet already deficient in one or more of these nutrients. For over two years, UNICEF has been adding stabilized forms of vitamins A and D to skim milk powder provided by the United States, which it ships to countries with especially severe vitamin A deficiency problems. These countries have been given priority since it has not been feasible as yet to fortify all the skim milk powder shipped by UNICEF. UNICEF also ships a certain amount of whole milk powder which does contain vitamin A and fat, and which is particularly useful in preparing formulas for feeding younger infants.

In summary, it appears that for at least some years imported food supplies, if used intelligently, can play an increasingly important role in improving nutrition in developing countries.

References:

- (1) Woodham-Smith, Cecil, "The Great Hunger. Hamish Hamilton, London, 1962.
- (2) Patwardhan, V.N., "Protein-Calorie Deficiency Disease; Public Health Aspects". "Nutrition" - Proceedings of the 6th International Congress of Nutrition, Edinburgh, 1963. S. Livingstone Ltd, Edinburgh and London. 310-323. 1964.
- (3) "How to Reach the Pre-School Child; Practical Approaches to the Protection of the Pre-School Child". - Proceedings of a symposium held at Lake Como, Italy, August 1963. In press, Tavistock Publications, London.
- (4) "Third World Food Survey", Basic Study No. 11, Freedom From Hunger Campaign, Food and Agriculture Organisation of the United Nations, Rome, Italy.
- (5) Schaefer, Arnold E. "Nutritional Deficiencies in Developing Countries" - Journal of American Dietetic Association. 42, 4:295-298. April 1963.
- (6) "The World Food Budget, 1962 and 1966", U.S. Foreign Agr. Econ. Reprint 4, Washington, D.C. October 1961.
- (7) Harrar, J. George. "Strategy for the Conquest of Hunger", The Rockefeller Foundation, New York. 113. 1963.

LJT/rcs  
1 October 1964

2) preparation of a defatted fish flour to which a good taste can be given by the addition of fermented fish solubles. This is a possibility which calls for further research.

4. Another problem which has not been sufficiently studied and is not solved is that of packaging. The packages must be strong enough to resist handling and transportation, thick or hard enough to prevent insect penetration, tight enough to prevent moisture and bacterial contamination, and relatively cheap. The size of each package will depend on local economy, food habits and purchasing power. FAO has been studying the question of packaging, particularly in Morocco and Senegal. We have no final solution to offer for the time being.

5. I said at the beginning that the products must be relatively cheap. I mean that the price of peanut flour or cottonseed flour, sold in packs of 5 to 10 kgs, to be later distributed in bulk at the retail level for family or community feeding, should not be higher than that of the staple foods. The protein-rich food flours mixed with cereals, flavoured if necessary and well packed in half-pound bags for child feeding, should never cost more than twice the price of staple cereals. Fish flours which are now sold at too high prices should never, both for commercial and psychological reasons, cost more than skim milk, namely 30 to 40 cents per kg. FAO is studying the question in Morocco, West Africa and Uganda. The list below indicates some prices of various products:

			Price per kg in dollars
<i>Powdered skim milk:</i>	Europe	Retail price	0.35—0.40
	N. Zealand	Wholesale price	0.25
	U. S. A.	Wholesale price	0.33
	Uganda	Wholesale price	0.42
<i>Fish Flour:</i>	Morocco	Wholesale price (per 10 kg)	0.38
		Retail price (per 100 gm)	1.00
<i>Meat powder:</i>	Kenya	Retail price (per ½ pound)	0.34
<i>Flours composed of:</i>			
Maize/cotton/yeast	Guatemala	Retail price (sold by 75 gm)	0.40
3 peanut/1 milk (Arlac)	Nigeria	Retail price (sold by pound)	0.20
Peanuts/casein/vitamins	Nigeria	Retail price	0.93
Peanut/sorghum/millet	Senegal	Retail price	0.40
<i>Biscuits:</i>			
Peanut/milk/maize	Uganda	Cost price	0.21
		Retail price	0.35
Ordinary biscuits *	Uganda	Retail price	1.00
Peanut flour:	Senegal	Retail price	0.08
Wheat, sorghum or Maize flour	Senegal	Retail price	0.12—0.14
Milled rice	Senegal	Retail price	0.16

\* Without protein supplement.

I hope that this conference will bring some light on the various questions I have raised, which are of very great importance if we want to increase consumption and if we want the products to play a large part in the prevention of kwashiorkor.



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E. R. KRUMBIEGEL, M. D.  
Commissioner of Health

JEAN C. ANTONMATTEI, M. D.  
Deputy Commissioner of Health

October 13, 1964

Dr. Robert E. Shank, Head,  
Department of Preventive Medicine  
Washington University School of Medicine  
St. Louis, Missouri

Dear Dr. Shank:

I would appreciate having a copy of your recent paper  
which you read before the American Public Health Association  
meeting, if it would be possible for you to extend this courtesy  
to our department.

Sincerely,

*Virginia Downes*  
Virginia Downes, M.D., M.P.H.  
Superintendent  
Bureau of Maternal and Child Health

VD:at

*Mailed  
10/21/64*

October 17, 1955

Dr. Arnold L. Schecter  
Executive Director  
Interdepartmental Committee on  
Nutrition and National Science  
Council, Department of Health  
Education & Welfare

Dear Sirs:

Thanks very much for the statistics you provided me for  
the first week last week. In my own report, I am attaching  
the Summary of Findings - See Exhibit.

I hope that you will find the question of finding out  
preferable.

Very sincerely yours,

Robert H. Smith, M. D.

THE UNIVERSITY OF NORTH CAROLINA  
CHAPEL HILL

Mailed  
10/21/64

SCHOOL OF PUBLIC HEALTH  
DEPARTMENT OF MATERNAL  
AND CHILD HEALTH

This is draft copy

10/12/64

add  
bibliography  
page

Dear Dr. Shank,

I would appreciate greatly your sending me a copy of "Is there Need to Fortify Infant Foods". I enjoyed hearing it at APHA + it would be most useful in our teaching program.

Best regards.

Earl Siegel, M.D.

pub  
ref.  
on paper  
pages

October 2, 1964

Dr. L. J. Filer, Jr.  
Vice President, Medical Director  
Ross Laboratories  
Columbus, Ohio

Dear Dr. Filer:

I am grateful to you for your letter of August 27 and your interest in the talk to be given on October 5. The materials which you sent were informative to me and I shall make reference to them.

A draft copy of my talk is enclosed.

Very sincerely yours,

Robert E. Shank, M. D.  
Danforth Professor of  
Preventive Medicine

# ROSS LABORATORIES COLUMBUS, OHIO 43216

L. J. FILER, JR., M.D.  
VICE PRESIDENT, MEDICAL DIRECTOR

August 27, 1964

Robert E. Shank, M.D.  
Professor and Head of  
Preventive Medicine  
Washington University  
St. Louis, Missouri

Dear Doctor Shank:

From the preliminary program of the annual meeting of the Public Health Association, I note that you plan to discuss the fortification of infant foods. This is, of course, a subject of vital importance to us and one that I am constantly involved in discussing with the Food and Drug Administration and other official groups that promulgate recommendations or laws.

Recently, we have been involved in attempting to establish by questionnaire what mothers think they are feeding their infants. We have completed two surveys in the United States on six-month-old infants. The first paper was published in *Clinical Pediatrics* in September 1963 and the second paper, which deals with nutrients other than iron and calories, will be published in *Clinical Pediatrics* in September or October of this year. I have enclosed a reprint of the first paper and the text of the paper to be published soon. I plan to discuss aspects of this second paper at the combined Canadian-U.S. Nutrition Conference in Toronto on September 15. The abstract covering that meeting is enclosed along with two charts showing the percentile distribution of iron and vitamin B<sub>6</sub> intakes of six-month-old infants in the U.S. There is much talk at this time about the need for adding vitamin B<sub>6</sub> to foods both for adults and infants, and I used the data from our study to illustrate the point that the vitamin B<sub>6</sub> situation looks quite comfortable, whereas the need for added iron cannot be denied.

I am enclosing a series of reprints of papers that have recently appeared in the pediatric literature relative to the use of an iron containing formula in the feeding of premature and term infants. There is no question that iron is needed by the premature infant and there is little question that infants being reared in a low socio-economic setting require additional iron.

Dr. Shank

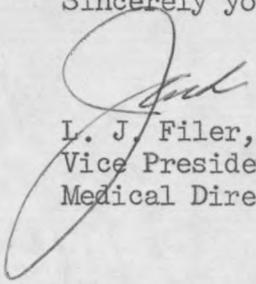
- 2 -

August 27, 1964

I will not be attending the APHA Meetings, however if you do prepare a manuscript in advance, I would appreciate the opportunity of reading a copy at your convenience. If you have a limited number of copies available, we can Xerox and return the manuscript to you.

We have just completed a survey of Canadian infants this month. Our sample is limited to approximately 1,200 infants, however these data show striking differences in dietary intake that relate to ethnic differences within Canada. The differences, however, are largely limited to iron with the French Canadian infant receiving considerably more iron than infants in the Maritime Provinces or Saskatchewan. This reflects the fact that the French Canadian infant receives fewer calories from milk and receives more meats and eggs in his diet. We are in the process of preparing an abstract of this study for presentation at the Midwest Society for Pediatric Research in October. We also plan to prepare a manuscript for publication in Clinical Pediatrics.

Sincerely yours,



L. J. Filer, Jr., M. D.  
Vice President  
Medical Director

LJF:dlb

Enc.

APNN  
Section on Food + Nutrition

October 1, 1964

Mr. Alan Berg  
Assistant to the Director  
Food for Peace  
The White House  
Washington, D.C.

Dear Mr. Berg:

Enclosed is a draft of my talk for Monday.  
Except for minor modifications and a terminal paragraph, it is complete.

I shall look forward to meeting you on October 5.

Very sincerely yours,

Robert E. Shank, M.D.

RES'mtw  
Enclosures

October 1, 1964

Cortez F. Enloe, Jr., M.D.  
551 Fifth Avenue  
Suite 1010  
New York 17, New York

Dear Doctor Enloe:

I am very grateful to you for your invitation to meet with you next Tuesday, October 6th. Unfortunately, I will have to return from New York to be in my office here by Tuesday noon.

Perhaps on another trip to New York I may have this opportunity to meet with you.

Very sincerely yours,

Robert E. Shank, M.D.

RES'mtw

MURRAY HILL 7-0110

CORTEZ F. ENLOE, JR., M.D.  
551 FIFTH AVENUE  
SUITE 1010  
NEW YORK 17, N.Y.

September 21, 1964

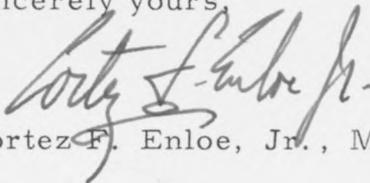
Dear Doctor Shank:

Doctors Henry Sebrell, Fred Stare, and Willard Krehl and I, are wrestling with a problem in nutrition on which we feel your opinion would be very helpful to us. Thinking that you might be coming to the meeting of the Section on Food and Nutrition of the American Public Health Association here in New York in October, we want to take this opportunity to talk with you. We have asked several of our mutual friends to gather with us for an information discussion of the problems of citrus in health and disease at the New York Yacht Club on October 6, 1964.

We will meet in the Commodore's Room of the Clubhouse, which is located at 37 West 44th Street, at 4:00 P. M. We would like to have about two hours of your time. Won't you please let me know that you are coming?

Looking forward to seeing you personally and to obtaining your views of some of the thoughts that we have, I remain,

Sincerely yours,



Cortez F. Enloe, Jr., M.D.

Robert E. Shank, M. D.  
4 Garden Lane  
Kirkwood, Missouri

CFE:mb

October 1, 1964

Miss Barbara Premo, Nutritionist  
Bureau of Nutrition  
Room 714  
93 Worth Street  
New York, New York 10013

Dear Miss Premo:

I am grateful to you for your invitation to be a guest on your radio show while in New York.

Unfortunately, I am going to have to return to St. Louis on the 6th and would therefore be unable to meet with you at the New York Hilton on Wednesday.

If you should care to contact me while I am in New York, I shall be at the Hotel Victoria.

Very sincerely yours,

R.E. Shank, M.D.

RES' mtw

THE CITY OF NEW YORK

## DEPARTMENT OF HEALTH



93 BROADWAY STREET  
NEW YORK 13, N. Y.

Bureau of Nutrition  
Office of Director  
Room 714

566-7699  
TEL. WOX-473886

September 25, 1964

Dr. Robert E. Shank  
Department of Preventive Medicine  
Washington University School of Medicine  
501 South Euclid Ave.  
St. Louis, Missouri

Dear Dr. Shank:

I would like to invite you to be a guest on our "Listen to Nutrition" radio show while you are in New York. I would like to ask you some questions on the subject of your talk, Is There Need to Fortify Infant Foods? It would be a five minute taped broadcast.

I plan to have a tape recorder in the APHA Press Room, room 524 at the New York Hilton on Wednesday, October 7, from 2-3 p.m. Would you drop me a line and let me know if you will be able to join me. If you can, would you please include a copy of your speech, and the name of the hotel where you plan to stay.

In the event there are any last minute changes, I will contact you at your hotel.

I look forward to interviewing you.

Yours truly,

Barbara Premo  
Nutritionist

BP:IR

"LISTEN TO NUTRITION"  
Monday through Friday  
8:50 - 8:55 a.m.  
WNYC WNYC-FM  
830 kc. 93.9 meg.

"NUTRITION AND YOU"  
WNYC-TV Channel 31  
New York 7, New York

Tuesday, Sept. 28

Talked to

Mr. Langley, Mr. Arnold Schaeffer's secretary, called  
on publicity for Section

asked to please send copy of Dr. Mead's paper for the 1951  
meeting next week - please send in money, if possible.

Send to Mr. Robert Lincoln [to be mailing material]  
Schaeffer and Company  
60 E. 44th Street  
New York City, N.Y. 10017

Phone No. - BRooklyn 5-1133 - New York City

no more to this year.....

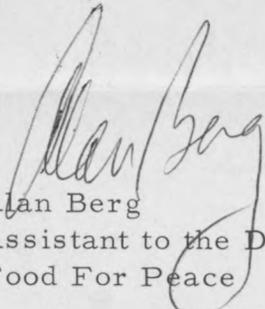
*Handwritten signature*

THE WHITE HOUSE  
WASHINGTON

September 18, 1964

Dear Dr. Shank:

...thought you might be interested in seeing  
the attached.



Alan Berg  
Assistant to the Director  
Food For Peace

Dr. Robert Shank  
Washington School of Medicine  
St. Louis, Missouri

Attachment

AMERICAN COUNCIL OF VOLUNTARY AGENCIES FOR FOREIGN SERVICE, INC.  
44 East 23 Street, New York, N. Y. 10010

September 10, 1964

M E M O R A N D U M

TO: Council Committee on Health  
and  
P. L. 480 Food Distributing Agencies

FROM: Elizabeth Clark Reiss, Secretary

The following communication has been received at the Council office. It is our thought that the symposium will be interesting and helpful. Mr. Reuter will undoubtedly be pleased to have some indication of intended voluntary agency participation. Will you be so good as to contact Mrs. Reiss regarding your attendance at this session of the conference? A return card is enclosed for your convenience.

Further practical details on admission to this session will be furnished when available to those indicating interest in participation.

-----  
THE WHITE HOUSE  
Washington

September 3, 1964

" Dear Mr. Shenefield:

On October 5, at the Park Sheraton Hotel in New York, the American Public Health Association will hold as part of its annual convention a symposium entitled "U.S. Surplus Foods for Health and Peace."

Participating will be Dr. Phillip Lee of AID, discussing his Agency's nutrition research program; Dr. Robert Shank of The Washington School of Medicine in St. Louis, discussing the fortification of infant foods; Dr. Lester Teply of UNICEF, discussing complementary effects of local and imported foods; and Dr. Martin Forman of AID, discussing problems in overseas feeding programs. I have been given the honor to preside over the meeting.

Because of the increasing interest in nutrition by a number of the voluntary agencies associated with the Food for Peace program, it is possible that some may wish to sit in on this session. We would be grateful if you could pass word on to the agencies that they are most welcome to attend.

The meeting will be held at 2:30 p.m., at the Park and Sheraton Suites at the Park Sheraton Hotel.

Sincerely,

/s/

Richard W. Reuter  
Special Assistant to the President  
Director, Food for Peace "

THE WHITE HOUSE  
WASHINGTON

September 8, 1964

Dear Dr. Shank:

You might be interested in the attached statement by Senator Humphrey, in connection with the talk you are preparing for the American Public Health Association in New York next month.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard W. Reuter". The signature is fluid and cursive, with a prominent initial "R" and a long, sweeping underline.

Richard W. Reuter  
Special Assistant to the President  
Director, Food For Peace

Dr. Robert Shank  
Washington School of Medicine  
St. Louis, Missouri

Enclosure



Mr. HUMPHREY.

FOOD FORTIFICATION

Mr. President, for many years, the problem of malnutrition among the poorer people of the world have been studied—with special emphasis on the children—by the National Institutes of Health, the National Academy of Sciences, the Agricultural Research Service in the Agriculture Department, UNICEF, AID, and a number of other public and private groups. All agree that there are two major problems in overcoming malnutrition. One is the need for more food, a problem we are helping to solve through our food-for-peace effort. The other is the need for nutritional improvement in the food which is being sent—such as the simple addition of vitamins A and D in milk as we have in this country, or the extra enrichment of flour.

A study just completed by nutritionists at NIH tells us that in East Pakistan alone 50,000 infants every year are being subjected to a life of blindness due to vitamin A deficiency. We in the United States have it within our power to prevent this kind of thing from happening. We can do this, at a very minor cost, with the addition of vitamins in the powdered milk we already are providing. We can do it with the further enrichment of flour we are now shipping. And we can do it with other inexpensive means of food fortification.

Aside from the obvious moral concerns related to such a problem, there are also some basic economic considerations. First, our competition abroad in nonfat powdered milk is with countries which do fortify their exported milk. Since the cost factor of the fortification is negligible, we obviously are placed at a disadvantage in our striving for future foreign markets. Second, we must weigh the cost of fortifying our food-for-

peace donations against the costs which may result from the consequences if we do not.

In east Pakistan alone we are talking about 50,000 potential invalids, in 1 year, in one small part of one country who may end up needing some type of major welfare assistance. To the budget of that country—and the budget of this country which through its aid program supports that country—it certainly seems a reasonable investment to spend pennies to prevent this kind of thing from happening.

We ought to find a way to make this minor adjustment in our Public Law 480 program to fortify our donated foods and prevent such vitamin deficiencies. If we do not, it is our own deficiencies to which people in the future can justifiably point.

THE WHITE HOUSE  
WASHINGTON

September 1, 1964

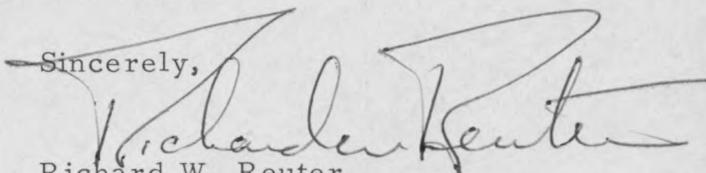
Dear Dr. Shank:

I am pleased to learn that you will participate in the APHA Session on "Surplus Foods".

We would appreciate receiving a rough outline of your presentation in advance so that we might avoid duplication in the papers. This will also give us an opportunity to suggest thoughts which might be included to provide a balanced and related series of presentations.

Attached is a list of specifics you might find useful.

Sincerely,



Richard W. Reuter  
Special Assistant to the President  
Director, Food For Peace

Dr. Robert Shank  
Washington School of Medicine  
St. Louis, Missouri

Enclosure

Send rough outline to be covered

Few lines

Call Arnie Schaffer - re S. Pakistan problem

APHA SESSION ON "SURPLUS FOODS"

- Day and Time: Monday, October 5, 1964, 2:30 p.m.
- Place: Park Sheraton Hotel, Park and Sheraton Suites
- Session Title: U. S. Surplus Foods for Health and Peace
- Presiding: Richard W. Reuter
- Papers and Authors:
1. Agency for International Development (AID)  
Nutrition Research Program  
Philip R. Lee, M. D.
  2. Is There Need to Fortify Infant Foods?  
Robert E. Shank, M. D.
  3. Complementary Effects of Local and Imported  
Foods for Improvement of Nutrition.  
Lester J. Teply, Ph.D.
  4. Problems in Overseas School Lunch Feeding  
Programs. Martin J. Forman, Ph.D.
  5. Discussion
- Length of Papers: 15 minutes each (roughly 7 typed pages).
- Sponsoring Section: Food and Nutrition Section
- Preliminary Meeting: 11:00 AM, Oct. 5, in my room, Park Sheraton.
- Outline of Papers: To Alan Berg (Room 224 Exec. Office Bldg.  
Wash., D. C. ) by Sept. 10.
- Final Papers: A copy of the Final Paper to this office when  
completed (no later than Sept. 30).

