

## REGARDING FSH AND LH

IN the January 17, 1941, issue of SCIENCE, Coffin and VanDyke propose the names thylakentrin and metakentrin for the anterior pituitary follicle stimulating and luteinizing hormones. It would seem preferable that the preparation of a purer product not be made the occasion for renaming these hormones, but that they be renamed by their chemical structure if it is ever known or only after the fundamental action of each is known. When that time comes the terminations

"trophic" or "kinin," with usage already established, may well be found to be appropriate.

The follicle stimulating hormone might then appear under some such new name as gametokinin, or gametotrophic hormone, the luteinizing under some short name signifying sex-hormone-generator.

ERRETT C. ALBRITTON

SCHOOL OF MEDICINE,  
THE GEORGE WASHINGTON UNIVERSITY

## SCIENTIFIC BOOKS

## TUBERCULOSIS

*Studies on Tuberculosis. The Spread of Tuberculosis in Negro Families of Jamaica, B. W. I.* By E. JOYCE SAWARD, PERSIS PUTNAM and EUGENE L. OPIE. *The Fate of Negro Persons of a Tropical Country, Jamaica, B. W. I., after Contact with Tuberculosis.* By EUGENE L. OPIE, PERSIS PUTNAM and E. JOYCE SAWARD. *A Survey of Tuberculous Infection in a Rural Area of East Alabama.* By A. H. GRAHAM, P. W. AUSTON and PERSIS PUTNAM. *The Fate of Persons Exposed to Tuberculosis in White and Negro Families in a Rural Area of East Alabama.* By A. H. GRAHAM, P. W. AUSTON and PERSIS PUTNAM. Pp. 198. Baltimore: The Johns Hopkins Press, 1941.

As the magnitude of the total tuberculosis problem declines, with the lessening general death rate from this disease, certain concentrations of mortality become increasingly conspicuous. Most prominent in this perspective is the severity of tuberculosis in Negroes. The excessive Negro mortality has been repeatedly investigated. The two causes on which greatest stress has been laid are a genetic inferiority in resistance to tuberculosis as compared with the white race and the Negro's relatively unfavorable social and economic environment.

The authors of the monograph here reviewed have approached the problem from the latter point of view. The facts and figures recorded are impressive in their own significance, but doubly so in view of the basis established by a long series of studies by the same and associated authors, in past years.

The investigations on which the monograph is based were aided by grants from the International Health Division of the Rockefeller Foundation, made over a period of approximately fifteen years to Opie and his associates for studies in Philadelphia, Jamaica and Alabama in communities suitable in environment and existing facilities for comparison of the course of tuberculosis in whites and Negroes.

The spread of tuberculosis through intimate asso-

ciation of the sick and the well is the core of the tuberculosis public health problem. Previous studies by Opie and McPhedran in the same general series of papers as the one here under consideration led to the conclusion that "the spread of tuberculosis occurs in large part by long drawn-out family or household epidemics in which the disease is slowly transmitted from one generation to the next." All those conditions favoring household spread of tuberculosis to which Opie and his colleagues have drawn attention in previous papers, are exaggerated in the Negro race, and especially so in Negroes in the environments selected for special study. Poverty and crowding, with abundant opportunity for spread of disease, were maximal in the poor quarters of Kingston, Jamaica, where members of 1,100 families were under observation in a tuberculosis clinic. As a whole, the environment from which the patients came was characterized by "unhygienic housing conditions, uncleanly habits and lack of facilities for segregation of those who suffer with the disease." Under the conditions rapid spread of the disease within households was the rule.

Two features of Negro tuberculosis brought out in this and in previous studies are the great number of tubercle bacilli in the sputum in Negro patients and the rapidity of progression of serious disease. The latter is of important epidemiological significance, for it means a much smaller number of living cases in proportion to annual deaths in the Negro than the white race. Apparently maximal spread of the disease coincided with its latest stages. The Alabama papers speak of an "explosive" attack rate in families after a death from tuberculosis.

The attack rate in this series of studies has shown a constant relation to the age at which exposure commenced. Analysis by groups on the basis of age at the time of first exposure in the home showed that a prompt rise in the number of cases of tuberculosis occurs in all age groups following contact with tuberculosis. The chief purpose of the analysis was to determine if exposure of adults leads to immediate evidence of infection, just as it does in children. The