

'AUGUSTA'



Members of the U.S.S. Augusta (left) are: Seaman R. L. Stolte (right). Independence, International Soundphoto.

OLATION



A SHELL OF A ONCE-IMPOSING STRUCTURE is the German Reichstag building in the heart of Berlin. For the second time in 15 years, the huge House of Government has been gutted by flames. The first time it was burned down by the Nazis. And here it is today—a monumental heap of blasted masonry surrounded by rubble—after the Allies had burned it out with shells and bombs. Signal Corps photo. (International)

FOREST FIRE SWEEPS OVER OREGON MOUNTAINS



LOGGERS WORK desperately to save a bridge over the Wilson River as a disastrous forest fire swept across the mountains of Tillamook County. The bridge provided the only means of moving equipment out of the fire zone. More than 1500 servicemen from Army and Navy stations in Oregon and Washington were rushed to help fight the fire as it continued spreading over a large area. (International Soundphoto)

GERMANS SHOW THEIR RESPECT FOR U. S. ANTHEM



CIVILIANS AT SCHWABISCH, GERMANY, stand respectfully at attention as they listen to the playing of the Star Spangled Banner at the Independence Day ceremonies held by American forces in that city. In the background are some of the American troops that took part in the parade. Signal Corps photo. (International)

TWO WHO MOURN GESTAPO CHIEF



IN A DETENTION CAMP near Rome, Margaret B. Himmler, widow of the late Gestapo Chief, and her daughter Gudrun are photographed as they heard he had committed suicide. Despite world hatred of the "ace man," Mrs. Himmler insisted he was "a great man." (International Radiophoto)

BIG AIR BASE RISING ON OKINAWA



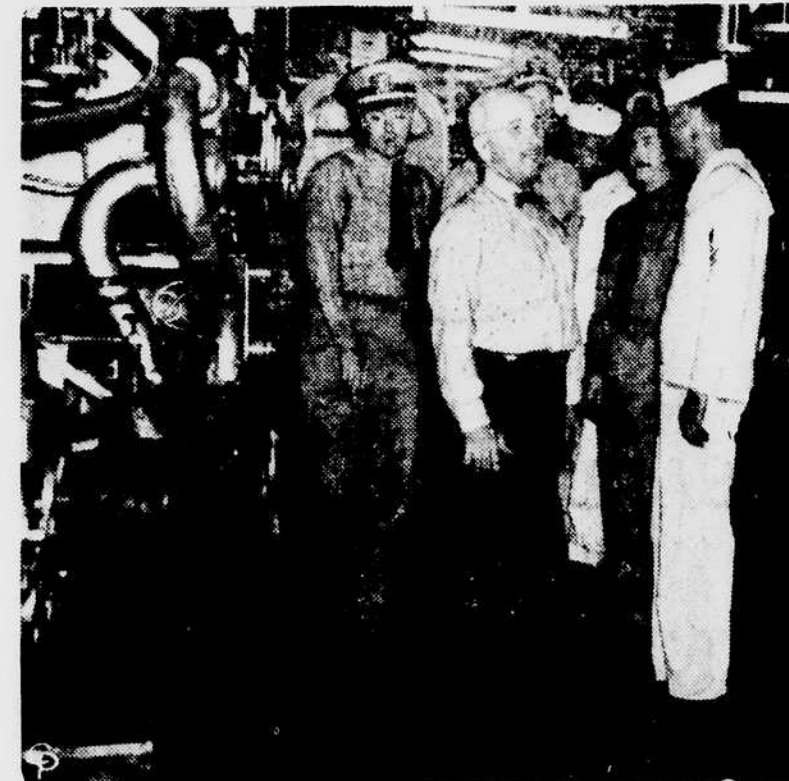
A NEW AIR STRIP attracts the pointing finger of Gen. George C. Kenney, commander of Far East Air Forces, as he inspects our growing air power on Okinawa. With him are Lt. Gen. Barney M. Giles (left), commander of Guam air units, and Brig. Gen. David W. Hutchinson, 300th Bomber Wing. U. S. Signal Corps Radiophoto. (International Soundphoto)

TRUMAN SIGHT-SEES BERLIN RUINS



JUST BEFORE THE START of the Big Three conferences at Potsdam, Germany, President Truman toured wrecked Berlin. Here the President (left), Secretary of State James F. Byrnes (center), and Adm. William Leahy (right), view the ruins of Hitler's Chancellery from an open car. U. S. Army Signal Corps Radiophoto. (International Soundphoto)

TRUMAN VISITING ENGINE ROOM



DEEP IN THE INTERIOR of the U.S.S. Augusta, President Harry S. Truman looks over the engine room while on his way to Big Three conferences in Germany. The visit below decks was one of the many interesting sidelights of the Chief Executive's voyage. Lt. Comdr. N. King (left) explained the working of the complex equipment. (International)

are count- Eyes on
postmaster general, to provide Hannegan
the mistakes they need for their campaign fodder.