Richard W. Reuter  
Special Assistant to the President  
Director, Food For Peace

28 August 1964

No.....

Dr. A. E. Schaefer  
Executive Director, ICNND  
Building 31, N. I. H.  
Bethesda, Maryland

Dear Arnie:

I did not include information on the number of children with blindness from Vitamin A deficiency because there is a statistical problem which I have been unable to resolve as yet. There are four separate calculations (three from our data, one from Dacca Medical College) which give widely differing results.

Calculation 1.) McLaren, in "Malnutrition and the Eye," (Academic Press, New York, 1963) has the following information, (pp. 214-215) based on Indonesia. He states three facts:

- a 1% of children in Indonesia develop keratomalacia (Oomen, Intern. Rev. Trop. Med. 1:232, 1961).
- b "In the overcrowded and poverty-stricken parts of the world where xerophthalmia is common the child mortality may lie somewhere in the region of up to 500 per 1,000 live births."
- c Of children with xerophthalmia who survive, about 25% will be totally blind. ((I) Blegvad, O. Am. J. Ophthalmol. 7:89, 1924. (II) de Haas, J.H., et al, Geneesk. Tijdschr. Ned.-Indie 30:928, 1940.)

Then he has the following passage: "It is possible to gain an approximate idea of the number of children going blind in countries like Indonesia every year from xerophthalmia by some simple arithmetic. If we suppose that 1% of all children there develop xerophthalmia, that one half of all the children die mostly from causes other than vitamin A deficiency, and that a quarter of the survivors with xerophthalmia become totally blind, then 1 in 800 children surviving into later life will be totally blind from this cause. This tallies fairly well with the figures obtained by Tijssen (1936) for blindness from all causes in children aged 1 3/4 to 15 years which gave a fraction of 1 in 500 blind. If it may further be assumed that the birth rate is approximately 40/1000 of the total population, then in Indonesia with about 60 million, of the 2,400,000 born every year (of whom approximately 1,200,000 survive, and among these are 12,000 cases of xerophthalmia) 3000 are totally blind annually. This figure is unlikely to be an over-estimate when it is remembered that in one eye hospital alone more than 500 cases are seen every year."

Applying this method to East Pakistan, and restricting it to boys under 5, the following figures are necessary:

- a 1.1% of boys under 5 have xerophthalmia.
- b 25.8% of all live births die before age 5.
- c The birth rate is approximately 50/1000.
- d The total population is 55 million.



No.....

-2-

Thus there are 2,750,000 born every year, of whom 1/2 (1,375,000) are boys. 25.8% die by age 5, thus 1,020,250 survive, of whom 11,213 (1.1%) develop xerophthalmia. 25% become totally blind, so that the number of boys under age 5 who go totally blind annually from xerophthalmia comes to 2,805. This figure only takes the births for one year, thus he is only saying what will happen the first year.

Calculation 2.) Extending this method to the whole five years, the following assumptions are made.

- a The birth rate is constant at 50/1000.
- b The population is constant at 55 million.
- c From Table 10A of our data, the percent of all live births that die by age 1 is 16.7%. The percent of all live births that die between age 1-4 is 9.1%. Splitting this evenly for each year, this means that an extra 2.3% of all live births will die in each additional year of the 1-4 year period.
- d Table 15 of our data gives the following prevalence (NOT incidence) figures by age:  
Under 1      0.0% of 117 boys  
1 year        0.7% of 147 boys  
2 years       1.6% of 123 boys  
3 years       2.8% of 108 boys  
4 years       0.0% of 40 boys

The following table shows the number of boys in each age group who develop xerophthalmia.

Age Group	Number Born	Cumulative % Mortality	Survivors	Percent Xerophthalmia Prevalence	Cases of Xerophthalmia
Under 1	1,375,000	16.7%	1,145,375	0.0%	0
1 year	1,375,000	19.0%	1,113,750	0.7%	7,796
2 years	1,375,000	21.3%	1,082,125	1.6%	17,314
3 years	1,375,000	23.6%	1,050,500	2.8%	29,414
4 years	1,375,000	25.8%	1,020,250	0.0%	0
Total Cases					54,520

There are 54,520 cases each year in boys under 5 years of age, of whom 25% will go blind, so that there are 13,630 cases of total blindness from xerophthalmia in boys under 5 each year.

Calculation 3.) From our survey data, we know that 8% of the total population consists of boys under 5 years of age. Thus there are 4.4 million, and at any given moment 48,400 of them have active xerophthalmia, since the prevalence in young boys is 11/1000 (1.1%). 25% will go blind, thus 12,100 cases of blindness are present. But active xerophthalmia can go from initial haziness to total blindness in as little as two days, or can take two weeks or perhaps much longer. It has a variable active "life cycle" from haziness to residual corneal scar.



No.....

3

We have conservatively set the maximum span of active disease at three months. Of 1,000 boys examined on one day, 11 will have xerophthalmia. If the same boys were examined three months later, all 11 who had xerophthalmia before will either have gone blind, have a residual corneal scar, or be completely recovered. In any case, they will not again be diagnosed as having active xerophthalmia, having passed out of this phase by our criteria. But meanwhile, if the prevalence remains the same, another 11 boys will be found to have xerophthalmia, and a further 11 in yet another three months, etc. Over a year, there will be four of these three month "life cycles," each with 48,400 cases of xerophthalmia. The total for the year is 193,600, of whom 25% become totally blind. Thus the number of boys under age 5 who go blind annually from xerophthalmia comes to 48,400. If we apply the "life cycle" phenomenon to the previous calculation (Calculation 2), then we must multiply 13,630 cases by 4 cycles, which gives us 54,520 cases. These two figures thus agree relatively well.

Calculation 4.) The Professor of Ophthalmology at Dacca Medical College has reviewed the number of keratomalacia cases seen in his Eye Clinic per year. From a review of his case records for all patients regardless of diagnosis, he has classified the population served by his clinic, with regard to geographic radius, socio-economic status, etc. From this he has worked out the proportion of East Pakistan's total population served by the Clinic, and come up with a rough estimate of blindness from xerophthalmia in the province. He cannot include those who never come to his Clinic, and I would guess that this would be a sizeable proportion of the actual cases. His estimate should therefore also be a conservative one. Nevertheless, he estimates that there are 160,000 new cases of total blindness each year from xerophthalmia. This figure is for total population, not just boys under 5. With a 2:1 male to female ratio, and a 2:1 ratio of under 5 to over 5 years age, this would give around 72,000 cases in boys under 5.

Have fun! I'm unable to pick which calculation is most valid, but present the information for you to consult one of the experts in the field of statistics on Vitamin A disease. In my present conversations I'm saying "about 50,000 cases of blindness in boys under 5."

Sincerely,

*Lony*  
M. L. REINER, M.D.

# THE AMERICAN PUBLIC HEALTH ASSOCIATION

INCORPORATED

1790 BROADWAY — NEW YORK 19, N. Y.

## Newsletter Editor

Mary Macomber, Director  
Nutrition Service  
State Department of Health  
Des Moines, Iowa 50319

## *News Letter*

## Office of Section Secretary

Dr. Juanita A. Eagles  
5905 Aberdeen Road  
Bethesda, Maryland 20034

## F O O D   A N D   N U T R I T I O N   S E C T I O N

Newsletter #3 - August 1964

### A MESSAGE FROM THE CHAIRMAN - John H. Browe, M.D.

To the three necessities of life---food, clothing and shelter--there has been added this past year, through the advertising program of a well-known insurance company, a fourth necessity, life insurance. The need for this last "necessity" has been predicted on the desire of providing for spouse and children so that they may be able to continue to enjoy the standard of living to which they have become accustomed.

Public health nutrition seeks likewise to provide living insurance by advising and actually assisting the public health movement to work towards the best health obtainable for all members of the population through consumption of a diet appropriate to realizing the best lifelong prospect for health and accomplishment at any age, in different physiological states, in various conditions of disease and disability, and under varying environmental conditions. We seek to have individuals, families, and those who care for them apply the scientific knowledge of nutrition. We seek to influence the way of life of individuals. While this is certainly necessary in many aspects of our work, and many individuals that are brought to our attention directly and indirectly need such help, I would like to remind you of a statement made by Margaret Mead more than 20 years ago which applies as much to the application of nutritional knowledge as it does to any other effort at human betterment. "The task of applied science is to set up a program for controlling a social process in such a way that the desired changes will occur, instead of a program aimed at the reform of identified individuals."

With such an orientation, I believe that the Food and Nutrition Section can become much more influential under the future chairmen of the Section than it ever has been in the past.

I would like to express my personal thanks to each and every one of you who have been active in the affairs of the Section in the past year, and express special appreciation to the several elected and appointed individuals who have contributed time and talent during the year. I would also like to single out one individual because he is not even a member of the Section or of the Association, Dr. John M. Kalbfleisch, who was a member of the secretariat of ICNND from July 1, 1962 through June 30, 1964, and who actually put our program together for this annual meeting, following the recommendations made to him. This acknowledgment and appreciation of his work is in special fulfillment of the recommendation by Dr. Arnold E. Schaefer, the Program Committee Chairman, who, because of the press of other duties, was unable to make the final arrangements.

I am deeply appreciative of the honor bestowed upon me by your electing me Chairman of the Section, and I sincerely hope to be able to respond to any assignments the Section may request in the future. Thank you all very much.

THIS IS A PRE-CONVENTION ISSUE - Mary Macomber

Many of you are making plans to attend the meeting of APHA in New York the week of October 5. Arnold Schaefer, Chairman of the Program Committee, and his committee have planned a fine series of sessions that will attract the interest of F&N Section members and others. Details of the program will appear in the August issue of the Journal.

You will find the Ballot for officers for next year. Dr. Robert Shank and his committee have worked hard to encourage members to serve the Section. Now, it is our responsibility to select from this group those we desire to serve.

There has been good response from the Area Chairmen with word of activities of interest to all. We are hearing from more of those outside the state health departments--this is splendid for it helps to strengthen the concept that public health is truly organized community effort which involves the universities and industry and cooperation among the disciplines within public health itself.

VOTING TIME IS NOW!!

This year we are once again using the MAIL BALLOT.

DIRECTIONSSIGN YOUR NAME OR YOUR PROXY VOTE WILL BE VOIDEDUSE TWO ENVELOPES

1. Insert ballot in an envelope, seal and mark the envelope PROXY
2. Insert this "PROXY" envelope into an outer envelope which shows your full name and address.
3. Return the ballot thus enveloped to: Juanita A. Eagles, Ed.D.  
5905 Aberdeen Road  
Bethesda, Maryland 20034

BETTER YET, MAIL IT TODAY

NOMINATIONS FOR SECTION OFFICERS - 1964-1965

The Nominating Committee, composed of Robert E. Shank, M.D., Chairman, George M. Briggs, Margaret Dunham, Margaret C. Moore and Helen Ger Olson submits the following slate of officers for the Ballot of the Food and Nutrition Section, APHA.

Chairman

Bertlyn Bosley, Ph.D.  
Chief, Nutrition Dietetics Branch  
Division of Indian Health, PHS  
Washington, D.C. 20025

Vice-Chairman

Bernard L. Oser, Ph.D.  
President and Director  
Food and Drug Research Laboratories  
Maspeth 78, New York

Secretary

Juanita A. Eagles, Ed.D.  
5905 Aberdeen Road  
Bethesda, Maryland 20034

Secretary-Elect

Helen Ger Olson, M.P.H.  
Assistant Chief, Nutrition & Dietetic  
Branch  
Division of Indian Health, PHS  
Washington, D.C. 20025

Members of Section Council

Grace A. Goldsmith, M.D.  
 Professor of Medicine  
 Tulane Univ. School of Medicine  
 New Orleans, Louisiana

Arnold E. Schaefer, Ph.D.  
 Executive Director, ICHHD  
 NIAMD, National Institutes of Health  
 Bethesda, Maryland

Frances N. Shoun, M.S., M.P.H.  
 Assistant Chief, Nutrition Section  
 Children's Bureau  
 Washington, D.C. 20025

Philip L. White, Sc.D.  
 Director, Dept. of Foods and Nutrition  
 American Medical Association  
 Chicago, Illinois

Representative on Nominating Committee  
 for Elective Councilors

Ruth E. Brennan, M.S.  
 Dept. of Biochemistry and Nutrition  
 Graduate School of Public Health  
 University of Pittsburgh  
 Pittsburgh, Pennsylvania

Horace L. Sipple, Ph.D.  
 Executive Secretary and Treasurer  
 The Nutrition Foundation  
 New York, N.Y.

Representative on Committee on Eligibility

Virginia A. Beal  
 Nutritionist  
 Child Research Council  
 Denver, Colorado

Ruth L. Huenemann, Sc.D.  
 Associate Professor of Nutrition  
 Univ. of California, School of P.H.  
 Berkeley, California

\* \* \* \* \*

Nominating Committee: Eastern Region

Lester J. Teply, Ph.D.  
 Chief, Applied Nutrition  
 United Nations, UNICEF  
 New York, N.Y.

Horrace L. Sipple, Ph.D.  
 Executive Secretary and Treasurer  
 The Nutrition Foundation  
 New York, N.Y.

Southern Region

Eleanor McKnight Snyder, M.S.  
 Chief, Division of Nutrition  
 Baltimore City Health Department  
 Baltimore, Maryland

Leroy A. Voris, Ph.D.  
 Executive Secretary  
 Food and Nutrition Board  
 National Research Council  
 Washington, D.C.

Middle States Region

Margaret A. Dunham, M.S.  
 Director, Division of Nutrition  
 Indiana State Board of Health  
 Indianapolis, Indiana

F. Eugenia Whitehead, Sc.D.  
 Professor and Chairman, Department of  
 Home Economics  
 State University of Iowa  
 Iowa City, Iowa

Western Region

George M. Briggs, Ph.D.  
 Chairman, Dept. of Nutritional  
 Sciences  
 University of California  
 Berkeley, California

Esther Eicher, Nutrition Consultant  
 Department of Public Health  
 State of Colorado  
 Denver, Colorado

Outside of U.S.A.

Jean W. McNaughton  
Research Scholar  
University of Melbourne  
Victoria, Australia

Lionel B. Prett, M.D., Ph.D.  
Principal Medical Officer  
Research Development  
National Health and Welfare  
Ottawa, Ont., Canada

NUTRITION SECTION, SOUTHERN BRANCH APHA

On April 23 in Tampa 23 members attended the annual business meeting. The following were elected officers for the year: Mary Brice Deaver, Chairman, Emma Clinkscales, Vice-Chairman, Mary Ann Farthing, Secretary, and Margaret Moore, elective office.

Several F&N Section members participated on the program, centered around Programming for Chronic Disease Services. Geraldine Piper presented "Guidelines for Planning." Mary Brice Deaver moderated a panel, Implementing These Guidelines. Emma Clinkscales participated on the panel. Helen Hille spoke on "Consultation to Day Care Centers." During the luncheon, Miss Helen Stacey, Consultant for Region IV, Children's Bureau, was presented a silver candelabra by the Section members. Miss Stacey plans to retire by the end of 1964.

WORD FROM THE EDITORIAL COMMITTEE, THE WORLD AROUND  
THE NEW ENGLAND STATES, CANADA, AND PHILADELPHIA

- M. Constance McCarthy  
MIT, Cambridge, Massachusetts

James Houston Shrader from Waterville, Vermont was guest of honor of the NY Section of the Institute of Food Technologists at its 20th anniversary dinner session. He co-founded and was the first president of that section.

Isabel Ackerman is enjoying her retirement after 36 years as District Nutritionist and then Director of Nutrition Service for the Visiting Nurse Association of Boston.

Margot Queneau has returned to the Peter Bent Brigham Hospital after a year's leave of absence to serve as Nutrition Officer (Liaison) with the FAO Nutrition Division and the Freedom From Hunger Campaign in Rome, Italy.

Edward Anderson who was Senior Food Technologist and Project Leader at Arthur D. Little Co. is now Chief, Plant Products Branch, Food Division, U.S. Army Natick Laboratories, Natick, Massachusetts.

Isabel Patterson, formerly Associate Professor of Nutrition at Boston University School of Nursing, is now Consumer Consultant in the Boston Regional Office of the Food and Drug Administration. Isabel has been Chairman of the Education Section of the American Dietetic Association for the past 3 years.

Miss Elizabeth Waters, formerly Massachusetts Department of Public Health District Nutritionist for the Berkshire area, is now Nutrition Education Specialist in the Nutrition Section Central Office.

Welcome additions to the nutrition staff of the Massachusetts Department of Public Health are Ann Préndérgast and Encarnation Fernandez, both alumnae of the University of North Carolina School of Public Health.

From Philadelphia General Hospital comes news that Evelyn A. Carpenter, Director of Dietetics, Mary Elizabeth Blake, Assistant Director of Dietetics and Gloria Turner, Administrative Dietitian, have been elected to the Royal Society of Health, London, England.

Theresa DePippo is on educational leave from the Massachusetts Department of Public Health Division of Chronic Disease getting her Master's at the University of North Carolina School of Public Health.

Helen S. Mitchell reports that the 2nd edition of the OVERSEAS SUPPLEMENT to NUTRITION IN HEALTH AND DISEASE by Cooper, Barber, Mitchell, Rynbergen and Greene was published in May 1964. This 12 page pamphlet is sent free with each copy of the text sold outside the United States. It is also available upon request to foreign students in this country. The authors are aware that a textbook written for American students is not oriented to problems in other countries but can be adapted. The fundamentals of the nutritional needs of the human body are much the same regardless of food habits or cultural patterns, but the food to meet these needs may vary widely. Examples of how one may make adjustments to meeting nutritional needs in other cultures are taken from India, Taiwan, Lebanon and Puerto Rico. Also, in any country where the text is in use, it is essential to know the nutritive values of local foods. The major new contribution of this revised edition of the Supplement is an extensive bibliography of Food Composition Tables from various parts of the world.

Ruth Tucker, Chairman of the Department of Food and Nutrition, College of Home Economics, University of Rhode Island reports that a survey of factors associated with cardiovascular disease in a college population is well underway. This study has been funded by the Heart Disease Control Program, Division of Chronic Diseases, Public Health Service. The State Health Department has cooperated also. Nancy Bowden tells us that in this study, data similar to that of the Framingham Heart Study have been collected for 2 years on the U. R. I. Class of 1966 and 1 year on the Class of 1967. Dietary data have been obtained by a self-administered questionnaire. Some of the diet factors to be correlated with serum cholesterol levels are animal fat, food bulk, rapidly metabolized carbohydrate, coffee, fruits and vegetables, and cereals.

Also at the U. R. I. College of Agriculture, Cooperative Extension Service Nutrition Specialist Sybil Kaplan tells of a new self-help project in an urban area. The purpose of the program is to help all family members improve their own status through learning to manage their finances, plan for improved eating habits, improve homes and surroundings. This new project is based on self-help through education which has always been the principle of Extension work.

From Rhode Island comes news of the completion of the State Diet Guide and companion patient education sheets. This Guide was completed and is being introduced throughout the state through the cooperative efforts of the State Department of Health, The State Department of Social Welfare, State Dietetic Association, Nutrition Council and Cooperative Extension Service. Incidentally, the State Department of Health is without a Nutrition Consultant. Anyone interested in the position with R. I. Department of Health?

Rachel Jones of the Dairy Council of Southeastern New England has been cooperating with the School Lunch Division of the R. I. State Board of Education exploring possibilities for integrated nutrition education programs. Target groups have been elementary and secondary school principals. So much interest has been generated teachers are now asking for more information.

Miss Mary Donovan, Nutritionist with the Boston City Health Department, and Miss Dorothea Nicoll, of the Massachusetts Department of Public Health, took part in a two-day institute on Nutrition Services for Children in Group Care, held in Hartford, Connecticut, under the auspices of the Children's Bureau and Welfare Services. Nutritionists and dietary consultants from states in Regions I and II learned a great deal about the needs, problems, achievements and possibilities in feeding children in institutions, day care centers and camps. The speakers were excellent, the discussions lively and many follow-

up plans are already underway in Washington and in the states represented.

