

It may be added that a great majority of the people of this country live on a well-balanced, sufficient, mixed diet.²

From a recent memorandum for the Secretary of War issued by George W. Goethals, Acting Quartermaster General of the U. S. Army, in reply to a plea for the exclusive use of whole-wheat and graham breads by our soldiers the following quotations are made:

It is recognized that particular care must be observed in the composition of bread. In order to prevent sickness among the civilian population of Italy caused by the use of whole-wheat flour, the Italian government was compelled to fix the percentage of whole wheat at 85 per cent. During the Boer War the British troops in South Africa experienced similar troubles from a like cause. This is due to the fact that the husks or outer covering of the wheat irritate the membranes of the stomach and cause increased intestinal secretions. "This is well known and our trained bakers have been taught to avoid the use of whole wheat flour when possible."

This report of Gen. Goethals is not to be considered lightly.

As to the "vitamine" deficiency of milled products, as white flour, Dr. E. V. McCollum, now of the Johns Hopkins University, in an address before the National Association of American Dairy Food and Drug officials, said:

It is time to warn against the widely heralded teaching that the several diseases recognized as of dietary origin, such as scurvy, beri-beri and possibly pellagra are necessarily due to the absence or to an inadequate supply of "vitamines." We should remember, however, the importance of the other factors of which I have spoken, and in considering the stand to be taken with respect to the milled products, keep in mind that the grains from which they are prepared are themselves singly and collectively as they come from the hand of Nature, incapable of supporting the health of an animal during growth. . . . In closing let me repeat that successful nutrition is not assured by the consumption of the foods just as they are supplied by Nature. It is to be attained only by the judicious combination of foods with a knowledge of their dietary components.

Recognizing this broader conception of nutrition and the necessity of a judicious com-

bination of foods to effect perfect nutrition, then whole-wheat flour and white flour and the grain itself all stand on the same level, for if used either singly or collectively they fail to affect perfect nutrition.

We must conserve wheat. The best way is to use corn and other cereals. In using whole-wheat flour you are still using wheat. Whole-wheat flour has a place in the dietary. It can not, however, replace white flour. Over 90 per cent. of the ordinary whole-wheat flour is composed of white flour. The person who eats whole-wheat flour to conserve wheat only deceives himself. It is better to look the facts squarely in the face and use something else. The way to conserve is to conserve. Make absolutely wheatless meals or wheatless days. It is now necessary to do so. Let us do it cheerfully.

HARRY SNYDER

SCIENTIFIC EVENTS

THEODORE CALDWELL JANEWAY, BORN 1872,
DIED 1917

At a meeting of the board of scientific directors of The Rockefeller Institute for Medical Research, the following minute was adopted:

Resolved, that the scientific directors of The Rockefeller Institute record their profound sense of loss in the death of their honored and beloved associate, Theodore Caldwell Janeway, M.D., who has served on the board with devoted zeal since his election to succeed Dr. Christian A. Herter in 1911. Dr. Janeway at the height of his powers and in the midst of the most productive period of his life was stricken with pneumonia while in active service in the Medical Corps of the Army, to which, since the United States entered into war with Germany, he gave invaluable and unmeasured service. His life was sacrificed to patriotic duty rendered to his country without reserve. Dr. Janeway's period of office on the Board of Scientific Directors of The Rockefeller Institute was restricted to a brief seven years, yet its importance was very great, as he brought to its service learning, keen intelligence and broad vision.

Dr. Janeway was a highly skilled and widely read clinician, and he was also a notable exponent of the scientific method in internal

² P. H. Reports, Vol. 31, No. 33, p. 2205.

medicine. A graduate of the Sheffield Scientific School and of the College of Physicians and Surgeons, he emphasized the importance of chemistry and physics, the two sciences on which he based his clinical conceptions. Coming early under the mature and wise influence of his distinguished father, he received from him the more pure clinical and pathological impress which so much contributed to his broader development. In rapid succession Dr. Janeway became instructor in medicine at New York University and Bellevue Hospital Medical College in 1898, and Bard professor of medicine at Columbia University in 1909. During this period, in 1907, he was instrumental in founding the Russell Sage Institute of Pathology, which throughout its connection with the City Hospital was made a valuable adjunct to the courses in medicine which he conducted. It was natural and logical, because of the work he had done in internal medicine, that Dr. Janeway should be called to fill the full-time chair in internal medicine at the Johns Hopkins Medical School in 1914. The acceptance of the new professorship was made at a large financial sacrifice, but his altruistic action was wholly consonant with the broad and sympathetic attitude which he always held toward medical teaching and research.

Dr. Janeway's untimely death cut short not only a career in medicine which he had inaugurated with every promise of distinguished success, but has at the same time deprived The Rockefeller Institute of one of its ablest and wisest counsellors, and the medical profession of a great physician.

MEDICAL TERMINOLOGY

DR. FRANKLIN MARTIN, member of the advisory commission and chairman of the general medical board of the Council of National Defense, has issued the following statement:

In view of confusion arising because of different terms used in various medical groups to designate the same things it was deemed advisable that a conference be held to discuss the adoption of uniform nomenclature. Accordingly, an informal preliminary conference has been held at the office of the medical section of the Council of National Defense and it is believed that a promising start toward reaching the desired end has been taken.

In a small percentage of instances the same diseases are designated by different words. Similarly, injuries of identical nature, identical operations, procedures such as surgical dressings, diagnostic tests and methods of treatment are, in different branches and in different localities, given different names. The same symbol should be used to designate the same condition. There is also lack of uniformity in abbreviations used in various medical records, such as hospital histories, written orders and laboratory reports.

It is obvious to all medical men that, as a means of a quick understanding and saving of time in these days when time is so precious, the same nomenclature and abbreviations for all identical things should be used. The men who attended the conference were agreed as to the desirability of such entire uniformity.

A net result of the meeting, inasmuch as the Army, Navy and Public Health Service are practically in accord, was the passing of a motion that the Council of National Defense, medical section, should request the Surgeon General of the Army, the Surgeon General of the Navy, and the Surgeon General of the Public Health Service each to name a representative to confer on the matter of agreement concerning names of diseases and injuries. It was also voted that after such a list has been prepared there should be called together representatives of the leading national bodies who should have a voice in such decisions. Once a general agreement is reached the 20,000 doctors who go back to civil life after the war will automatically bring these lists into general use throughout the hospitals of the country.

Those who attended the conference were Colonel Albert G. Love (for sick and wounded records), Colonel Champe C. McColloch, Jr. (for the history of the war), both as representatives of the Army; Assistant Surgeon Charles E. Alexander, statistician for the Bureau of Medicine and Surgery, representing the Navy; Dr. B. S. Warren, statistician for the Public Health Service; Dr. W. H. Davis, of the vital statistics section of the Census Bureau; Dr. W. T. Longcope, as one who could speak for medical colleges; Dr. John W. Trask, who, as a member of the American Medical Association's Committee on nomenclature, could speak for organized medicine, and Dr. Robert L. Dickinson, of the medical section of the Council of National Defense.

LECTURES ON PUBLIC HEALTH

SURGEON-GENERAL GORGAS has arranged for a series of "Half-hour Health Talks" for the