● UNDOUBTEDLY EUROPE, particularly the continent of Europe, is writhing in chaos—but I do not enjoy the reports of plundering by United States soldiers, brought back by the soldiers themselves. If United States soldiers are plundering in Germany or in any other conquered country, it is the fault of their commanding officers who should stop such outrages by any measure.

Congenital Defects Stemming From Measles In Pregnancy

By HERMAN N. BUNDESEN, M. D.

SOME time ago, a report from Australia was made indicating that when a pregnant woman contracts German measles, there is a great chance that her baby will be born with a congenital defect. A congenital defect means a defect present at birth.

In 1941, a group of 78 babies with cataracts present at birth was reported. A cataract is a condition affecting the lens of the eye in which light is unable to pass through the lens. It was noted that with few exceptions the mothers of these babies had contracted German measles during the early stages of pregnancy. In 44 of these babies, a malformed heart was also present.

Results of Study

A second study was carried out in which there were 31 mothers who gave birth to children with congenital defects. Of these all but two had had German measles during the first three months of pregnancy.

From these studies it was concluded that if a woman gets German measles in the first two months of pregnancy, the chances of giving birth to a baby with such congenital defects is in the neighborhood of 100 per cent., while if she gets German measles in the third month, the chances are only about 50 per cent. Even after the third month there is still a possibility that the baby may be defective.

Eye Defects

Doctor Benjamin Rones of the District of Columbia has also re-

ported four cases in which congenital eye defects occurred in babies whose mothers had German measles early in pregnancy. Of course, this does not mean that all congenital defects are due to German measles. It merely indicates that this is one possible cause. A great many more studies will have to be made before it can be definitely determined whether or not German measles in the pregnant woman will always cause these conditions.

German measles has always been considered one of the least damaging of the catching diseases. It causes quite mild symptoms. In many instances there is only a skin rash. In other cases there are enlargement of the lymph glands and some slight fever. However, the patient is never very sick and complications do not occur. It would appear that the condition is produced by a virus, that is, a germ so small that it can pass through the openings in a porcelain filter. The virus probably gets from the pregnant woman to the baby through the placenta or after birth, and when the virus gets into the baby's body, it evidently has a tendency to damage the tissues from which the eyes develop.

At present it would appear important that every pregnant woman guard against any contact with German measles, to avoid getting this disease. It is possible also that injections of blood serum might be given with benefit to women who are exposed to German measles to keep them perhaps from getting the disease. Immune globulin taken from blood may be even better for this purpose.

(Copyright, 1945, King Features Syndicate, Inc.)

X-Ray Examination Helpful In Diagnosing Moving Kidney

By HERMAN N. BUNDESEN, M. D.

THE kidney normally moves with breathing and when the position of the body is changed. However, this movement is slight. Sometimes, the kidney may be so movable that the condition causes symptoms. This disorder is known as movable kidney. It occurs most often in grownup women between the ages of 20 and 40, but occasionally, also, develops in men. The right kidney is more often affected than the left one. In rare instances, both kidneys are affected.

When the kidney moves too much, it may cause sudden attacks of pain in the abdomen which often are quite severe. The distance the kidney moves is not a measure of the amount of pain which may develop, just as a small kidney stone may cause much more pain than a large one.

Difficult to Diagnose

Because of the symptoms which occur in a movable or floating kidney in the past it has been difficult to make an accurate diagnosis. According to Doctor Clyde L. Deming of Connecticut, between the years of 1900 and 1910, surgical operations for fixing the kidney in position were done almost as often as for removal of the appendix. Of

course, in many instances this operation was unnecessary. Hence, the operation became in disrepute. The pain of movable kidney comes on gradually, often in women while they are performing their usual household duties. Some of the women cannot sweep, lift or reach for objects above their heads. Others, after working all day, have a tired feeling in their side, which after a few days or weeks, may become so aggravated that they have to stop their work early in the afternoon. The pain is almost always more severe when the patient is standing than when sitting or lying down. There rarely is pain at night and, in the morning, the patient usually seems to be completely relieved.

X-ray Examination

In making a diagnosis of movable kidney, X-ray examination is helpful. The position of the kidney when the patient is standing and when lying down, must be determined. If the pain can be reproduced by filling the kidney pelvis with some fluid it is likely that a movable kidney is present. Some cases are relieved by wearing a supporting belt.

This is recommended for those who do not have severe attacks. Otherwise an operation for fixing the kidney in place is required.

(Copyright, 1945, King Features Syndicate, Inc.)