Licensing of day care services in Massachusetts has been made the legal responsibility of the State Health Department. The Health Department is recruiting for a new position of Maternal and Child Nutrition Specialist. One facet of this position's responsibilities will be visiting and approval of all day care centers serving meals.

Phenylketonuria has loomed large in Massachusetts Department of Public Health nutrition activities this year. All newborns in Massachusetts are tested for PKU and a registry of diagnosed cases is kept. A PKU clinic, opened at the Children's Medical Center in 1963, has seen over 24 babies and young children. Lorraine Gates, nutritionist with the State Health Department, has been consultant for this Clinic and is training a clinic dietitian who will maintain contact with the State District Nutritionists who, in turn, work with the parents and family physicians of PKU children in their home areas.

The Joint Committee on Nutrition Literature of Massachusetts Library Association, and Massachusetts Public Health Association has a new chairman - Dr. Helen Mitchell - and a new edition of its bibliography which includes only nutrition and special diet books published since 1960. The new title is Recommended and Non-Recommended Nutrition Books for Lay Readers. Single copies may be obtained from Nutrition Section, Massachusetts Department of Public Health, 88 Broad Street, Boston, Massachusetts, 02110.

The Middle West - Ruth Stief, School of Public Health, Minneapolis, Minnesota

Gladys Chalmers, Director, Food and Nutrition Service, Detroit Chapter, American Red Cross, selected for the Newsletter one "small" contribution being made by the Detroit Chapter, directed toward combatting food faddism. The focus of attention is on the athletic coaches in high schools in the Detroit area, and is the result of a talk to teachers of physical education who are also responsible for teaching "health education."

A random sampling of nutrition knowledge elicited from almost any teen age male who has engaged in high school athletics will reward the questioner with a surprising assortment of "facts." Exercising with the isometric bar with intermittent ingestion of milk---in other words, use the bar, drink milk and use the bar---will build muscle for a potential star football player. The next person stays away from milk because "milk deposits fat around the heart." One swimming coach prescribes a daily ration of wheat germ oil to give endurance and this is followed by orange juice to cut the oil. A football squad is also advised in the same manner inasmuch as wheat germ oil has special qualities. A captain of a high school football team's first meal of the day consists of an orange and mineral and vitamin pills and he was very surprised to learn that his calorie requirements had practically been ignored. A school lunchroom manager of a city high school of 2,000 students is harassed by the athletic coach to provide an entirely different type of menu for the school's athletes.

There are no results to be given at this point, but this fall, on the desk of every high school coach in the Detroit area, there will appear a reprint from the October 1960 issue of the Journal of the American Dietetic Association, the paper that Dr. Stare gave at the 1959 ADA convention, entitled "Diets for Athletes." This will be distributed through the High School Red Cross Program.

From Elisabeth Whipple, word that the Nutrition Association of Greater Cleveland has been working in cooperation with the Cuyahoga County Welfare Department on a Survey of Food Intake of Public Assistance Families. This is important in Cleveland, particularly because grants have had to be reduced from 63 percent to 70 percent of the minimum adequate budget, due to limitations in state appropriations. A preliminary report was issued last fall.

Elisabeth reports they have been working on a much more detailed report for several months and hope to distribute it to community planners, physicians, nutritionists and social workers who are working with public assistance families. In this study the intake for one day of 100 public assistance families has been calculated for seven nutrients and the totals compared to 66.7 percent of the NRC Allowances for families of comparable size and composition. The diet rating is being related to the amount available for food and other budgetary items. The results will include many other characteristics of the families according to diet group.

From Georg Borgstrom at Michigan State University comes word of his activities that will be of interest to friends and associates.

"As part of my sabbatical leave I visited Japan in the fall of 1963 and gave a series of lectures at various state universities in Kyoto, Hokkaido, Tokyo on "The Role of Fish in World Feeding", "Trends in Fish Processing and Fish Freezing." I also was invited to speak on the world protein situation at the Japanese Institute of Nutrition. After my return I addressed the Food Forum, Hotel Astoria in New York on "Economic Aspects of World Feeding." In June of this year I lectured on the role of fisheries in world nutrition at the Institute of Marine Science. In July I published a book in London, Fishing News, 110 Ludgate House, London, JAPAN'S SUCCESS IN WORLD FISHING. I was also part of a program arranged by the Council of Churches of Greater Lansing on "Man in the Changing World", my contributions covering World Feeding and Population and Resources."

Michigan Department of Health reports: Eileen Peck is taking a two year educational leave to study for the Doctor of Public Health degree at the University of California School of Public Health. Upon completion of graduate study and field work, Mary Callahan returned to the department as a nutrition consultant; upon completion of field work in Michigan, Matilda Stone joined the staff as a nutrition consultant.

Graciela Gonzales, Nutritionist, from Chile, an FAO fellow and graduate student from the University of Tennessee, spent ten weeks in Michigan observing public health and related programs. Julia Rose, Nutritionist from Trinidad, a WHO fellow and graduate student from Columbia University spent three weeks observing public health nutrition programs in Michigan.

The Section assumed responsibility for testing (in Michigan) the Diabetic Diet Questionnaire developed by the Chronic Disease Unit of the PHS. The forms were tested at a university hospital, in an osteopathic hospital, in a comprehensive home care program, in several private hospitals and by public health nurses. A study project is under way to test the value of these forms to the patient in contrast to the original study aimed to measure the value to the professional worker advising the patient.

The second annual two-day conference on Diet Therapy - Michigan - was held last spring. These conferences were originally sponsored cooperatively by the state Medical Society and the state health department. This year the two medical schools cooperated. Participants rated the two days - Gastrointestinal and Liver Diseases and Cardiac Diseases - as extremely helpful.

Two of the staff nutritionists participated in the first conference sponsored by the state health and welfare departments for personnel working in Migrant Day Care Centers.

Martha Thomason will join the post-convention APHA group touring the capitals of European countries, learning of their public health programs.

Alice Smith attended the ADA-PHS Conference on Homemaker Services, Home Care and Meals on Wheels in Chicago last February. She has been honored as an outstanding alumnus of Northern Michigan University, Marquette. The award was presented as part of a series of pro-

grams and events celebrating the completion of the new Fine and Practical Arts Building on the campus.

Beryl Becker reports that the project on "Dietary Survey Methodology" at the University of Michigan, School of Public Health, ended in December 1962. Since May, 1963 Beryl has been working in the Food Consumption Branch, Consumer and Food Economics Division, Agricultural Research Service of USDA. This branch was responsible for the 1955 and other household consumption surveys. Her responsibility is primarily in the area of surveys of intake of groups of individuals.

Martha Kjentvet sends word from Wisconsin. Recently a review was made of the in-service education work which is being done with small hospitals in Wisconsin. Of the approximately 100 small (under 100 bed) general hospitals in the state, about two-thirds are participating regularly in group meetings.

Public Health Nutritionists have organized these meetings on a district basis thereby keeping the groups small and conducive to informal discussion. Topics cover a broad range and consider the expressed interests and needs of each group. Sessions have also included observation of hospital food service facilities - some where new type tray service or equipment might be in use.

In addition to the nutritionist serving as leader of group, use is made of local dietitians and food service supervisors when feasible as well as qualified persons serving industry.

Meetings are conducted not only to give information and allow for exchange of ideas on certain subjects but whenever possible time is allotted for working on specific problems in a group to help each make application of what has been presented.

Nutrition staff members have in many cases developed materials to supplement discussion sessions. For example in one area, a set of slides was developed for use in discussion on sanitation and safety.

Meetings have generally been on a monthly or bi-monthly basis, except during winter months, or six to nine times a year. Since 1956 when the first such group meeting was initiated, seven additional group projects have been developed on a continuing basis.

From Cecilia Shuck comes word that the dental-nutrition study in which South Dakota State University cooperated with the National Institutes of Health of the PHS has been completed and reports will be available soon.

Through nutrition research in progress at South Dakota State University, it is hoped that the information on the fatty acid composition of meats produced and consumed in the Midwest will be increased.

From Iowa: In October, in conjunction with the fall meeting of the Iowa Dietetic Association, there will be held an all day conference on Food Administration. The Institution Management Department, Iowa State University, will be in charge of this endeavor to bring dietitians up-to-date in matters of administrative dietetics. The Iowa State Department of Health and the Iowa Home Economics Association are co-sponsors.

The keynote speaker will be Dr. Mary Liscomb, Walter Reed Hospital. Objectives of the Conference are to help food administrators in hospitals, schools, colleges and universities to (1) clarify their responsibilities in relation to the management function and to (2) meet their responsibilities in working with people--all in an endeavor to raise the quality of food served.

In July the Seventh Short Course for Food Supervisors was held at Iowa State University. This year 88 cooks and supervisors from hospitals, nursing homes and state institutions attended for a week's training in food management, nutrition and sanitation. Fellow members Wilma Brewer, Maxine Hinton and Mary Macomber participated on the faculty and on the planning committee.

In Johnson County, Iowa a pilot project to reach the professional worker with information on making better use of commodity foods is under way under direction of Nutrition Service, Iowa State Department of Health. Extension Service, Iowa State University, is cooperating. Three demonstrations have been held for the staff members of county welfare, the county nurses, the Visiting Nurses Association and the county extension home economist. Theoretically, you see, we reach 100 percent of the case load with this information.

Paul S. Prickett, Mead Johnson & Company, Evansville, Indiana, reports that he will be retiring on October 1 of this year. Doctor Loudè retired from the Pet Milk Company effective April 1, 1964.

Eastern Seaboard - Maryrose J. Baiano, County of Westchester, White Plains, N.Y.

Edna Sostman reports in follow-up to the statewide training of dietitians for counseling of the nutrition staff of the Home Economics Department, Douglass College, Rutgers - the State University, under a grant from the New Jersey State Department of Health, is in its third year of providing a community diet counseling service. As in other areas of the state, a qualified nutritionist gives dietary instruction to individuals (or groups) referred by their physicians for help with modified diets. She takes into consideration individuals and cultural preferences, living arrangements and food preparation facilities, financial limitations, education and attitude of patients and family. The other state programs are set up in connection with hospitals or visiting nurse associations.

The Douglass College Diet Counseling Service is unique in being a function of an educational institution. As such, it extends the opportunities for undergraduate and graduate students to observe and, to a limited degree, participate in the application of nutrition and dietetics to individuals and community needs. For example, students have observed in the child health station and in prenatal classes, and have helped with translation of dietary information into Polish, and in developing detailed market orders for a family on public assistance where the homemaker was of low mental ability. The Diet Counseling Service is under the direction of Dr. Miriam Brush, with Mrs. Florence Melick serving as nutritionist.

Dr. Sostman has been engaged in a pilot project in a neighboring school district, testing techniques of studying Vitamin C nutrition of elementary and secondary school children by dietary, biochemical and clinical means.

During February and March, Glen King and Richmond Anderson, associate director of medical and natural sciences in the Rockefeller Foundation, visited universities and government agencies in Taiwan, the Philippines, Thailand, India, and Lebanon. The International Rice Research Institute in Los Banos, near Manila, is already making very promising advances toward major improvements in rice production. Similar programs are underway on an international scale to improve the quality and yields of sorghums, wheat, corn, millets, and potatoes. There is an emphasis on the nutritive value of crops in addition to yield. In Southeast Asia, the two dominant deficiencies are in good quality protein foods and in good sources of vitamin A.

Dr. W.H. Sebrell, Jr., director of the Institute of Nutrition Sciences, participated in a conference on feeding preschool children and protein malnutrition in Colombia during the spring term.

The inconveniences imposed by a fire in one of the buildings at Columbia University are being corrected rapidly, and all classes will be on a normal basis for the fall term in September 1964. New facilities for metabolic research are being completed also during the summer, at St. Luke's Hospital.

From the New York City Health Department comes word that Miss Margaret M. Conner, Principal Nutritionist, represented the Health Department at a biregional Workshop on Nutrition Services for Children and Youth in Group Care at Hartford, Connecticut, in the spring. The conference was sponsored by the Connecticut State Departments of Health and Welfare and the Department of Health, Education, and Welfare.

A Weight Reduction Course for normal, healthy, moderately overweight (20-25 lbs.) adults with no medical complications was initiated at the Jamaica Health Center in January for eligible Queens residents. Three of these courses have been given in 1963 and 1964. The Bureau director, Mr. George J. Christakis, four Health Department physicians, and two nutritionists, participated in these programs.

Mrs. Lorraine Boykin, East Harlem nutritionist, resigned in February to devote more time to her doctoral project.

Miss Ethel Maslansky, Supervising Nutritionist, was appointed as Health Department representative on an interdepartmental subcommittee on standards of Mayor Wagner's Committee on Poverty.

The Office of Professional Education of the Health Department is producing a film on Health Careers in which the services of the nutritionist as one of the public health team will be briefly represented.

After twenty years with the Health Department in New York City, Mrs. Iva Bennett resigned as Supervising Nutritionist. She conducted the daily LISTEN TO NUTRITION radio program over WNYC AM & FM for more than 14 years and the NUTRITION AND YOU weekly television show for its first two years on WNYC-TV UHF Channel 31. She is now available as nutrition consultant - for writing, editing and radio broadcasting.

The Southern States - Julia Brunson, State Board of Health, Columbia, South Carolina

From Mildred Neff in Kentucky comes word they have established two positions for nutritionists in the Mental Retardation Program. "One of our area nutritionists, Mrs. June Robertson, has taken one of these new positions, and we are looking for a candidate for the other position."

Mrs. Oreida Whitaker, who has received her Master's degree in Nutrition from the University of Kentucky will fill the vacancy left by Mrs. Robertson's transfer.

Miss Helen Stephens, who is an area nutritionist with headquarters in Louisville, is leaving public health to go into college teaching. This means that we have two area positions vacant: one with headquarters in Louisville, and the other in the southeastern Kentucky Appalachian Region.

Mrs. Willena Beagle, who will receive her Master's degree in Nutrition and Public Health at the University of Tennessee at the end of summer school will return to Kentucky this fall.

Mrs. Nell Zimmer, nutritionist for Lexington-Fayette County Health Department, and Miss Joella Sisler, Assistant Director for the State Nutrition Program, attended the fourth

Public Health Nutrition Institute at the Graduate School of Public Health, University of Pittsburgh, June 8-12, 1964. The topic was "Program Planning of Public Health Nutrition."

Congratulations are in order to Mildred Neff who received a "Friends of Industry-Service Award" from the LP Gas Association, at the Kentucky Hotel, July 26. The LP Gas Association's award was given to "our 'Friends-of-Industry', who, in public life either in service or education, have bridged the gap between their fields of endeavor and that which industry moves, promoting a better way of life for all citizens of Kentucky." An Award and a beautiful silver tray were given to Miss Neff.

Miss Neff reports: A little over a year ago, we decided to experiment with uniforms for public health nutritionists to wear on the job. D'Armigene agreed to make public health uniforms in a green and white stripe for us. We are really "sold" on the value of a uniform. The nutritionists feel that this is a more professional way of dressing, that it helps to identify them with the health department and to interpret and sell their services to people. This is especially valuable for the nutritionists who work in city and county health departments.

The Annual Growth and Development Institute for public health workers was held at the University of Kentucky Medical Center in August. This year the subject of the conference was "Handicapped Children: Newer Developments and Resources." Miss Barbara Umbarger, Research Associate, Chromatography Laboratory, Children's Research Foundation, Cincinnati, Ohio talked on "Management of the PKU Child." The principal speaker was Dr. John Thompson, Emory University Medical Center, Atlanta, Georgia.

An in-service training program for all the state and local nutritionists was held in May at the University of Kentucky Medical Center. The topic was, "Nutrition in Infancy and the Preschool Period."

Miss Mildred Neff participated in a two-day conference on work with low income families, which was called by the Director of Home Economics Extension at the University of Kentucky. Other agencies participating were: Child Welfare, Public Assistance, Farm and Home Administration, Urban Renewal, Commodity Food Distribution, Home Economics, Education, Rural Sociology Department of the University of Kentucky, and the 4-H Club Extension Service. All specialists and leaders in the extension service program were present. There was an exchange of ideas regarding program and a pooling of information regarding what is being done and what needs to be done in the field of work with low income families. Mildred reports that the Nutrition program of the Kentucky Health Department has been actively participating in the plans for work in the Appalachian Region. "We are hoping that the war on poverty will make a considerable difference in eastern Kentucky."

Jana Jones sends word of several changes within the Tennessee Department of Public Health. New Members of the staff are Miss Etha McCaskill, Middle Tennessee Nutrition Consultant, Mrs. Betty Chapman Hawkins, Dietary Consultant appointed August 1. Mrs. Joan Dow-Scott resigned to devote full time to homemaking in June 1964. Miss Jana W. Jones has resigned as Director of Nutrition Service to join the faculty of George Peabody College for Teachers in Nashville, Tennessee, beginning in September.

Miss Martha Clark, PHS assigned to Tennessee for two years in dietary consultant capacity begins a new assignment in the PHS regional office in Dallas, Texas this fall as a regional consultant for that area.

Three regional workshops for Nursing Home Food Service Operators have been held in Tennessee this year.

The nutrition staff of Tennessee Department of Public Health provided field experience for eight dietetic internes from Vanderbilt University in 1964.

From Virginia comes word that Mrs. Mabel Todd Towell resigned her position as Director of Nutrition Service last October to accept a position nearer her home. Miss Dorothy L. LeGrand, formerly a staff member at Virginia Polytechnic Institute, has succeeded Mrs. Towell as Director of Nutrition Service.

Mrs. Elizabeth Lamb Aydlett, a staff member of Virginia Polytechnic Institute, has recently accepted the position of Regional Nutrition Consultant with the Virginia State Department of Health. She will have the dual role of Regional Nutritionist for the State and local Nutritionist for smaller designated area.

Julia Brunson reports that the Nutrition Section - South Carolina Public Health Association, had its 2nd birthday at the annual South Carolina Public Health Association meeting, June 11-13, 1964, at Myrtle Beach, S.C. This year a full day was devoted to sectional meetings and the nutritionists had an interesting program. Among the speakers were Miss Helen Stacey and Dr. W.D. Williams. Mrs. Frances Eddy Poston (Mrs. Ralph) was elected to serve another term as Chairman of the section.

Julia Brunson was invited by the Southern States Work Conference to work with the school lunch committee on rewriting the school lunch manual. Thirteen southern states are cooperating in this project.

Hazel Bean Riley (Mrs. Lewis) has rejoined the nutrition staff, M&CH Division, South Carolina State Board of Health. Mrs. Riley is working in the northwestern section of the state. Mrs. Riley has a M.S. degree from the University of Tennessee and prior to her marriage was nutritionist with the Tennessee Department of Health. Mrs. Riley was formerly employed by the S.C. Board of Health and resigned so that she might spend more time with her family. Now that the children are older the Health Department welcomes her to the staff again. Mr. & Mrs. Riley and their three children live at Clemson.

Mrs. Dorothy Swift, Dietary Consultant, has joined the staff of the Nursing Home Program, S.C. State Board of Health. Mrs. Swift is a graduate of Syracuse University and also had an internship at Syracuse University Hospital. Mrs. Swift will serve the Nursing Home Program in the Piedmont Section of the state.

Miss Beth Duncan announces that from 28 September her address will be: Miss Beth Duncan, Regional Nutrition Consultant, Children's Bureau, Room 404, 50 Seventh Street, N.E., Atlanta 23, Georgia.

Washington, D.C. Area - Helen Ger Olson, Division of Indian Health, P.H.S.  
Washington, D.C.

Helen surveyed all members in the D.C. area and gleaned the following:

Children's Bureau: Miss Marjorie M. Heseltine, formerly, Chief of the Nutrition Section, Children's Bureau, attended an "Operation Ninos Regional Seminar" in Mexico City, July 20-31, 1964. She participated in a special workshop on "Infant and Preschool Feeding" and led the sessions on "Child Feeding."

Miss Mary C. Egan, Chief of the Nutrition Section, Children's Bureau, was a special observer in a UNICEF course on Nutrition in Developing Countries during June, July and August. This is an eight-month course given at the School of Hygiene and Tropical Medicine, University of London, and the University of Ibadan in Nigeria.

D.C. Department of Public Health: As of July 1 a Nutrition Service Division was established in the D.C. Dept. of Public Health, Bureau of Special Services. Mrs. Lois B. Earl has been appointed Chief of the Division. Miss Gladys Matthewson, Nutritionist, formerly

with the New York State Health Department, Bureau of Nutrition, has joined the staff. Another staff member is Mrs. Marian Perkins, Dietary Consultant working with a special nursing home project. Establishment of the Division is compatible with the expanding nutrition program covering all services of the Health Department.

Public Health Service: Miss Geraldine Piper, Nutrition Consultant, Division of Chronic Diseases, PHS, assumed the role of President of the American Dietetic Association at the conclusion of the Association's annual meeting in Portland during the week of July 27.

Western Roundup - William Simmons, 1328 Bay View Place, Berkeley, California

Food and Nutrition Section members will be pleased to learn that Leona Shapiro was honored by being named the recipient of the Mary Rourke Memorial Award. This is a nice honor, Leona. Leona participated on a panel presented at one of the Nutrition and Diet Conferences held at the meeting of the American Medical Association in San Francisco--a report on findings of the eating habits and attitudes of teenagers. This would make a good Section meeting at APHA in the future, yes?

STATE AND TERRITORIAL DIRECTORS - Frances Heymens, Secretary, 1330 West Michigan Street, Indianapolis, Indiana

The week of August 29 - September 4 a Workshop on Methods for Nutrition Investigation in State Health Departments was held at the University of North Carolina, Chapel Hill. Dr. N. Hughes Bryan directed the workshop. The following nutritionists attended:

Dr. Eleanor B. Petrie  
Helen Walsh  
Margaret C. Moore  
Mayton Zickefoose  
Anne R. Matthews  
Mrs. Dorothea E. Davis  
Mariel Caldwell  
Mary Macomber  
Elizabeth W. Jukes  
Dorothy Morley  
Emma Clinkscales

Mary Brice Deaver  
Rose Ann Langham  
Dorothea Nicoll  
Sophia M. Podgorski  
Vonda A. Webb  
Milla Newland  
Jane A. Badger  
Mrs. Raquel Matos de Perez  
Mrs. Julia Taylor Wallace  
Mrs. Marian B. Cornell  
Mrs. Lois B. Earl

#### WHAT ABOUT THE APHA POST-CONVENTION TRIP TO EUROPE?

If you plan to join the congenial group setting out from Kennedy International Airport on October 12 bound for London, Copenhagen, Geneva, Lucerne and Paris, have you made your reservation? A \$50.00 deposit to secure registration and reservations should be mailed to:

Mrs. Ioan V. Beckham  
Happiness Tours, Inc.  
1180 Avenue of the Americas  
New York, N.Y. 10036

See page 1153 of the July Journal for details. An itinerary is available from the above address or the Association office.

PROFESSIONAL PLACEMENT SERVICE AT THE 1964 ANNUAL MEETING

From October 5 through 8 the APHA Vocational Counseling and Placement Service, in cooperation with the New York State Employment Service and the United States Employment Service, is making a professional placement service available to delegates attending the Association's Annual Meeting in New York City. The Placement Center will be located on the 5th Floor of the New York Hilton, in suites 537 and 540.

While initial application may be filed at the center, employers and candidates are urged to file beforehand. This should be done through the nearest local office of your State Employment Service by September 18, with the request that the forms be forwarded to the Nurse and Medical Placement Office, New York City, office of the New York State Employment Service. Checking in at the center as early as possible is advised so that records may be activated and appointment arrangements facilitated.

This service is specifically planned to bring together applicants and employers at the Annual Meeting. However, orders and applications will be accepted from others not attending the meeting.

Mary H. Macomber, Editor  
Food and Nutrition Section Newsletter

Attachment: 2 page Proxy Ballot

Food and Nutrition Section  
APHA

File

Committees:

Awards

Ernestine McCollum, M. A., Chairman  
Anne R. Matthews, M. P. H.  
Eleanor McKnight Snyder, M. S.  
Robert E. Olson, M. D.,

Disaster Feeding

John H. Browe, M. D., Chairman  
Clinton O. Chichester, Ph. D.  
Max Milner, Ph. D.  
Dorothea E. Nicoll, M. S.

Food Additives

Bernard L. Oser, Ph. D., Chairman  
Milton P. Duffy, D. D. S.  
Wendell H. Griffith, Ph. D.  
William H. Sebrell, Jr., M. D.  
Horace L. Sipple, Ph. D.

Manual of Operating Procedures

Ruth E. Brennan, M. S., Chairman  
Rebecca A. Broach, M. P. H.  
Juanita A. Eagles, Ed. D.  
Helen E. Walsh, M. A.

Membership and Fellowship

Ann E. Shea, Chairman  
Miss Martha Love (Alabama)  
Miss Marion S. Bryan (Alaska)  
Mrs. Martha Tosti (Arizona)  
George M. Briggs, Ph. D. (California)  
Leona R. Shapiro (California)  
Miss Esther Eicher (Colorado)  
Mrs. Eloise Eckler (Connecticut)  
Miss Mayton O. Zickefoose (Delaware)  
Miss Helen Hille (Washington, D. C.)  
Miss Mary B. Deaver (Florida)  
Miss Martha McKay (Georgia)  
Miss Marjorie Abel (Hawaii)  
Philip L. White, Sc. D. (Illinois)  
Miss Mariam G. Eads (Indiana)  
Miss Mary Macomber (Iowa)  
Miss Connie C. Foote (Kansas)

Membership and Fellowship (continued)

Miss Mildred E. Neff (Kentucky)  
 Miss Erna Jones (Louisiana)  
 Miss Dorothy L. Woodcock (Maine)  
 Miss Angela Ford (Maryland)  
 Miss Dorothea Nicoll (Massachusetts)  
 Mrs. Alice Smith (Michigan)  
 Miss Ruth Stief (Minnesota)  
 Miss Vonda A. Webb (Mississippi)  
 Miss Mariel Caldwell (Missouri)  
 Miss Mary A. Feteron (Montana)  
 Miss Anna Smrha (Nebraska)  
 Dr. Edna Sostman (New Jersey)  
 Miss Ethel Maslansky (Greater New York Area)  
 Miss Rebecca Broach (North Carolina)  
 Miss Jane De Buse (Ohio)  
 Miss Agnes Schulz (Oklahoma)  
 Dr. Harold W. Schultz (Oregon)  
 Miss Sophia Podgorski (Pennsylvania)  
 Ruth E. Tucker, Ph.D. (Rhode Island)  
 Miss Julia P. Brunson (South Carolina)  
 Cecilia Schuck (South Dakota)  
 Miss Beth Duncan (Tennessee)  
 Mrs. Mary K. Symmes (Texas)  
 Miss Milla Newland (Vermont)  
 Miss Dorothy L. LeGrand (Virginia)  
 Miss June Stein (Washington)  
 Mrs. Marion Cornell (West Virginia)  
 Miss Lucile Billington (Wisconsin)  
 Moises Behar (Guatemala - Central America)

Newsletter

Mary Macomber, M. P. H., Chairman  
 Maryrose J. Baiano, M. S.  
 Julia P. Brunson, M. S.  
 Graciela Delgado, M. P. H.  
 Frank W. Lowenstein, M. D.  
 Anne R. Matthews, M. P. H.  
 M. Constance McCarthy, M. P. H.  
 Helen Ger Olson, M. P. H.  
 Susana J. Icaza, M. S.  
 William D. Simmons, M. P. H.  
 Ruth Stief, M. S.

Nominating

Robert E. Shank, M. D., Chairman  
 George M. Briggs, Ph.D.  
 Margaret A. Dunham, M. S.  
 Margaret C. Moore, M. S.  
 Helen Ger Olson, M. P. H.

Policy Statements and Resolutions

Charles Glen King, Ph.D., Chairman  
George M. Briggs, Ph.D.  
William J. Darby, M.D.  
Wendell H. Griffith, Ph.D.  
Emil M. Mrak, Ph.D.  
Harold W. Schultz, Ph.D.  
Nevin S. Scrimshaw, M.D., Ph.D.

Program

Arnold E. Schaefer, Ph.D., Chairman  
George J. Christakis, M.D., M.P.H.  
Mary C. Egan, M.S., M.P.H.  
Robert S. Goodhart, M.D.  
Robert E. Hodges, Ph.D.  
John Kalbfleisch, Ph.D.

Research

Martha F. Trulson, D.Sc., Chairman  
Mary Brice Deaver, M.S.P.H.  
Nevin S. Scrimshaw, M.D., Ph.D.  
William H. Sebrell, Jr., M.D.

Section Council:

John H. Browe, M.D., Chairman  
Bertlyn Bosley, Ph.D., Vice-Chairman  
Juanita A. Eagles, Ed.D., Secretary  
Virginia Beal, M.P.H.  
Adelia M. Beeuwkes, M.S.  
Wendell H. Griffith, Ph.D.  
Willard A. Krehl, M.D.  
Doris E. Lauber, M.P.H.

MEMORANDUM

TO: Committee Chairmen, Food and Nutrition Section, APHA

FROM: Juanita A. Eagles, Ed.D., Section Secretary

DATE: July, 1964

SUBJECT: 92nd Annual Meeting, October 5 - 9, 1964

The Food and Nutrition Section Council will meet during the New York City Annual Meeting on Monday, October 5 at 8:00 A.M. in the Rotunda, New York Hilton Hotel. It was decided to forego Section Council breakfasts on Monday morning because of the cost involved and to serve coffee at 10:00 A.M. We hope that it will be possible for you to attend and to present your report to the Section Council at this time.

If you cannot be present for the Section Council meetings, would you kindly send me your report by September 15, 1964, so that it may be presented for you. Reports should include the work the committee has done during the year and any recommendations on which the Council should take action. It is helpful to have a copy of the report for each member of the Section. If it is possible for you to prepare this material, would you kindly make twenty copies. I regret that I shall be unable to make these copies for you.

Enclosed is a postal card on which you may indicate whether or not you are planning to attend the Council meeting and also whether you are sending your report to me in advance of the New York meeting.

JAE/nm

Enclosure

# STATE OF INDIANA

Address Reply to:

Indiana State Board of Health  
1330 West Michigan Street  
Indianapolis, Indiana  
46207



*File  
Non. Com.  
Food & Nutr. Section  
A P A A*

State Board of Health

June 18, 1964

Robert F. Shank, M.D., Chairman  
of Nominating Committee  
Food and Nutrition Section A.P.H.A.  
Department of Preventive Medicine  
and Public Health  
Washington University  
660 South Euclid  
St. Louis, Missouri 63110

Dear Dr. Shank:

The two names I would like to suggest for Representative of Elective Councilors are: Mr. Horace Sipple and Lester J. Teply.

Sincerely,

*Margaret A. Dunham*

Margaret A. Dunham  
Nutrition Consultant  
Bureau of Special Institutions

MD:mb

*Horace Sipple -  
Lester Teply -  
~~Oral Klevet~~  
Helen Walsh*

November 26, 1963

Dr. John H. Browe, Director  
Bureau of Nutrition  
State of New York Department of Health  
84 Holland Avenue  
Albany, New York 12208

Dear John:

In reply to your letter of November 19 regarding "The Control of Malnutrition in Man," all I know about it is the following:

- (1) Many months ago I received a letter from Henry Sebrell asking whether I wished to revise my own section on endemic goiter, and I replied to him promptly.
- (2) About two weeks before the annual APHA meeting, I received the enclosed note from Dr. King and replied that I would put the matter on the agenda for our Section Council meeting.
- (3) As to the Spanish edition proposed by Dr. King, this could probably be done through the State Department or the Pan American Health Organization at no cost to the organization.

My personal opinion is that a revision is desirable but not urgent and, at the time of the revision, arrangements should be made for a Spanish edition.

I thought your symposium at the APHA meeting was outstanding and would have been a great credit to any national meeting.

Best personal regards.

Sincerely yours,



Nevin S. Scrimshaw  
Professor of Nutrition  
and Head of Department

NSS\*vp/Enclosure  
cc: Dr. Robert E. Shank ✓

College of Physicians & Surgeons of Columbia University | New York 32, N.Y.

INSTITUTE OF NUTRITION SCIENCES

562 West 168th Street

Lorraine 8-6162-63

October 25, 1963

Dr. Nevin S. Scrimshaw  
Department of Nutrition  
and Food Science  
Massachusetts Institute of Technology  
Cambridge 39, Massachusetts

Dear Nevin:

There seems to be a lag in the executive office of APHA in working toward the prompt preparation and issue of a new edition of their nomograph on "Prevention of Malnutrition." Perhaps a letter from you would be helpful, addressed, I presume, to the Executive Director.

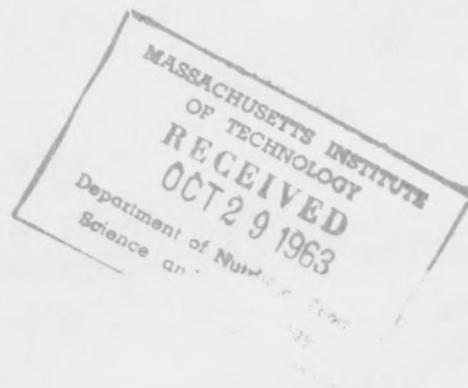
During the discussions of public health educational programs in Latin America at the recent meeting of INCAP, the group there felt that it would be a valuable contribution if provision could be made to print the Spanish edition simultaneously with the revised English edition. To facilitate such an arrangement, do you not think it would be well to appoint a representative of one of the Spanish-speaking groups on the committee responsible for preparing the manuscript and arranging publication?

Sincerely,

  
C. Glen King  
Associate Director

CGK:HG

photocopies to: Dr. Browe  
Dr. Shank ✓





STATE OF NEW YORK  
DEPARTMENT OF HEALTH

DIVISION OF  
SPECIAL HEALTH SERVICES

HOLLIS S. INGRAHAM, M. D.  
COMMISSIONER

84 HOLLAND AVENUE  
ALBANY 8

BUREAU OF NUTRITION  
JOHN H. BROWE, M. D.  
DIRECTOR

November 19, 1963

Robert E. Shank, M.D., Head  
Dept. of Preventive Medicine  
and Public Health  
School of Medicine  
Washington University  
Euclid Ave. and Kingshighway  
St. Louis, Missouri

Dear Bob:

Each year things seem to get busier. I had looked forward to having at least a word with you during APHA also, but it just didn't materialize. Many thanks for your congratulations on my election to the chairmanship of the Food and Nutrition Section. As I mentioned at the luncheon, I have some pretty big footsteps in which to follow. Your offer of assistance in any way that you can is greatly appreciated, and you may be sure I will be at least asking for advice, if not already considering in the back of my mind something more tangible.

I have taken the liberty of having copies made of your letter, in order to provide you with more authoritative answers than I can give right at the moment. In fact, your very question is one which I had planned to ask of Nevin Scrimshaw. It seems that he asked me to make the announcement at the luncheon, and I am not clear about the details of whether or not he had already indicated there was some urgency to getting the revision completed, since my understanding was that it was already under way. Apparently this is incorrect. I am therefore getting in touch with him, in order that he may reply to your first question directly.

With regard to the second question, you were elected a member of the Association Nominating Committee for Elective Councilors. This position customarily carries with it the chairmanship of the Nominating Committee of the Section. The plan developed at the Council meeting on Monday morning was briefly described at the luncheon meeting. This plan is to continue as much democracy in the Section as possible while continuing with the single slate. It was therefore recommended that the Nominating Committee select ten members or Fellows from the several different areas of the country, that is, two from each, of whom five would be elected by the membership in the regular balloting prior to the next annual meeting. I believe Dr. Eagles can give you more detailed information, and I am writing to her today also, with a copy of your letter, asking her to reply in more detail to your question.

I am answering in this rather hurried fashion in order to get authoritative answers to you quickly, since I will not be in the office except occasionally for the next month. With kindest personal regards, I am

Sincerely yours,

*John*  
John H. Browe, M.D.  
Director, Bureau of Nutrition

November 13, 1963

Dr. John H. Browe  
Bureau of Nutrition  
New York State Department of Health  
84 Holland Avenue  
Albany 8, New York

Dear John:

I had hoped to see you following the luncheon meeting yesterday but other things kept me involved.

Congratulations on your election to the chairmanship of the Food and Nutrition Section! I shall want to assist in any way that I can.

There are two things about which I have questions. The first pertains to the publication "Control of Malnutrition." You indicated yesterday that this was under revision. This publication had come up for consideration before the Committee on Evaluations and Standards at its meeting on Monday night. It was reported by the chairman that he did not know the current status of it and that he thought that there should be some consideration of possible revision. He reported also that approximately 3000 copies had been distributed. It was stated in addition that he thought there should be consideration of translation of it into Spanish. Unfortunately, I was not informed that the Section was considering or planning revision. I think, therefore, that we should get some information to Dr. Hilbert who is chairman of that committee. Either you can send it directly to him or if you want to forward this information to me, I will be glad to transmit it.

Also, at the business meeting yesterday it was reported that I had been elected to the position of Elective Counsellor and that this involves chairmanship of the Nominating Committee. I would appreciate it greatly if you would inform me now what my responsibilities are so that we can get this on our schedule and get the job done.

Again Congratulations and warm regards!

Sincerely yours,

Robert E. Shank, M. D.

Dr. Shank,

If you have any information from the two APHA Committees { Evaluation and Standards  
Revision of "Nutrition Practices"  
on which you serve, we will be glad to have a brief report at the Council Meeting.

Graduate School of Public Health  
University of Pittsburgh  
Pittsburgh 15213, Pennsylvania

TO: Food and Nutrition Section Council Members  
FROM: Ruth Brennan, Secretary, Food and Nutrition Section, APHA  
DATE: October 15, 1963

You have received your notice about the Breakfast Council Meeting on Monday morning, November 11 at 7:30 a.m. in room 612, Hotel Muehlebach, Kansas City. I hope that it will be possible for you to attend.

Section Committee reports will be given and recommendations about committee work will be discussed at the Council Meeting. Several Committee Chairmen have written to tell me they will be able to attend to give reports in person. Dr. Bertlyn Bosley, Chairman of the Awards Committee, made a recommendation in her advance report to me, and I will pass it along to you at this time. The Awards Committee, which was new this year, has the task of making nominations on behalf of the Section for the Sedgewick Award and the Bronfman Awards. These nominations must be in early in the year. Dr. Bosley has suggested that members send nominations to the Award Committee soon after the Annual Meeting. It would be even better if you could bring your suggestions to the Council Meeting.

Most of you returned your votes on Fellowship applications to me. There will be additional consideration of Fellowship applications at the Council Meeting.

The Program Committee has arranged some excellent sessions for this year's program. The preliminary program is in the September APHA Journal. At the Council Meeting I will have some forms which are used to make recommendations for publication of papers given. I will ask your assistance in making recommendations for the sessions you attend during the week.

I am looking forward to seeing you in Kansas City.

Things are very busy here. I am not sure at this point about the value of the work, but maybe that will come later.

Ruth

# THE AMERICAN PUBLIC HEALTH ASSOCIATION

INCORPORATED

1790 BROADWAY — NEW YORK 19, N. Y.

## *News Letter*

### Newsletter Editor

Mary Macomber, Director  
Nutrition Service  
State Department of Health  
Des Moines, Iowa 50319

### Office of Section Secretary

Ruth E. Brennan  
University of Pittsburgh  
Graduate School of P.H.  
Pittsburgh 13, Pa.

## F O O D   A N D   N U T R I T I O N   S E C T I O N

Newsletter #3 - September 1963

### THIS IS A PRECONVENTION ISSUE

Mary Macomber

Tradition has it that there be a NEWSLETTER immediately before the Annual Meeting. Martha Trulson, Chairman for the F&N Section Program for 1963, has arranged an outstanding program for the week of November 11-15 in Kansas City, details of which appear in the September issue of the Journal. I believe you will be impressed with the plans for this year.

We have thirty-three new members (as of April 1963); a great number of these are representatives of some of the prominent food industries of the country in addition to public health departments at the state and local level.

Your editor was literally swamped with material of on-going activities of the members. Because of space limitations not all of it could be used and will have to be saved for a later Newsletter. However, what we have will give you a good cross section of what is going on these days in the dynamic field of food and nutrition in the interest of the health of the general public.

### A MESSAGE FROM THE CHAIRMAN

Nevin S. Scrimshaw, M.D.

As the population of the United States becomes more aware of the importance of good nutrition and is increasingly better fed, recognition of the importance of nutrition in public health and the demand for nutrition specialists has steadily increased. New challenges have arisen, such as the relationship between nutrition and degenerative diseases, the effects of modern methods of processing and storage on nutritive value, the growing numbers of potentially toxic intentional and non-intentional food additives, nutritional measures for handling certain of the congenital mental disorders, and the changing patterns of food consumption of the American public. Furthermore, more attention is being given to the overwhelming public health significance of nutrition in technically underdeveloped areas which the United States is seeking to aid.

Under these circumstances the Food and Nutrition Section of the APHA should have more and more significance in the professional lives of nutritionally oriented public health workers, should have greater influence within the APHA and the public health profession as a whole, and should be growing more rapidly in membership. This can come about only as a result of increased interest and participation on the part of the Section Members. Frequently the complaint in the past has been that there is too little of nutritional interest in the annual program of the organization. This year a program has been provided worthy of enthusiasm and strong support. A grant from the National Institutes of Health to pay the expenses of speakers who would otherwise not be able to participate, and hard work by the program committee has produced the outstanding program.

Nutrition is important in public health! A strong Food and Nutrition Section within the APHA is also important! The challenge is now yours! Support the Section by cooperating with the membership committee in recruiting additional members, by providing information for this Newsletter, and above all by attending the Annual Meeting this year in Kansas City., November 11-15, 1963.

The Conference of Public Health Veterinarians extends a cordial invitation to Members of the Food and Nutrition Section to attend their Social Hour and Buffet on Tuesday Evening, November 12 -- a chance to meet old friends and get acquainted with new ones.

Now is the time to Plan for the Program for 1964!

We sometimes do not realize that preliminary plans for the Food and Nutrition Section Program for the Annual Meeting for 1964 will be outlined during this year's meeting in Kansas City.

The incoming Section Secretary, Dr. Juanita Eagles, will be most happy to have your program suggestions now so she can take them to Kansas City when she meets with members of the Program Committee. It is especially helpful to send names of possible speakers as well as topics. Send your suggestions to: Dr. Juanita Eagles, Graduate School of Public Health, University of Pittsburgh, Pittsburgh 13, Pa.

STATE AND TERRITORIAL PUBLIC HEALTH NUTRITION  
DIRECTORS ASSOCIATION

Anne R. Matthews, President  
State Department of Health  
301 West Preston Street  
Baltimore 1, Maryland

A workshop will be held at Hotel President in Kansas City on November 9-10 to enable the four Action Committees to develop their plans for analyses of activities pertaining to Administrative Practices, Professional Education and Recruitment, Research and Nutrition Services. A good attendance is expected.

WELCOME, NEW SECTION MEMBERS

(Names received through April 1963)

Bertha M. Bresina, Scottsdale, Ariz.  
Harry Pyenson, Los Angeles, Calif.  
Prina R. Stanley, San Francisco, Calif.  
Heriberto V. Thomas, Altadena, Calif.  
Donald T. Liden, Southington, Conn.  
William D. Thompson, Blackfoot, Idaho  
Ogden C. Johnson, Wheaton, Ill.  
Edward A. Lawton, Jr., Dixon, Ill.  
Myrtle Meritt, Melrose Park, Ill.  
Earl G. Reinholz, Villa Park, Ill.  
Kathleen Trophy, Melrose Park, Ill.  
Evelyn H. Johnson, Virgie, Ky.  
Joella R. Sisler, Frankfort, Ky.  
Gladys M. Cook, Amherst, Mass.  
Madeline L. Zitt, Clayton, Mo.  
Elaine P. Dickinson, Metuchen, N.J.  
Donald W. Mather, E. Brunswick, N.J.

Agnes T. Powell, West Orange, N.J.  
Alan G. Wolen, West Orange, N.J.  
Eleanor J. Bazata, New York, N.Y.  
Bernard Tzall, New York, N.Y.  
Thomas Elmezzi, Great Neck, N.Y.  
Carl W. Fischer, Bayside, N.Y.  
Glendon T. Odell, Brooklyn, N.Y.  
Alice P. Hoover, Cleveland, Ohio  
Delpha J. Foster, Pittsburgh, Pa.  
Louise Harlow, Doylestown, Pa.  
Nelson A. Fernandez, M.D., Rio Piedras, P.R.  
Mina W. Lamb, Lubbock, Texas  
Florence Langford, Denton, Texas  
Bernice B. Oliver, Burlington, Vt.  
Mary L. Ledbetter, Arlington, Va.  
Jean C. Robbins, Roanoke, Va.

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Dr. Fred C. Blanck a Member for Fifty Years

Word has been received from APHA that Dr. Fred C. Blanck of the Food and Nutrition Section has been a member of the Association for 50 years.

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WORD FROM THE EDITORIAL COMMITTEE, THE WORLD AROUND

The New England States - Sybil D. Kaplan, Woodward Hall, University of Rhode Island

Elizabeth Caso is at present Coordinator of Community Services in the Division of Cancer and Chronic Disease, Massachusetts Dept. of Public Health. The Massachusetts Public Health Association has been granted funds for a two-year study on determining the nature and scope of current community nutrition services and to develop long range plans for nutrition services in Massachusetts that best use may be made of personnel.

Sybil Kaplan is now Food and Nutrition Specialist of the University of Rhode Island Extension Service. We know this will mean there will be a strong alliance between extension service and the state department of public health. She received word that Connie McCarthy was in Trinidad for five months participating in a dietary survey on obesity.

Dorothy Nicoll presented a paper at AHEA in Kansas City entitled, "Home Economists Focus on Asia's Families."

From Madge Miller comes word of being responsible for meal planning and food service of the current Danvers-Harvard Heart Study Project under the direction of Dr. Mark Hegsted and Dr. Robert McGandy. This project is being carried out at the Danvers State Mental Institution--20 men are cooperating in a test of their response to different fatty acids. They feel they are demonstrating it is possible to maintain people on effective diets made of ordinary foods for long periods of time.

From the Graduate School of Public Health, Pittsburgh, Juanita Eagles reports a busy year of teaching and supervision of eight nutrition students. Studies are being carried out at the Nutrition Research Clinic for out-patient metabolic studies and the Clinical Research Unit, School of Medicine, for in-patient studies cover a wide range of nutrition problems from dietary influence upon serum lipids to obesity and alcoholism upon both normal and diseased subjects.

Fellow member, Margaret Ross, is soon to assume a year of responsibility in the interest of the public's nutritional well being as President of the American Dietetic Association. We wish her success in this venture.

We received the good word that Helen Mitchell has agreed to write another Nutrition Bookshelf for the Library Journal. Certainly no single project has had more widespread influence than the First Bookshelf. Good news, indeed. Supplements #1 and #2 to the First Bookshelf are still available from the Massachusetts Public Health Association: 227 Commonwealth Avenue, Boston, Mass.

In Massachusetts a one-day Institute on PKU was held for nurses in four sections of the State. Twelve hundred people turned out--physicians, nurses, social workers and nutritionists participated. Similar meetings are planned for dietitians, nutritionists and social workers. In the year July 1962 - May 1963, nine babies out of 53,000 births were discovered in the statewide screening program.

Mrs. Lorraine Gates reports that the new edition, "Guide to Family Living Costs" will be available this Fall from United Committee Service, Boston. Mrs. Gates is assigned to the PKU Clinic at the Children's Medical Center.

The Massachusetts Dietetic Association is undertaking the writing of a Diet Manual for Nursing Homes as a project of the Diet Therapy Section.

Helen S. Mitchell gave the Lenna F. Cooper Memorial Lecture at the Annual Meeting of the American Dietetic Association in October. Topic: "Past and Present Concepts of Protein Requirements for Growth of Children." This paper was stimulated by her research initiated in Japan. We will await publication of this important paper. The 14th edition of Nutrition in Health and Disease was published by Lippincott & Company this Summer.

From Dorothy Woodcock in Augusta, Maine comes word that the Maine Diet Manual has been revised. It has been set up in loose-leaf form for flexibility and to enable them to keep the manual up-to-date more easily. She reports that currently the program in the Maine State Department of Health and Welfare is being correlated more closely with Extension Services.

And we have a bit of a mystery--a postal card from Rome signed Margot tells us she, Margot, has a new assignment as Nutrition Officer, Nutrition Division, FAO. She is assigned temporarily to serve as liaison between nutrition and the Freedom from Hunger Campaign. (Editor's Note: In looking through the list of Section Members from the New England area, I find several Marjories, Margarets, a Millia, Marguerite, Madge, and Martha, but no Margot!)

Western Roundup - William D. Simmons, California Department of Public Health, Berkeley

From Alaska to Hawaii to the Mexican Border to the Rockies Food and Nutrition Section hands are busy! But they shore don't all take to givin' out news. Ropin' it in is the only way - fur them that'll hold still. A few of them did and we are mighty grateful for these items from some real new frontiersmen (to judge from the enthusiasm and vigor with which new things are being tried.)

From the northern reaches Clare Osborn writes from Anchorage, Alaska to tell about establishing a regional consultant position, recruiting for it, and providing assistance in the development of the consultant's program. An evaluation and program planning conference held in Anchorage, with representatives of the State Health Department, the Bureau of Indian Affairs, and the PHS Alaska Native Health Program provided some stimulating discussion early in the Spring. This interagency, interdisciplinary approach to the health problems of the Alaska native population, while by no means the first such conference, is producing increased emphasis on coordination of planning, implementation, and evaluation of health services.

For a look at a similar problem Kathleen Van Cleft sends from Sacaton, Arizona, that her number one energy requirement over the past six months is keeping up a diabetic program with classes in widely separated clinics. In Big Sky Country "widely separated" can be pretty far. As Kathleen asks, "what would you do to incorporate nutrition in a preventive program for pre-schoolers on a Papago Indian Reservation with primitive conditions, very limited knowledge of English, very limited purchasing power for the limited supplies in trading posts, no gardens because of the limited rain, and practically no transportation except horses. One can't take a limited view of that challenge.

Speaking of wide views--from out in the vast Pacific Ocean Margorie Abel writes from Hawaii where they have locked horns with civil service on parity of salary with other public health classifications with the same requirements for training and competence.

Trying to get food service help for nursing homes, small hospitals, and care facilities without getting involved in the requirements for public health nutritionist training is a problem too. Equally frustrating but probably more fun has been the job of collecting and trying to evaluate the diet histories of Japanese and Hawaiian men in the PHS's Hawaii Cardio-Vascular Study.

The most stimulating series of discussions they have had recently were post-clinic discussions on maternal and infant care with Dr. Derrick B. Jelliff of Makerere Medical School, Kampala, Uganda, East Africa. Though many factors are interfering, they keep plugging away at their number one need for increased service to pregnant women (especially low income) and to adolescent girls still in school.

From Washington State, June Stein tells of her inservice education for nurses in low cost food budgets, and a program in mental retardation.

A joint conference of the nutritionists from the Oregon and Washington State health agencies and the Vancouver, B.C., Metropolitan Health Services provided some very stimulating discussion recently. June points to the need for more visual aids--probably a fairly widespread need what with all the teaching going on. A sad note also came from June of Nancy Vike who was lost in a light plane and presumed dead. Nancy had done a TV education series on weight control which was very successful and worked on a food service survey in King County Nursing homes.

Several reports of what is going on in Northern California came in: Grace Bodenhamer at Richmond Hospital is cooperating in a new graduate program in the University of California School of Public Health. Dr. Ruth Huenemann's new program of dietetic internship for candidates for the Master of Public Health degree is an exciting venture. Graduates in food and nutrition or equivalent college preparation can prepare for present day practices of public health nutrition by an 18-month balanced experience of hospital dietetic internship and a master's degree program in public health nutrition. Four students are currently in this program.

Marjorie Burr advises of an address change. She is now Dietitian-Nutritionist at the new Rancho Linda School near San Jose for retarded children and up to her elbows in developing the service.

Jane Pirky writes from Sacramento telling how, during the past three years, with the assistance of Dolores Nyhus of the State Health Department nine small hospitals in a 150 mile radius of Sacramento have been furnished with qualified dietitians full-time, part-time or shared. This service covers a total of 606 hospital beds and involves nine dietitians, all homemakers who wish to continue professional careers, but cannot work full time. The increase of professional dietitians in small hospitals has been gratifying--in 1959 only fifteen out of 144 small hospitals in California had dietary services.

Leona Shapiro in Berkeley is as enthusiastic as ever about "lots of interesting things going on." The joint research endeavor of the University of California School of Public Health, the Health Department, and the schools is still taking the major part of her time. This Summer she got to an exciting part of the study and "spent a marvelous few weeks working on seven-day food and activity diaries of high school sophomores. Wonderful kids! Never dreamed of such good cooperation." Under pressing needs, Leona lists school health curriculum in nutrition.

Jeannette Paine writes from San Joaquin General Hospital about her work on weight control--instructing teenage prenatal patients and diabetes patients. She wishes she had more time for pediatric clinic work with overweight children and parents. "Calories Do Count", an excellent meeting this Summer in Berkeley with excellent speakers and a good representation from home economics teachers, provided her most stimulating recent discussions.

Grace Finnegan reporting some of the recent activities in the California State Health Department tells about planning field training experiences:

Mary Callahan who spent eight weeks with the Bureau following attendance at University of California School of Public Health is returning to the Michigan State Health Department. Carlos Daza, M.D. who just finished two years at Columbia University School of Public Health and Medical Administration, had been Director of Nutrition for the State of Valle, Colombia, S.A. He returns to a position as Director of Public Health in that State.

Dr. Subrahmanyam, Assistant Director of General Health Services in the Ministry of Health, New Delhi, India, provided a most stimulating recent discussion when he visited the Bureau and described the enormous work being done to combat kwashiorkor, endemic goiter, and lathyrism in India. He spoke appreciatively of the support given by FAO and WHO.

The obesity study directed by Ruth Steinkamp, M.D. is proceeding smoothly with body measurements done on about 1500 subjects, laboratory work completed on about 200 subjects, and diet records on about 400.

The San Mateo project on the nutrition of elderly individuals has had another round of follow-up. Originally done in 1948, the surviving subjects have since participated in follow-up surveys in 1952, 1954 and 1962.

From Colorado, Esther Eicher reports on her doings in the State Department of Public Health which have recently included planning and carrying out a four-month series of weekly in-service nutrition sessions for nurses of the Visiting Nurse Service.

From the middle of California's Central Valley, Mrs. I. H. Teilman writes from Fresno County about her interest in teenage nutrition and the problems of migrant farm laborers. Mrs. Teilman is a public health volunteer who found most stimulating a nutrition workshop at Fresno State College this Summer.

Phyllis Acosta from Los Angeles attended the Institute on Nutrition Services in Mental Retardation Clinics held in Ohio last Spring. She is concerned about the need for research in relation to the problems and the methods used to improve the eating habits of retarded children.

Elsie Russell dashed off a note to summarize the activities in the Los Angeles City Health Department just before leaving for an extended vacation in Europe: Salary and recruiting problems put a dent in their program last year and made necessary the priority of a public health nutrition training program. In this connection Elsie has had some interesting discussions recently with faculty of the UCLA School of Public Health planning for field work for graduate students integrated into the entire school year instead of pushed into the Summer months. Recognition of recommended job specifications and equitable salaries are the most pressing problems which Elsie faces.

Virginia Mann, reporting recent activities in the Los Angeles County Health Department for Dr. Jessie Obert, tells of some of the major accomplishments of the nutrition division: Rita Bradford has assisted one of the district VNA's establish a position of consultant dietitian on their staff and to recruit a homemaker dietitian for part-time work. The interest of a private physician who wanted diet counseling for patients and the VNA's need for a consultant on diet and food money management came together to stimulate this interesting development. An in-service education program for VNA staff nurses is being conducted covering basic nutrition, food money management, and special diets. This grew to include the VNA of two adjoining counties. Lunches based on the special diet discussed during each class are prepared and served by a home economist of the local electric company. Rita has also participated in the training of Home Aids conducted under the joint auspices of the State Employment Department, local chapter of the Red Cross, and the County Department of Senior Citizens' Affairs.

Barbara Brehm, formerly nutritionist with the American Institute of Baking, has taken a position with the L.A. County Nutrition Division participating on a team of nursing home consultants. Mrs. Trandailer Brewer has also joined the division staff working part time providing technical information primarily to physicians.

Virginia Mann has completed the pamphlet on Food practices of Mexican-Americans for the use of nurses, nutritionists, dietitians who counsel patients. The pamphlet describes foods used in this cultural background and their nutritive contribution to daily diet. Pauline Schatz, Instructor in Foods and Nutrition at Los Angeles City College, a homemaker dietitian has been assisting in a Summer Health Department project of market pricing, a survey for the Los Angeles County Bureau of Public Assistance.

"Food and Money" was the title of an excellent conference early last Spring which gave state and local nutritionists information about welfare programs as they relate to nutritionists' interest in how food money allowances are determined and interpreted. This conference provided very timely background for the Summer pricing survey which will be periodically repeated in the future. The most urgent need seen by the Los Angeles County staff is for classes for food service workers in nursing homes.

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A MEMORIAL IS ESTABLISHED IN MEMORY OF MARY ROURKE

As the notes have come in with the contributions for the Memorial Award established in her name "there is a wonderful glow from the recollection of Mary Rourke." Thus, word was received of the untimely death from cancer of Mary Rourke, who since 1953 had been on the staff of the California State Department of Public Health. Her many friends throughout the country have established a memorial to her:

Each of us who know Mary Rourke will have his own warm recollections of her--her vivaciousness; her enthusiasm for living, combined with the rare ability to extract every ounce of living from the moment; her abiding interest in people. Many of us will remember, especially, the brightness in the room just because Mary was present. Those who worked with her professionally during her brief ten-year career in public health nutrition saw her bring to her work this same vitality and enthusiasm and infect others with it--especially the newcomers to her chosen field.

The memorial will be in the form of a citation "for imaginative work in the field of public health nutrition" awarded annually for a period of ten years to a nutritionist either working in California or an alumnus of the School of Public Health, Berkeley. Those who wish to can forward contributions to the Mary Rourke Memorial Award Fund, Room 421, Earl Warren Hall, University of California, Berkeley 4, California.

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From Puerto Rico - Graciela Delgado, Department de Salud, Mayaguez, Puerto Rico

Graciela Delgado writes from Mayaguez of her work as Director of Nutrition Services for western Puerto Rico. They are conducting a survey of food patterns of industrial workers as a basis for establishing cafeterias and developing a general education program. She, too, is concerned with developing a home care program for the chronically ill and aged.

From Dr. Conrado Asenjo, who attended the Berkeley Conference for Directors of Graduate Nutrition Education Program, comes word of the department of biochemistry and nutrition of the Medical School of the University of Puerto Rico. His staff is responsible for teaching nutrition to the medical and dental students. A special course in English is taught at the University so students who will come to the USA for public health work will be better prepared to communicate in English. The University offers a Master's Degree in

Biochemistry and in developing program to offer a "professional" degree of Master in Public Health Nutrition.

Dr. Asenjo reports of a current survey of isolated communities. It is good to know that roads are being built, electricity is made available--this is the very foundation to a better food supply for the people. The Medical School has requested from NIH funds for a nutrition survey to be led by Dr. Nelson Fernandez. Co-leaders are Dr. Lydia Roberts, Colonel Irving Plough and Dr. Asenjo. Other on-going projects are under the direction of Dr. Leopoldo Cerecedo--to determine the effects of a malignant tumor in the metabolism responsible for the synthesis of nucleoproteins in the organs of rats, and with an AEC grant, a study of the functions of thiamine in metabolism with compounds analogous to thiamine in structure but different in a radical or group.

Under the direction of Professor Jose' A. Goyco, the NRC is supporting a study of the biological value of legumes used in the Caribbean Area using a multiple evaluation study and also a study of amino acids present in the legume proteins--this by microbiologic methods.

The Agricultural Experiment Station is cooperating in several projects--the niacin content of several varieties of Puerto Rican coffees, the vitamin content of the popular "mavi" drink, made from the bark of the Mavi tree.

The Microbiology Department of the School of Medicine is cooperating in a study the levels of folic acid, pantothenic acid, pyridoxine, and vitamin C in the formation of antibodies by infants with diarrhea.

Dr. Andrew Maretzki is directing a study of the Red Indian Cherry, Acerola, to learn the steps in the synthesis of vitamin C in the acerola. Human lipoproteins are being studied by Dr. Efrain Toro Goyco who is directing a study of the proteolytic enzyme known as "pinguinina".

Have you heard of the recently established Center for Nutrition Education for the Americas? Word was sent that Dr. Esther Seijo de Zayas will direct the activities of the Center and Mrs. Maria Cruz Lara will assist her. This regional center is for coordinating the plans for and the activities of the nutrition education programs for the training of nutrition workers of Central and South America. The University of Puerto Rico, through its Home Economics Department and the Department of Health through its Nutrition Division will be the agencies most directly involved with the work of the Center. This Center is the outgrowth of a request from WHO, FAO and UNICEF in cooperation with PHS to improve the methods for nutrition education activities in the American Region. What an interesting program this will be for us in North America to watch.

From Central America - Susana J. Icaza, Box 956, Guatemala City, Central America

In Guatemala a very intensive study has been finished by the Interdepartmental Committee (including the Ministries of Public Health, Agriculture, and Education) and the report has been presented in May to the new government. It includes a very careful program planned to be carried out by the three ministries. It seems very promising. Dr. Romeo de Leon, Chief of the Nutrition Department has been very active in the preparation of this report. Help and consultation is available from INCAP, FAO, and UNICEF.

A three month nutrition survey has been carried out by the Nutrition Section in Panama and INCAP Public Health Division, including dietary surveys, clinical studies and an anthropological survey covering socio-cultural structure as well as food availability and communication channels for diffusion of ideas about food. All this data is being tabulated at the present time. The area being studied covers the central region of the country where all teachers, public health workers, extension agents as well as supervisors were given an intensive course in nutrition and horticulture, with a total attendance of more than six hundred.

Dr. Lucila Sogandares and Miss Diva Sanjur from the Nutrition Section of Panama and INCAP Public Health Division staff, were mainly responsible for the orientation of the program. Help from UNICEF and FAO was also available.

El Salvador, Costa Rica and Nicaragua - These three countries after selecting the pilot areas in which a Coordinated Nutrition Program was to be established with the participation of the schools, the public health centers and the agricultural agencies, completed an intensive training program for field personnel and have been engaged for the last two years in an intensive nutrition education program. Evaluation of the work done during this time is in progress, and expansion of the program to other regions of the countries is being considered.

#### INCAP Headquarters

Specialized Applied Nutrition Course for Latin American Dietitians (CENADAL). An eleven month program including academic work as well as field work in applied nutrition started in January with students from Argentina, Brazil, Bolivia, Colombia, Panama, Peru and Venezuela. Six months of field work include program planning and program development at national, regional and local levels, through public health centers, agricultural extension agencies and schools. Dr. Joaquin Cravioto and Miss Susana J. Icaza, are in charge of the program.

#### Applied Nutrition Courses for Public Health Physicians

Both in English and Spanish these courses started on June 17th and were planned to last for ten weeks. Twenty physicians from Ecuador, Colombia, Peru, USA, Greece, El Salvador, Guatemala, Indonesia, Bolivia, Dominican Republic, participated. Dr. Joaquin Cravioto from INCAP and Dr. Nevin S. Scrimshaw from MIT will be in charge. Dr. John Devany, PASB Regional Nutrition Adviser, assisted in the teaching.

EASTERN SEABOARD STATES - Mrs. Maryrose J. Baiano, Director, Nutrition Service, County of Westchester, White Plains, New York

Among the several F&N Section Members fortunate to attend the Sixth International Congress of Nutrition in Edinburgh were Dr. & Mrs. Charles Glen King. They were able to include a side journey to Norway, Switzerland and Italy. In Geneva and Lake Como Dr. King participated in committee meetings of the United Nations agencies, WHO, FAO, and UNICEF. After September 1, he will be serving as Consultant to the Rockefeller Foundation and as Associate Director of the Institute of Nutrition Sciences of Columbia University. During the early Summer months Dr. King participated in the World Food Congress and addressed a plenary session on "The Challenge of Nutrition". We all hope a report of this paper and the developments from the session will be made available.

From the State of Pennsylvania comes word of several conferences and institutes in which F&N Section Members participated:

Miss Sophia Podgorski was the program chairman for the Twelfth Annual Health Conference held August 18-22 at the Pennsylvania State University, "Public Health Faces Reality" was the theme of this conference sponsored by the Pennsylvania Dept. of Health, Pennsylvania Health Council, Pennsylvania Medical Society, and the Pennsylvania Public Health Assn. Three special sessions were co-sponsored by the Division of Nutrition in the Pa. Dept. of Health on the following topics: Nutrition Research, Disaster Feeding, and Newer Concepts in Food Technology. In addition, two curbstome conferences were held on "Child Nutrition and Nutrition in the Later Years." Consultants for these curbstome conferences were: Miss Frances Shoun, Children's Bureau; and Miss Dorothy Youland, of the Public Health Service. At a special session on health education, Dr. Glenn McDonald, Chief of the

Diabetes Control Program, Div. of Chronic Diseases, PHS, Washington, D.C. discussed the "Use of the Teaching Machine with Diabetes Patients."

"Fat-Controlled Diets - Their Rationale and Application" was the topic for one-day institutes held in six areas of Pennsylvania in March and May 1963. These institutes were co-sponsored by the Pennsylvania Dietetic Assn., the Pennsylvania Heart Assn., and the Divisions of Nutrition, Chronic Diseases, Professional Education, and P.H. Education in the Pennsylvania Dept. of Health. More than six hundred public health nutritionists, hospital dietitians, college instructors, dietetic interns, students majoring in foods and nutrition and representatives of other disciplines attended these one-day institutes conducted as continuing education for members of the dietetic profession. Current concepts of normal fat metabolism, research in cardiovascular disease, regulation of dietary fat, and planning and management of fat-controlled diets were discussed.

Among the speakers were Mrs. Corrine H. Robinson, Drexel Institute of Technology and Dr. John J. Spitzer, Hahnemann Medical College. Program participants from the Graduate School of P.H., Univ. of Pittsburgh, were Dr. Robert E. Olson; Dr. Milton Z. Nichaman; and Dr. Juanita A. Eagles. Mrs. Marjorie C. Zukel, participated in each of the six institutes through a discussion of the development and interpretation of the American Heart Association's booklets on fat-controlled meals.

From the Bureau of Nutrition, N.Y. State Dept. of Health comes word that John H. Browe, M.D. returned recently from Venezuela, where he served during May and June as Clinician-in-Chief of the nutrition survey team for the Interdepartmental Committee on Nutrition for National Defense. Food production, processing and distribution, socio-economic and education factors, and related problems were studied. Samples of the military and civilian population were selected. Clinical, biochemical and dietary data were obtained from these samples in six areas of the country.

The Food and Nutrition and Statistics Sections of the New York State Public Health Assn. co-sponsored a session at Annual Health Conference, Inc., in New York City. The program which was entitled "Approaches to the Study of Diet in Heart Disease-Progress Since the 1960 Report", was moderated by W. Henry Sebrell, M.D. Panel participants were Thomas Dawber, M.D., "Framingham, Massachusetts Heart Study", George Christakis, M.D., "Diet and Coronary Heart Disease Study Project, New York City", and Joseph Doyle, M.D., "Cardiovascular Health Center, Albany."

Dr. George J. Christakis, Director and Dr. Morton Glenn, Physician-in-Charge, Morrisania Nutrition Clinic, attended and participated in the 6th International Congress on Nutrition in Edinburgh, Scotland, beginning August 9. Both delivered papers at the meeting.

A new position, Nutritionist (Per Session) was established in May. Mrs. Reva T. Frankle has been appointed and assigned in the new category.

The booklet, "HOW TO FOLLOW THE PRUDENT DIET", was revised and has just been received from the printer. Single copies are available from the New York City Dept. of Health on request, to non-city residents and professional people for reference. It should be noted that the Health Dept. Prudent Diet is NOT a reducing diet. Another booklet, "BUYING FOOD IS BIG BUSINESS--YOUR BUSINESS", has also been revised and is available from the N.Y. City Dept. of Health on the same basis. It is a booklet for homemakers.

And from New York, the 18th Community Nutrition Institute, co-sponsored annually by Syracuse University and the New York State Dept. of Health was held at the University June 17 to 28, 1963. Topics for the first week focused on the usual patterns of physical growth, development and metabolic alteration during adolescence, as well as deviations from the usual. Social and emotional experiences characteristic of this period received appropriate emphasis.

The second week was devoted to a critical review of nutrition practices in the adolescent group, with efforts to translate the background material of the first week to functional nutrition education programs. Participants were encouraged to discuss and evaluate their own on-going and contemplated nutrition education projects.

"Nutrition Surveys and Their Interpretation" was discussed by Dr. Elmer Severinghaus, Professor of Public Health Nutrition, Institute of Nutrition Sciences, Columbia University at a joint meeting of the New York State Nutrition Council, the F&N Council of Greater New York, and the Greater New York Dietetic Assn. in January. This program preceded the Winter Business Meeting of the State Nutrition Council in New York City at which nutrition activities of member agencies were highlighted.

Ralph M. Gofstein, M.D., has been appointed Assistant Director of the Nutrition Bureau, N.Y. State Health Dept. Prior to receiving his MPH degree in Nutrition from Harvard University School of Public Health, Dr. Gofstein served as a special consultant in the Epidemiological Study of Coronary Heart Disease at Framingham, Mass., and was a practicing physician in Natick, Mass. He is a diplomate of the National Board of Medical Examiners.

The Bureau of Nutrition will celebrate two anniversaries in the month of November. Mrs. Iva B. Bennett, Supervising Nutritionist for Radio and Television, celebrated her fourteenth anniversary on the daily "Listen to Nutrition" radio program. The Bureau's television program "Nutrition and You" will celebrate its second anniversary.

From New Jersey came word that one hundred and fifty health officers, nurses, nutritionists and educators attended a program on "Nutrition in the Growing Years" presented as a sectional program of the New Jersey Public Health Assn. October 1962 at Far Hills Inn, Somerville, N.J. The program was co-sponsored by the New Jersey Nutrition Council, the Committee on Maternal and Child Health of the New Jersey Public Health Assn. and the New Jersey State Dept. of Education.

Paul J. Cardinal, formerly Vice-President in charge of industrial relations Hoffmann-LaRoche, Inc., Nutley, N.J. has retired after a 39 year association with the company. He will continue as Treasurer of the National Vitamin Foundation, Inc.

By popular request two additional refresher training courses similar to the course offered last Spring were made available last Fall through Rutgers-The State University and the New Jersey State Dept. of Health. One hundred and eight dietitians representing fifty-five hospitals throughout the State have completed these courses as of Fall 1962. Since Spring 1962 two additional diet counseling services have been established and the dietitians offering the counseling were recruited from the above course registrations.

All Section members are proud of the continuing increase in Membership. During the past few years much of this growth has been due to the guidance of Clara M. Taylor who has been serving as Membership Chairman. In May of this year Dr. Taylor retired from her position on the staff at Teachers College, Columbia University. Her interest in community nutrition and public health was sparked early in her career by working in East Harlem among Italian families. Through the years this interest was passed on to her associates at Teachers College and others and through her close work with the dietitians of the Greater New York Dietetic Assn., the Food and Nutrition Council of Greater New York and the Food and Nutrition Section, APHA.

In a tribute to Dr. Taylor, Dr. Orrea Pye said, "Her boundless energy, creative imagination, innate desire to be of service to others and enthusiastic devotion to nutrition will keep her actively with us for many years to come as a delightful companion and fellow professional worker."

In May of this year the Maryland Public Health Assn. elected Dr. E.W. McCollum a Fellow member of the Food and Nutrition Section, as one of three Honorary Members of the Association. Eleanor McKnight Snyder was privileged to prepare the following citation that was presented to Dr. McCollum at the luncheon meeting:

Eighty-four years ago, a mother attempted to pacify a scurvy-ridden infant by offering him apple scrapings. This diet supplementation served as the turning point in the infant's illness. The youngster grew up to be a tall shy "Kansas farm boy" with an insatiable craving for knowledge. This farm boy was Elmer Verner McCollum, Professor Emeritus of Biochemistry, The Johns Hopkins University School of Hygiene and Public Health.

A doctoral degree in chemistry from Yale University launched Dr. McCollum on his scientific career in 1906. During the next decade as a member of the faculty of the University of Wisconsin, his work in nutrition drew world-wide attention. He established the first rat colony for nutrition research in the world; in 1913 he identified a fat-soluble factor essential for health growth, known as Vitamin A; in 1915, he reported another essential nutrient eventually known as Vitamin B; he developed new feeding methods that are still used in the dairy industry; and he created the text and developed the philosophy of the "newer knowledge of nutrition." First applied to animals, his work and ideas began to change human food habits in the U.S. and other countries.

In 1917, he was the first faculty member appointed at the newly formed School of Hygiene and Public Health in Baltimore. In 1918, he became the first Professor of Biochemistry. His reputation as an investigator and teacher strengthened the school in its early years. His skill and guidance in handling world-wide food distribution problems following World War I played a major role in establishing the international fame of this new school. Working in conjunction with pediatricians in the Johns Hopkins Hospital, Dr. McCollum demonstrated the existence of Vitamin D as a specific antirachitic factor and established the relationship of dietary calcium and phosphorus to skeletal development. The McCollum-Pratt Institute, named for him and for the donor, was established in 1948 for the study of micronutrients in plant, animal and human nutrition. Although he officially retired in 1946, Dr. McCollum continues to work regularly in a laboratory on the Homewood Campus of the Johns Hopkins University. Dr. McCollum, we fully realize that you have already received many awards and citations for your legendary contributions to science, agriculture, and industry. It is now the turn of your friends in Maryland to show appreciation of the renown you have brought to this State, which you have called "home" since 1917. This is a mere token of our appreciation of your breadth of vision, your research enthusiasm, your fertile imagination, your gentle but earthy sense of humor, your unswerving forward look and wide interests which have given rise to a variety of important investigations which have made you one of the outstanding leaders of American science.

Dr. McCollum, the Members of the Maryland Public Health Association take great pride in electing you the Honorary Membership in the Association. With this award come our sincere hopes that you will long continue to exert a profound influence on the science of nutrition with invaluable significance to human welfare and public health.

PROFESSIONAL PLACEMENT SERVICE AT 1963 ANNUAL MEETING--Required procedure is for applicants and employers to register with the nearest local office of their State Employment Service by October 25. However, application may be filed at the Center. To activate records filed earlier, check in at Center as early as possible.

August 8, 1963

Miss Mary Macomber  
Division of Maternal and Child Health  
Iowa State Department of Health  
Des Moines, Iowa

Dear Miss Macomber:

Miss Dunham has requested that I send you background information to be used on the ballot for the APHA Nominating Committee for Elective Councilors. This is listed below.

Robert E. Shank, M. D.  
Danforth Professor and Head of the Department  
of Preventive Medicine  
Washington University School of Medicine  
St. Louis, Missouri

BA - Westminster College, 1935  
MD - Washington University, 1939  
Associate Member, Division of Nutrition and  
and Physiology, Public Health Research Institute  
of the City of New York - 1946-48  
Professor of Preventive Medicine, Washington  
University - 1948 - present  
Member, Food and Nutrition Board, N.R.C.  
Chairman, Council on Foods and Nutrition, A.M.A.

Use what portion of this you think necessary.

Sincerely,

Robert E. Shank, M. D.

# STATE OF INDIANA

Address Reply to:

Indiana State Board of Health  
1330 West Michigan Street  
Indianapolis, Indiana  
46207



State Board of Health

August 7, 1963

Robert E. Shank, M. D.  
Department of Preventive Medicine  
Washington University School of Medicine  
St. Louis 8, Missouri

Dear Doctor Shank:

We are most pleased that you have agreed to have your name placed on the ballot as the Food and Nutrition Section Representative to the Association Nominating Committee for Elective Councilors of the American Public Health Association.

It is customary to include background information (schools attended, work experience, etc.) of the candidates for office in the fall Newsletter of the Section. Would you kindly send this information to Miss Mary Macomber, Division of Maternal and Child Health, Iowa State Department of Health, Des Moines, Iowa, by September 1, 1963.

Your assistance will be greatly appreciated.

Sincerely,

MARGARET A. DUNHAM, CHAIRMAN  
NOMINATING COMMITTEE  
FOOD & NUTRITION SECTION, APHA

cc - Mary Macomber  
Ruth Brennan

File  
APHA  
Nutrition Sec.

July 9, 1963

Albert B. Eisenstein, M. D.  
Department of Medicine  
Jewish Hospital  
216 South Kingshighway  
St. Louis 10, Missouri

Dear Dr. Eisenstein:

As Secretary of the Food and Nutrition Section I would like to express our pleasure in knowing that you will be one of the speakers for the meeting of the American Public Health Association in Kansas City in November.

I am writing now to confirm the information that I gave you in our telephone conversation. The Session at which you will speak is scheduled for Tuesday, November 12 at 9:00 a.m. in the Municipal Auditorium in Kansas City. The Session is titled, "Influence of Environmental Factors and Therapeutic Practices on Nutritional Requirements." Dr. Carl Taylor of the Johns Hopkins School of Hygiene and Public Health will chair the Session. Dr. Tom Davis of the U. S. Army Research, Natick, Massachusetts, will speak on "Influence of Climate on Nutritional Requirements" and Dr. Nevin S. Scrimshaw from MIT will give a paper on the "Influence of Acute and Chronic Disease on Nutritional Requirements." It is expected that there will be a fourth speaker for the topic, "Influence of Antibiotics on Nutritional Requirements" but a speaker has not yet been confirmed for this paper.

As soon as I have complete information about all of the speakers and the length of paper desired for this Session, I will send it to you. Please call me if there are any questions you have about the program. My phone number is Parkview 6-1100, Ext. 237.

Sincerely yours,

Ruth E. Brennan, Secretary  
Food and Nutrition Section

REB:lk

CC: Dr. Trulson  
Dr. Scrimshaw  
✓ Dr. Shank

HARVARD UNIVERSITY  
SCHOOL OF PUBLIC HEALTH

*File  
APHA  
Nutr. Section*

DEPARTMENT OF NUTRITION  
CABLE ADDRESS: NUTHARV

665 HUNTINGTON AVENUE  
BOSTON 15, MASSACHUSETTS

July 1, 1963

Dr. Robert Shank  
Department of Preventive Medicine  
Washington University Medical School  
St. Louis, Missouri

Dear Bob:

It was so nice to hear from you and I will get busy today to try to make some sense out of the Brazilian forms.

The meeting of the American Public Health Association in Kansas City will be on November 12 from 2 - 5. Dr. Carl Taylor will chair the meeting. The following topics are to be covered:

The Influence of Endocrine Therapy on the Nutrition requirements;

The Influence of Antibiotics on Nutrition requirements;

The Influence of Climate on Nutrition requirements;

The Influence of Acute and Chronic Diseases on Nutrition requirements.

Dr. Tom Davis and Dr. Nevin Scrimshaw have elected to speak on the last two subjects. We would be very pleased to have either of the persons whom you suggested to speak on the Endocrine Therapy. We have enough money to pay the speakers expenses.

Please let us know which one you think will accept the engagement and we will have Ruth send him the formal invitation. Thanks for everything.

With best wishes,

Sincerely yours,

*Martha*

Martha F. Trulson

*I got to Washington  
July 7 - for an ICND meeting*

MFT:hbs

February 21, 1963

TO: Food and Nutrition Section Council Members

FROM: Ruth Brennan, Secretary

Enclosed is the list of new members for October, November and December 1962 who have asked for affiliation with the Food and Nutrition Section. As you remember, the procedure is that these members will automatically become members of the Food and Nutrition Section unless there is some question about them from some of the Council members. I do not have any reason to question any of these proposed members. However, if you should have a question about any of them would you please indicate it to me on the enclosed card. Mrs. Feld of the APHA membership department has asked that I send her the approval or disapproval of any members by March 1. I realize that this is a very short time but I would appreciate your indication of approval or questions about any of the proposed members.

A few days ago you received some material from the APHA office which was compiled as a result of the program planning meeting in New York on February 7 and 8. The final commitment for sessions for the APHA program will have to be sent to the APHA office by April 1. Dr. Martha Trulson at Harvard School of Public Health is the program chairman for the Food and Nutrition Section this year. Dr. Henry Sebrell and Mrs. Elizabeth Caso are serving on the program committee with Dr. Trulson. If you have any questions about the proposed sessions I would suggest that you send them directly to Dr. Trulson.

RB:nrb  
Enclosure

BLAINE PHYLLIS MONICA MA  
1919 MADISON AVE  
NEW YORK 35 N Y

CHIEF DIETITIAN  
HOSP FOR JT DISEASES

MEMBER - 62 N F

BOWDEN NANCY JANE MS  
46 SOMERSET AVE  
RIVERSIDE 15 R I

NUTR/HEART DIS CONT/PHS  
R I DEPT OF HEALTH

MEMBER - 62 N F

DAVIS DIANNE E MA  
1199 PARK AVENUE  
NEW YORK 28 N Y

STUDENT

MEMBER - 62 N F

MEREDITH HENRIETTA W  
2404 MONROE ST  
PADUCAH KY

NUTR II/HEALTH DEPT  
PADUCAH-MCCRACKEN CO

MEMBER - 62 N F

MYERS MADGE L MS  
665 HUNTINGTON AVE  
BOSTON 15 MASS

INSTR/DEPT NUTRITION  
HARVARD SCH OF P H

MEMBER - 62 N F

RHOADS DIANNE S  
1100 N ELM  
HENDERSON KY

NUTRITIONIST/HEALTH DPT  
HENDERSON COUNTY

MEMBER - 62 N F

ROSS LAMARA E MA  
3938 45 STREET  
LONG ISLAND CITY 4 NY

NUTRITIONIST  
NYC DEPT OF HEALTH

MEMBER - 62 N F

1998

1999

2000

**Annual and Quarterly Financial Statements for 1998, 1999, and 2000**

Statement of Financial Position  
Statement of Income  
Statement of Cash Flows

Statement of Financial Position  
Statement of Income  
Statement of Cash Flows

Notes

Management Discussion and Analysis

FOOD AND NUTRITION SECTION - Nov. 1962

ARCHER NANCY HOWARD  
106 EWING COURT  
FRANKFORT KY

NUTR/CHR DIS HOME CARE  
KY STATE HEALTH DEPT

MEMBER - 62 N F

BRUSH MIRIAM K PHD  
HOME EC/DOUGLASS COLL  
NEW BRUNSWICK N J

ASSOC PROFESSOR NUTR  
DOUGLASS COLL/RUTGERS

MEMBER - 62 N F

FELCH VIRGINIA L  
GS HOSP/1033 E MCDOWELL  
PHOENIX 6 ARIZ

DIRECTOR OF DIETETICS  
GOOD SAMARITAN HSOP

MEMBER - 62 N F

8- FOMENKO IRENE  
ACUEDUCT 5/QUINTA EVIRA  
SEBUCAN CARACAS VENEZ

DOCTOR IN PHARMACY  
INST NAC DE HIGIENE

MEMBER - 62 Z F

HENSLEY GRACE R  
930 DOVE LANE  
LOUISVILLE 13 KY

NUTRITIONIST  
KY ST DEPT OF HEALTH

MEMBER - 62 N F

Food and Nutrition Section (contd.) - Nov, 1962

7.

KRAUSE MARGUERITE J  
1039 UNION STREET  
SAN FRANCISCO 11 CAL

MPH

NUTRITION CONSULTANT  
CAL DEPT OF P H

MEMBER

- 62 N F

MILLICAN CARLENE MS  
DEPT HEALTH/119 MAIN E  
ROCHESTER 4 N Y

SR P H NUTRITIONIST  
NYS DEPT OF EHALTH

MEMBER

- 62 N F

NIEDERMEIER MARY W MA  
30 OAK ROAD  
SADDLE RIVER N J

INSTR NUTR/SCH DENT  
FAIRLEIGH DICKINSON U

MEMBER

- 62 N F

ROUTENBERG BEATRICE W MS  
GREEN CO HEALTH DEPT  
GREENSBURG KY

AREA NUTRITIONIST  
KY STATE HEALTH DEPT

MEMBER

- 62 N F

SCOTT JOAN DOW MRS MS  
2412 SHERROD ROAD  
KNOXVILLE 20 TENN

NUTRITIONIST  
TENN DEPT OF P H

MEMBER

- 62 N F

SHEFFIELD LUCILLE MRS MS  
BOX 327  
RUSSELLVILLE KY

NUTRITIONIST II  
KY STATE HEALTH DEPT

MEMBER

- 62 N F

STEPHENS HELEN M MS  
3605 GREEN MEADOWS DR/B3  
LOUISVILLE 18 KY

SR NUTRITIONIST  
KY STATE HEALTH DEPT

MEMBER

- 62 N F

FOOD AND NUTRITION SECTION - Dec. 1962

BURNS MARJORIE MARY MS  
 NYS COLL HOME ECONOMICS  
 CORNELL/ITHICA N Y

EXT SPEC/FOOD NUTRITION  
 NYS COLL HOME ECON

MEMBER - 62 N F

DESILVA HILMI M MRS MS  
 GENERAL HOSPITAL  
 COLOMBO 8 CEYLON

NUTRITIONIST-DIETITIAN  
 DPT HEALTH SER/CEYLON

MEMBER - 62 N F

GEORGE STEVAN MD  
 PO BOX 1387  
 NASSAU NP BAHAMAS

MEDICAL OFFICER  
 COMMUNITY WELFARE

MEMBER - 62 M F

HINTON MAXINE M PHD  
 4209 ONTARIO ST  
 AMES IOWA

ASST PROF  
 IOWA STATE UNIV

MEMBER - 62 N F

HSUEH JANE TEH-YING MS  
 224 HIGHLAND BLVD  
 BROOKLYN 7 N Y

TECHNICAL SPECIALIST  
 THE BORDEN CO

MEMBER - 62 N F

KAMIEL MAX L  
 295 DOVER ST  
 BROOKLYN 35 N Y

ACCOUNTING MEMBER  
 KANDEL SCHAEFFER CO

MEMBER - 62 A F

**CONTRACT DOCUMENTS**

1988

Contract Documents  
for Construction of the  
Furnace and related

1988

1988

Contract Documents  
for the construction of the  
Furnace and related

1988

1988

Contract Documents  
for the construction of the  
Furnace and related

Contract Documents  
for the construction of the  
Furnace and related

AMERICAN PUBLIC HEALTH ASSOCIATION

February, 1963

MEDICAL CARE SECTION TRANSFERS

John Colombotos, Ph.D.  
School of Public Health and Administra-  
tive Medicine of the Faculty of  
Medicine  
Columbia University  
21 Audubon Avenue  
New York 32, New York

From Unaffiliated Section - Member  
Study Director, Research Unit, Columbia  
University

Alden N. Haffner, O.D.  
Optometric Center of New York  
351 West 48th Street  
New York 36, New York

From Unaffiliated Section - Member  
Executive Director, Optometric Center

Mrs. Penelope K. Hope  
194 Washington Street  
Dedham, Massachusetts

From Public Health Nursing Section -  
Member  
Assistant Director, Visiting Nurse  
Association of Boston

Dwight C. Monnier, Ed.D.  
National Institutes of Health  
Department of Health, Education and  
Welfare  
Bethesda 14, Maryland

From Unaffiliated Section - Member  
Director, Grants Associates Program,  
Division of Research Grants

Eamon P. Reddan  
Nassau Tuberculosis and Health Associa-  
tion, Inc.  
1432 Northern Boulevard  
Roslyn, New York

From Unaffiliated Section - Member  
Acting Executive Director

Peter A. Ruderman, Ph.D.  
11006 Montrose Avenue  
Garrett Park, Maryland

From Statistics Section - Member  
Economic & Report Officer, Evaluation  
& Reports Office, WHO

D. Leonard Werner, O.D., F.A.A.O.  
2043 Saw Mill River Road  
Yorktown Heights, New York

From Unaffiliated Section - Member  
Attending Staff, Optometric Center of  
New York

Irving Yale, D.S.C., Ed.D.  
364 East Main Street  
Ansonia, Connecticut

From Unaffiliated Section - Member  
Chairman, Council on Education, American  
Podiatry Association

EPIDEMIOLOGY SECTION TRANSFERS

James E. Banta, M.D.  
Ecology Field Station  
Heart Disease Control Program - USPHS  
Columbia, Missouri

From Unaffiliated Section - Fellow  
Senior Surgeon, USPHS

Saxon Graham, Ph.D.  
Roswell Park Memorial Institute  
Buffalo 3, New York

From Statistics Section - Member  
Associate Cancer Research Scientist

Tsu-Ju Yang, D.V.M.  
Institute of Zoology, Academia Sinica  
Nankang, Taipei, Taiwan

From Unaffiliated Section - Member  
Assistant Research Fellow, Academia Sinica

\* \* \* \* \*

OCCUPATIONAL HEALTH SECTION TRANSFER

Lamson Blaney, M.D.  
122 Abbott Road  
Wellesley Hills 81, Massachusetts

From Food & Nutrition Section - Member  
Physician, Occupational Health, American  
Board of Preventive Medicine

\* \* \* \* \*

HEALTH OFFICERS SECTION TRANSFERS

Gunar N. Hohan, M.D.  
Health Department  
Meriden, Connecticut

From School Health Section - Member  
Health Officer, Health Department, Meriden

Maurice Kamp, M.D.  
City Health Department  
1200 Blythe Avenue  
Charlotte, North Carolina

From Unaffiliated Section - Fellow  
Director of Health, City Health Department,  
Charlotte

Benjamin Sachs, M.D., M.P.H.  
40 Newbrook Circle  
Newton, Massachusetts

From School Health Section - Fellow  
Physician, Private Practice

File -  
Food & Nutrition Section  
APHA

November 20, 1962

Nevin S. Scrimshaw, M.D., M.P.H.  
Massachusetts Institute of Technology  
Cambridge, Massachusetts

Docket

Dear Dr. Scrimshaw:

I talked to Dr. Shank this week about the Committee on Teaching of Nutrition in Medical Schools and he had two questions about the Committee. First he questioned the appropriateness of the committee in the American Public Health Association at this time. He said there is such a Committee in the Council on Foods and Nutrition of AMA. The Committee sponsored the conference last July and August in Chicopee, Mass. A preliminary report of the conference should be out very soon and a more complete report available early next year. The reports will give a concise account of the problem. Since there is being some work done on this problem at present within the medical profession, he wondered if there might be more harm than good done by external pressure from a group such as the APHA. He mentioned that Dr. Hegstead attended the conference at Chicopee and that you might want to talk to him to see if he agreed. Dr. Shank said that if other people knowing about the Conference agree that it would be good to have a Committee within the Food and Nutrition Section at this time, he would be willing to go along with this. However, Dr. Shank feels that if there is a committee, he should not be the Chairman. He is now going in as Chairman of the Council on Foods and Nutrition of AMA. He thinks that if he were Chairman of a Committee on the Teaching of Nutrition in Medical Schools within another association it would appear that the Council on Foods and Nutrition is trying to get its work done through another association. I will wait to hear from you to see if there is further correspondence that you would like me to do regarding this Committee.

I am enclosing a copy of a letter from Dr. Krehl who has made some suggestions about problems that he would like to see considered by the Food and Nutrition Section. You had suggested that Dr. Krehl be asked to serve on the Committee on Nutrition Information with Dr. Sipple. I have written to Dr. Sipple to ask him about his wishes as far as members of the Committee are concerned but I have not heard from him at this time. I would

expect that at least some of the work on the problems of teenage nutrition could be a part of the work of the Committee on Nutrition Information. You may have additional comments or suggestions about the letter from Dr. Krehl. I was glad to have such interested response from a new Council member. I am sending copies of his letter to John Browe and Juanita Eagles also.

The letter from Mr. Swearingen arrived a few days ago and a copy is enclosed. Some of the answers given to our questions really do not answer anything. However, it should be possible to work out an arrangement for the secret ballot, and I will pursue this further.

I expect to complete all of the correspondence to proposed committee members this week with the exception of a few committees where I wanted to ask the chairman about some of the suggested members. I have received a number of affirmative replies from persons to whom I wrote earlier asking them to serve on committees.

I hope to have the minutes of the Council meeting and Luncheon meeting finished soon and I will send you a copy at that time. At least the minutes should be ready for the next Newsletter.

Sincerely yours,

Ruth E. Brennan, Secretary  
Food and Nutrition Section

Enc.  
CC: Dr. Eagles  
Dr. Browe  
Dr. Shank

REB:nrb

# THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

1790 BROADWAY  
NEW YORK 19, N.Y.

CHARLES GLEN KING, Ph.D.  
President

JOHN D. PORTERFIELD, M.D.  
Chairman of Executive Board

D. JOHN LAUER, M.D.  
Treasurer

BERWYN F. MATTISON, M.D.  
Executive Director

October 30, 1962

## M E M O R A N D U M

**TO:** Section Secretaries

**FROM:** Rita Feld, Membership Department

Enclosed is a list of your Section's new members for September. Any transfers to and from your Section have also been enclosed on a separate listing. Of the ten copies, one is to go to each member of the Section Council for approval of Section affiliation and the tenth should be returned to me with the stamp of approval. If any questions arise concerning one or more of the applicants or transfers, I shall send you more information pertaining to education, prior job experience, etc.

May I remind you that all of these people have already been elected to membership by the Committee on Eligibility. It is now up to you to approve their choice of Section affiliation. We shall assume that all have been approved if we do not hear from you by December 1st.

*Will you please let me know if you have questions about any of the persons asking for affiliation in the Food and Nutrition Section.*

*Ruth Breiman*

90th Annual Meeting of the American Public Health Association  
and meetings of Related Organizations, Miami Beach, Florida — October 15-19, 1962

The American Journal of Public Health is the Official Publication of this Association

AMERICAN PUBLIC HEALTH ASSOCIATION

October 30, 1962

HEALTH OFFICERS SECTION TRANSFER

Errol R. Simpson, M.D., Ph.D.  
P.O. Box 1300  
Rosetown, Saskatchewan  
Canada

Member - from the Unaffiliated Section  
Regional Medical Health Officer,  
Government of Saskatchewan

o o o o

LABORATORY SECTION TRANSFER

U. Pentti Kokko, M.D., Dr.P.H.  
Communicable Disease Center  
Atlanta 22, Georgia

Fellow - from the Epidemiology Section  
Medical Director - Chief, Laboratory  
Branch

o o o o

STATISTICS SECTION TRANSFER

Barkev Sanders, Ph.D.  
4620 Morgan Drive  
Chevy Chase, Maryland

Fellow - from the Unaffiliated Section  
Research Consultant, Public Health  
Service, Department of Health, Educa-  
tion and Welfare

o o o o

ENGINEERING AND SANITATION SECTION TRANSFER

Marjorie Boswell, R.N., R.S.  
54 S. Brockway Street  
Palatine, Illinois

Member - from Public Health Nursing  
Section  
Health Inspector-Sanitarian, Village  
of Palatine

o o o o

FOOD AND NUTRITION SECTION TRANSFER

Walter L. Obold, Ph.D.  
Drexel Institute of Technology  
Philadelphia, 4, Pennsylvania

Fellow - from the Unaffiliated Section  
Chairman, Department of Biological  
Sciences

o o o o

EPIDEMIOLOGY SECTION TRANSFER

Oscar Sussman, D.V.M, M.P.H.  
State Department of Public Health  
Box 1540  
Trenton 25, New Jersey

Fellow - from the Unaffiliated Section  
Chief, Bureau of Veterinary Public  
Health

MEDICAL CARE SECTION TRANSFERS

Mrs. Barbara B. Hodges  
2381 N. Danville Street  
Arlington 7, Virginia

Member - from the Maternal and Child  
Health Section  
Chief, Medical Assistance Division,  
Government of the District of Columbia,  
Department of Public Health

Stanley B. Kahane, M.D., M.P.H.  
640 Pelham Road  
New Rochelle, New York

Member - from the Unaffiliated Section  
Research Associate, Public Health  
Practices Research Center, New York City  
Department of Health

Elizabeth Pearson, M.P.H.  
Nassau County Department of Health  
County Office Building  
Mineola, New York

Fellow - from the Public Health Education  
Section  
Chief, Office of Health Education

Richard D. Rife  
Capital Hospital Service  
116 Pine Street  
Harrisburg, Pennsylvania

Member - from the Unaffiliated Section  
Executive Vice-President, Capital Hospital  
Service

Arthur O. Stout  
Brockton Hospital  
680 Centre Street  
Brockton, Massachusetts

Member - from Unaffiliated Section  
Assistant Administrator, Brockton  
Hospital

David Van der Slice, M.D., M.S.P.H.  
Office of Vocational Rehabilitation  
Region IX - Dept. of HEW  
447 Federal Office Building  
San Francisco 2, California

Fellow - from the School Health Section  
Associate Regional Representative for  
Health and Medical Activities

• • • •

UNAFFILIATED SECTION TRANSFER

H.D. Kruse, M.D.  
The New York Academy of Medicine  
2 East 103rd Street  
New York 29, New York

Fellow - from the Food and Nutrition  
Section  
Executive Secretary, Committee on Public  
Health, New York Academy of Medicine

CALDWELL H MARIEL  
808 BALDHILL ROAD  
JEFFERSON CITY MO

MS MPH

NUTRITIONIST  
MO DIV OF HEALTH

MEMBER - 62 N F

DELO HALDON L  
117 SO WATER MARKET  
CHICAGO 8 ILL

DIR RES/QUALITY CONTROL  
POLO PRODUCE CO

MEMBER - 62 4 F

GUSTAFSON CAROLYN H  
2220 MOORPARK AVE  
SAN JOSE 28 CALIF

PUB HEALTH NUTRITIONIST  
SANTA CLARA HLTH DEPT

MEMBER - 62 N F

HAMILTON LOUISE W  
624 NO ALLEN ST  
STATE COLLEGE PENNA

MS

ASSO PROF FOOD'NUTR EXT  
PENNA STATE UNIV

MEMBER - 62 N F

HUME MAVIS MCLAREN MRS MS  
434 EAST 70 ST  
NEW YORK 21 N Y

ASST DIR NUTRITION CLIN  
NEW YORK HOSPITAL

MEMBER - 62 N F

HUNSCHER MARTHA A  
205 SOUTH 34TH ST  
PHILADELPHIA 4 PA

M ED

ASST PROF SCH OF NRSG  
UNIV OF PENNSYLVANIA

MEMBER - 62 N F

INTENGAN CARMEN LL  
1368 PAZ PACO  
MANILA PHILIPPINES

PHD

ASST DIR/F'N RES CTR  
NAT INST SCIENCE/TECH

MEMBER - 62 4 F

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### Form and Function: Design (Form) & Production (Form)

100

Form and Function: Design (Form) & Production (Form)

July 5, 1962

TO: Food and Nutrition Section Council Members

FROM: Ruth Brennan, Secretary

Enclosed are lists of persons who are applying for affiliation in the Food and Nutrition Section. Usually those who apply are persons who are most desirable as members. However, there have been rare occasions when someone involved in quackery has tried to become a member of the Food and Nutrition Section. It is a routine procedure to send the lists of applicants to Council Members for approval. You will note that we can have additional information about applicants if there are any questions.

I am enclosing a postal card which you may return to me indicating your approval of the persons on the enclosed list or listing any questions you may have.

RB:lk  
Enclosures

# THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

1790 BROADWAY  
NEW YORK 19, N. Y.

CHARLES GLEN KING, Ph.D.  
President

JOHN D. PORTERFIELD, M.D.  
Chairman of Executive Board

D. JOHN LAUER, M.D.  
Treasurer

BERWYN F. MATTISON, M.D.  
Executive Director

June 27, 1962

## M E M O R A N D U M

TO: SECTION SECRETARIES

FROM: Mrs. Rita Feld, Administrative Assistant, Membership Department

Enclosed are lists of your Section's new members for March, April and May. We are also enclosing lists of transfers to and from your Section.

Of the ten copies, one is to go to each member of the Section Council for approval of Section affiliation, in accordance with the By-Laws, and the tenth should be returned to me with the stamp of approval. If any questions arise concerning one or more of the applicants or transfers, we shall send you more information pertaining to education, prior job experience, etc. May I remind you that all of these people have already been elected to membership by the Committee on Eligibility. It is now up to you to approve their choice of Section affiliation. We shall assume that all have been approved if we do not hear from you by July 27, 1962.

90th Annual Meeting of the American Public Health Association  
and meetings of Related Organizations, Miami Beach, Florida — October 15-19, 1962

The American Journal of Public Health is the Official Publication of this Association

FOOD AND NUTRITION SECTION - March 1962

AGREE LILA MRS MA  
3103 FAIRFIELD AVENUE  
BRONX 63 N Y

NUTRITIONIST  
HEALTH INS PLAN N Y

MEMBER - 62 N F

DWYER MARY C  
2727 29TH ST N W  
WASHINGTON 8 D C

HEAD PROG BR FOOD SER  
NAVY SUBSISTENCE OFF

MEMBER - 62 N F

FILER LLOYD J JR MD  
625 CLEVELAND AVE  
COLUMBUS 16 OHIO

MEDICAL DIRECTOR  
ROSS LABORATORIES

MEMBER - 62 N F

WINKLER JOHN JAY  
305 S KING STREET  
NEWMAN ILLINOIS

CHEMIST  
USI CHEMICALS CO

MEMBER - 62 N F

FOOD AND NUTRITION SECTION - Apr. 1962

EPPRIGHT MARGARET A PHD  
H E B 113/UNIV OF TEXAS  
AUSTIN 12 TEXAS

CHM<sup>1</sup>PROF DEPT HOME ECON  
UNIV OF TEXAS

MEMBER - 62 N F

ERICKSON HOWARD H CAPT DVM  
59TH VET INSP FLIGHT  
APO 194 NEW YORK NY

AREA VETERINARIAN  
US AIR FORCE

MEMBER - 62 Y F

HARRISON DOROTHY L PHD  
KANS ST UNIV/JUSTIN HLL  
MANHATTAN KANSAS/FIN

PROF<sup>1</sup>HEAD FOODS<sup>1</sup> NUTR  
KANSAS STATE UNIV

MEMBER - 62 N F

HEYMANS FRANCES A MS  
3922 LASALLE COURT  
INDIANAPOLIS IND

DIR NUTRITION DIV  
INDIANA ST BD OF HLTH

MEMBER - 62 N F

KETTER WILLIAM E DVM  
67 1/2-6TH AVE S W  
WELLS MINN

VET POULTRY INSP GS-11  
U S DEPT AGRICULTURE

MEMBER - 62 N F

LOWE JAMES T PHD  
1200 MADISON AVE  
INDIANAPOLIS 6 IND

ASSOC DIR CLINICAL RES  
PITMAN MOORE CO

MEMBER - 62 4 F

Food and Nutrition Section (contd.) - Apr. 1962

MOJONNIER MARY LOUISE PHD  
1704 NATOMA AVE  
CHICAGO 35 ILL

RES NUTRITIONIST/HDCP  
CHICAGO HEALTH DEPT

MEMBER - 62 N F

MORRISON SPENCER H DVM  
515 WOODLANDS DRIVE  
CLINTON IOWA

DIRECTOR  
AGRICON

MEMBER - 62 Z F

ORMSBEE ROBERT W DVM  
P O BOX 1072  
STOCKTON 1 CALIF

CONS QUAL CONT + PRODTN  
BENEDA CORPORATION

MEMBER - 62 C F

SANDERS ALFRED F DVM  
HOTEL VIKING  
MARSHALL MISSOURI

INSP IN CHG/POULTRY DIV  
U S DEPT AGRICULTURE

MEMBER - 62 N F

SCHUCK WILLIAM J JR DVM  
P O BOX 333  
NEWMAN CALIF

VETERINARIAN-MEAT INSP  
CALIF DEPT OF AGRIC

MEMBER - 62 Y F

WENGER RAYMOND D DVM  
2016 LAVISTA DR  
ALEXANDRIA VA

ASST CHF/INSPECTION BR  
USDA AMS POULTRY DIV

MEMBER - 62 N F

FOOD AND NUTRITION SECTION - May 1962

CHRISTAKIS GEORGE J MD MPH  
93 WORTH ST DEPT HEALTH  
NUTRITION RM714 NY NY

ACTG DIR BUR NUTRITION  
N Y C DEPT OF HEALTH

MEMBER - 62 N F

COOK EARL W DVM  
PINE RD FOX CHASE  
PHILADELPHIA 11 PA

DIRECTOR  
QUALITY CONTROL LAB

MEMBER - 62 N F

GUMINSKI ALBERT T DVM  
72D MED DET/VFI  
APO 696 USF N Y N Y

1ST LIEUTENANT/VFI  
US FORCES/72 MED DET

MEMBER - 62 Y F

JOSH GEORGE  
2701 W GRANT ST  
BELLWOOD ILLINOIS

RESEARCH ASSOCIATE  
ARMOUR ' CO

MEMBER - 62 4 F

MCCANNE JOE R DVM  
409 HOUSTON STREET  
DEXTER MO

VET POULTRY INSP  
US DEPT AGRI/AMS

MEMBER - 62 Y F

SMITH ALPHONSO DVM  
P O BOX 901  
MARION OHIO

VETERINARY MEAT INSP  
U S DEPT AGRI

MEMBER - 62 N F

SULLIVAN RAYMOND E DVM  
SULLIVAN ANIMAL CLINIC  
BLOOMFIELD KY

VETERINARIAN-OWNER  
SULLIVAN ANIMAL CLIN

MEMBER - 62 Y F

July 3, 1962

TO: Food and Nutrition Council Members and Committee Chairmen

FROM: Ruth Brennan, Secretary

Resolutions

Dr. Robert Hockett has agreed to be Chairman of the Section Committee on Resolutions. Would you please send him any resolutions you may wish to have proposed by his Committee? Policy resolutions should reach Dr. Hockett by July 20 so he can send them on to the APMA Resolutions Committee. Information about the requirements and regulations governing policy resolutions can be found in the February APHA Journal, pages 269 - 272.  
(1959)

Non-policy resolutions may be sent to Dr. Hockett at any time before the APHA annual convention in Miami Beach. His address is 72 Howell Avenue, Larchmont, New York.

## MANUAL OF OPERATING PROCEDURES

### Food and Nutrition Section

### AMERICAN PUBLIC HEALTH ASSOCIATION

The Food and Nutrition Section, established in 1917, was the sixth such unit created in the American Public Health Association.

This manual of procedures is designed to facilitate the continuing orderly administration of the Section. It is based both on the Constitution and Bylaws of the APHA and years of experience in Section activities. It should be read in conjunction with the Constitution and Bylaws.

#### Purposes of the Section

1. To provide within the framework of APHA, a mechanism for professional consideration of food and nutrition and its application to established programs.
2. To promote coordination of food and nutrition activities with other public health programs.
3. To stimulate thought, discussion and research concerning problems in or related to food and nutrition activities.
4. To promote improvement of food and nutrition programs, facilities, and services.

#### Section Officers and Their Functions

The Officers and a Chairman, a Vice-Chairman, and a Secretary, all three of whom also serve as Section representatives to the APHA Governing Council. Officers serve for one year terms, with new terms starting at the close of the Annual Meeting.

It has been customary for the Food and Nutrition Section to provide continuity of administration through several mechanisms:

1. The Vice-Chairman is customarily nominated for Chairman the following year.
2. Starting with the 1959 election, the term of Secretary is three years, the first year of which he serves as Secretary-Elect. This permits the Secretary-Elect to spend a year becoming familiar with Section procedures and duties before taking office. During this year, he is encouraged to attend Section Council and APHA program meetings and receives copies of all correspondence.

#### Responsibilities of Section Officers

1. The Chairman provides leadership to the Section, presides at meetings of the Section and Section Council, appoints all committees, and serves as a representative to the Governing Council. He also represents the Section in relations with other bodies, within the framework of APHA regulations.
2. The Vice-Chairman acts for the Chairman in his absence, participates in Section Council activities, and also represents the Section in the Governing Council.

3. The Secretary has the following responsibilities and duties:
  - a. To prepare the scientific program of the Section for the Annual Meeting, in close collaboration with the Section Council.
  - b. To keep minutes and records of the Section and transmit copies to the Association Administrative Office.
  - c. Generally, to act as executive officer of the Section. Detailed statements of his duties and responsibilities can be found in the APHA publication - Manual of Instructions for Section Secretaries and the Annotated Timetable for Food and Nutrition Section Secretaries.
  - d. To represent the Section in the Governing Council.
  - e. To assist the Editor of the Newsletter.
  - f. To arrange for ballot of elected members to go to members of Section prior to the Annual Meeting.

#### The Section Council

The Section Council operates under Article XII, Sections 7-8 of the APHA Bylaws, and its duties are detailed there. The primary functions of the Council are to help prepare the Annual Meeting scientific program, to act upon applications for Section affiliation, and to act as a governing body for the Section.

The Food and Nutrition Section has laid great stress on Section Council meetings. These meetings are held at the Annual Meeting, primarily to determine Section policy, to act on committee reports, to pass on Fellowship applicants, to recommend papers for publication, to advise the Chairman on committee appointments, and to instruct the Secretary. Chairmen of Food and Nutrition Sections of Branches are invited to meet with the Council at the Annual Meeting and are invited to suggest persons for membership on committees of the Section.

#### Section Committees

The only Section committee which must function is the Nominating Committee, composed of Fellows, appointed annually by the Section Chairman in consultation with the Section Council. This Committee is designed to be representative in its membership, both by geographic location and by various professional disciplines in the Section. Starting in 1957 a representative from the Southern Branch and the Western Branch will be designated as a member of the Committee.

Each member of the Section is encouraged to promote membership. Ultimate responsibility for membership expansion rests with the Section's Committee on Membership and Fellowship. This consists of a chairman, who is the Section's representative to the APHA Committee on Eligibility, and members selected to represent geographic locations and professional disciplines in the Section.

Acting under relevant APHA Bylaws and general instructions from the Section Council, the Committee carries on its work by mail, as meetings have proved to be difficult to arrange.

Other Section Committees have tended to be handicapped by lack of staff and the necessity for carrying out their work by correspondence. Meetings are usually limited to one per year, held in conjunction with the Annual Meeting.

All Committee appointments expire at the close of the Annual Meeting and members must be re-appointed if they are to continue to serve. Committee Chairmen must be Fellows of the Section.

#### Development of the Annual Meeting Program

This is the ultimate responsibility of the Section Secretary and is carried out in the following way:

At the Section Business Meeting, which is usually a luncheon, all present are asked to make suggestions for the next Annual Meeting Program. These suggestions may cover both format and content.

As soon as possible after the meeting, the Secretary sends a Newsletter to the entire Section membership detailing the suggestions and asking for comments.

Following this meeting, the Secretary and other designated members work out each planned session in detail. The results of this planning, plus the results of the APHA Program Committee meeting, in the Spring, are reported to the Section Council and final decisions are made.

Several general rules on the Annual Meeting have been adopted by the Council over the years:

1. Except in unusual circumstances, sessions consisting of formal papers are limited to three papers.
2. In sessions of this type, papers are limited to 20 minutes. The keynote paper introducing a panel discussion may be as much as 30 minutes in length.
3. An attempt is made to balance sessions between panel discussions and those with formal papers.
4. Every effort is made to encourage discussion from the floor.
5. An attempt is made to balance independent sessions and joint sessions (i.e., sponsored jointly with other Sections and possibly APHA-affiliated organizations). Joint sessions have the advantage of broadening the interests of other APHA sessions to include some aspect of food and nutrition.

#### Section Newsletter

The Newsletter contains announcements about general Section business, biographical sketches of new Officers, personal items, reports of Committee work, and preliminary program announcements. Three Newsletters are issued annually by the Newsletter Editor and sent to the APHA Administrative Office for duplicating and distribution. The first follows as soon after the Annual Meeting as possible, the second is in the Spring, and the third in late Summer.

# THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

CHARLES GLEN KING, Ph.D.  
President

JOHN D. PORTERFIELD, M.D.  
Chairman of Executive Board

D. JOHN LAUER, M.D.  
Treasurer

BERWYN F. MATTISON, M.D.  
Executive Director

## OFFICE OF SECTION SECRETARY

PLEASE REPLY TO:  
RUTH E. BRENNAN, M. S.  
COUNTY HEALTH DEPARTMENT  
801 SO. BRENTWOOD BLVD.  
CLAYTON 5, Mo.

TO: Council Members, Food and Nutrition Section

FROM: Ruth Brennan, Section Secretary

Date: May 21, 1962

This is a preliminary report on the Program for the Annual Meeting in Miami Beach even though many details are not completed at this time. All of the suggestions that came to me were presented at the Program Planning Meeting in New York City in early February. Some of the suggestions were well accepted by other Section Secretaries for joint sessions and some of the suggestions did not receive support. As you will remember at our Council Meeting last year, Dr. Mrak suggested the possibility of some foreign speakers at this year's program and had started work on securing funds for such speakers. This idea was first very warmly received by the Program Planning Committee in New York. Our Section was asked to let this topic be put on the agenda for a general symposium either Monday morning or Friday morning. This seemed to be an excellent idea so I agreed that it would be acceptable to the Section. It was later decided that the Friday morning Symposium would be titled, "New Developments in Nutrition." However, the Symposium Committee of APHA plans these general sessions and it seems that the Section will not have much responsibility in the planning. I think it is very possible that we will not have foreign nutrition speakers on the world-wide topics as had been previously hoped. We are planning several joint sessions, some with MCH and School Health Sections, and some with Dental Health, Health Officers and Health Education. Since these are joint sessions, it is necessary to have a good amount of give and take among the Section Secretaries who are faced with doing much of the planning by correspondence. Sometimes a session comes out to be very different from the way in which it started. I am hoping that our joint sessions will be of interest to our Section members. As soon as I have more details about these program sessions, I will send them to you.

Late last summer I received a request from the APHA office to submit names for possible members of Association Committees. However, I received this notice too late to be able to write to all of the Council Members to ask for suggestions. This year I am anticipating that I may receive such a request again, so I am asking for your help in advance. If you will look on page 329 through 336 of the February 1962 edition of the APHA Journal, you will see a listing of Association Committees for which we may suggest members. For many of the Committees it may not be appropriate to suggest a member from the Food and Nutrition Section. However, it would be of value to have Section representation on some of the Committees. It is suggested

90th Annual Meeting of the American Public Health Association  
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May 21, 1962

that we do not restrict our nominations to members of our own Section. We are asked to give address and biographical data for any persons we suggest. The suggestions made by all of the Section Secretaries are considered by the APHA Executive Board in making the final committee appointments. I will welcome any suggestions you have for Committee members and will send them to the Chairman of the Committee on Membership Deployment.

About this time of year the Section Membership and Fellow<sup>ship</sup> Chairman is asked to submit names of Fellowship in APHA. If you know members of the Food and Nutrition Section who should be nominated for Fellowship please send the names to Dr. Clara Mae Taylor, Teachers College, Columbia University, New York 27,<sup>New York</sup> our Section Chairman. If there is a question about whether or not the person you have in mind is a member or a Fellow, Dr. Taylor can check this before she sends the person an application form. Requirements for Fellowship are printed on page 325 in the February, 1962 issue of the APHA Journal.

I hope you are planning to attend the Annual Meeting of the APHA in Miami Beach, October 15 - 19. Later I will be sending you a memorandum listing some of the business of the Section with which you may help during the Annual Meeting.

RB:lk

CC: Dr. Mrak  
Dr. Scrimshaw

TO: Committee Chairmen, Food and Nutrition Section

FROM: Ruth Brennan, Section Secretary

DATE: May 16, 1962

This is just an early reminder to you to say that I will be writing to you again later this summer to ask for Committee Reports. I know that it is difficult for committees to work when the only means of communication is by correspondence across the country, but I hope that you have been able to get some committee work done in this fashion by now. The Annual Meeting in Miami Beach is just approximately six months away and I hope that it will be possible for all of you to attend and to give your reports in person. It was especially fine during the Business Meeting of the Section last year to have so many Committee Reports given by the Chairmen.

I will be writing to you again in late July or early August to ask you for copies of your Committee's Report so that it will be available for the meeting in October. If you are going to be away on vacation at the last part of the summer you might want to get your report done before you leave. It is always necessary to have the reports duplicated because we will need approximately twenty-five copies, so if you have facilities to do the duplicates, you may want to do them yourself and send them to me as late as the first part of October. However, I will be writing to you later about the reports. In the meantime if there is anything that I can do to be of help to you with your committee work please let me know.

ION SPIN Docket One  
RAC CONT

# THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

CHARLES GLEN KING, Ph.D.  
President

JOHN D. PORTERFIELD, M.D.  
Chairman of Executive Board

D. JOHN LAUER, M.D.  
Treasurer

BERWYN F. MATTISON, M.D.  
Executive Director

March 5, 1962

OFFICE OF SECTION SECRETARY

PLEASE REPLY TO:  
RUTH E. BRENNAN, M. S.  
COUNTY HEALTH DEPARTMENT  
801 SO. BRENTWOOD BLVD.  
CLAYTON 5, MO.

Robert E. Shank, M. D.  
Washington University School of Medicine  
Department of Preventive Medicine  
Euclid and Kingshighway  
St. Louis 8, Missouri

Dear Dr. Shank:

The following have agreed to serve on the Research Committee for the Food and Nutrition Section:

Dr. Ogden Johnson  
535 North Dearborn Street  
Chicago 10, Illinois

Miss Margaret Moore  
924 Royal Street  
New Orleans 16, Louisiana

Arnold E. Schaefer, Ph.D.  
National Institutes of Health Bldg.  
Bethesda 14, Maryland

Ruth Steinkamp, M. D.  
California State Health Dept.  
2151 Berkeley Way  
Berkeley 4, California

Martha F. Trulson, D.Sc.  
Harvard School of Public Health  
1 Shattuck Street  
Boston 15, Massachusetts

Dr. Scrimshaw wrote that it would not be possible for him to serve on the Committee this year since he is serving as Vice-Chairman of the Section and also has many other responsibilities.

When I wrote to the members asking them to serve I said that you would be writing to them at some later date regarding the work of the Committee.

Sincerely yours,



Ruth Brennan  
Secretary  
Food and Nutrition Section

RB:lk

90th Annual Meeting of the American Public Health Association  
and meetings of Related Organizations, Miami Beach, Florida — October 15-19, 1962

The American Journal of Public Health is the Official Publication of this Association

# THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

MEMORANDUM

Date February 27, 1962

To: **Members of the Food and Nutrition Section Council**

From: **Mrs. Marion Fry, Membership Secretary**

Ruth Brennan, Secretary of the Section has requested that we send each of you a supply of membership and Fellowship applications, plus a few brochures. She feels that each of you have a number of contacts which would be worthwhile prospects for membership and Fellowship in the APHA.

I told her that I would mention to you that we here in the office would be happy to work on any list of prospective members if you would send them on to us. We have a prepared letter directed to promotion in the Food and Nutrition Section that could be sent out as an invitation, and we would be happy to do it in your name, if that is agreeable with you. Thank you.

Februray 19, 1962

TO: Food and Nutrition Section Council Members

FROM: Ruth Breman

By this time you should have received the list of Annual Meeting program topics from Mrs. Walsh at the APHA office. At this time a Section is listed beside the topic if there was an indication of tentative interest in the topic. You will notice that FN (Food and Nutrition Section) is listed by items 9, 10, 26, 27, 42, 47, 55 and 57. Possible independent sessions are not listed here and I will be sending you information about these later.

Different Sections are taking responsibility for developing the topics. In several instances the Food and Nutrition Section is being asked to suggest a speaker for the session, but another Section will develop the total program. It is possible that not all of the sessions will be developed.

I will be interested in having your comments about the proposed topics for joint sessions.

# THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

1790 BROADWAY  
NEW YORK 19, N. Y.

MARION W. SHEAHAN, R.N.  
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JOHN D. PORTERFIELD, M.D.  
Chairman of Executive Board

D. JOHN LAUER, M.D.  
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BERWYN F. MATTISON, M.D.  
Executive Director

MRS. MARION FRY  
Membership Secretary

## FOOD AND NUTRITION

Section

TO: SECTION COUNCIL MEMBERS

FROM: Miss Ruth E. Brennan  
SECTION SECRETARY

County Health Dept.  
801 Brentwood <sup>Bldg.</sup> So.  
Clayton 5, Mo.

RE: 1961 FELLOWSHIP APPLICANTS - 23

Attached are photo-copies of the applications for Fellowship this year. As a member of the Section Council, you are asked to grade each applicant according to the schedule shown below.

The review of the applications at this time is merely a preliminary and informal screening. Official voting on the names will be held at a Section Council meeting during the Detroit Annual Meeting. Any papers accompanying applications are held with the original and will be available for inspection at that time.

Please return all graded application copies to me promptly. You may use the upper right corner of the copy for your grade. THIS IS THE GRADING SCHEDULE TO BE USED:

- A - Definitely acceptable
- B - Some doubt, probably acceptable
- C - Some doubt, probably not acceptable
- D - Definitely not acceptable
- E - No opinion (applicant unknown or other reason)