

PUBLIC HEALTH NOTES

Abstracts by D. GREENBERG, M. P. HOROWITZ and MAYO TOLMAN.

New England Child Welfare Congress.—At this conference, which was in order in Boston on May 15-16, an unusual program was presented in which half-a-dozen overseas authorities took part. Miss Julia C. Lathrop reported on "Children's Year." Sir Cyril Jackson paid a pleasing tribute to America's advanced labor laws and told at some length of the long struggle to protect young children in England from commercial exploitation. Dr. René Sand, professor of the University of Brussels and advisor on medical inspection of the Belgium Ministry of Labor told of the work in his country. The war has had the effect of keeping the babies well and diminishing infant mortality. There has been a great increase in the number of infant clinics and dispensaries. The success with the older children, however, has not been so great. The average school boy has lost three pounds and the school girl, seven pounds. The Belgian child is today a year behind the children in other countries because of the war.

Sir Author Newsholme stated that there had been in England a steady decline in infant mortality since 1900 corresponding to the increase in welfare work for mothers and children. The stringency of the anti-alcoholic laws was increased during the war, and all the family earnings came into the home, making many families better nourished during the war than before it. The result was that the last year of the war showed a lower infant mortality than the first. The speaker advocated free health clinics for every one. He spoke of the social service work, as originated by the Massachusetts General Hospital, as being the kind of preventive nursing that has produced very beneficial results in England.

Dr. W. C. Woodward urged closer coöperation in health work so that Federal, state, and city health bureaus can coördinate their work, and with these there should be linked up the private agencies. Statistics show that as a nation we have done very little in reducing the infant mortality. In spite of increasing knowledge and other precautions the number of mothers who die at childbirth has increased in the past three years over the figures of a decade ago.

Mr. Takayuki Namaye of the Interior Department, Tokyo, stated that Japan is bending its efforts towards educating criminals rather than sending them to jail.

Mrs. Eleanor Barton described the work of the Women's Coöperative Guild, England, which has obtained for women in her country a minimum wage, and has succeeded in raising the standard of living

in many families. She pleaded for a social system in the world under which every child shall have every right opportunity to develop. There were many other speakers. (M. B. D.)

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Standards for American Children.—A series of conferences in the larger American cities has been considering recently the standards for the health, education and work of the American child, the moving spirit being the Children's Bureau, United States Department of Labor. These standards are, briefly, that 16 is the youngest that any child should go to work, save in vacation time, when for farming or domestic work children between 14 and 16 may be employed.

Children between 7 and 18 should have nine months of school, either full or part time, each year. A child must have finished the eighth grade in school as well as reached his sixteenth birthday before he may be employed.

The working day of minors should never be longer than 8 hours. For children between 16 and 18 the working day should be shorter than that for adults. Minors should be paid at a rate which, for full time employment, would yield at least the "necessary cost of proper living." They should not be employed at night or in hazardous occupations.

In order to protect mothers and babies, the standards declare that prenatal care, trained attendance at childbirth, and adequate nursing and domestic assistance should be made available for every mother. The necessity of prompt and complete birth registration was pointed out. More health centers should be established, and a public health nurse secured for every two thousand of the population.

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Sanitary Corps Engineers Association.—Just before the School of Sanitary Engineering at Fort Greenleaf was closed it was decided, by the student officers then in attendance, to form an organization that would perpetuate their friendships. An association has, therefore, been formed, with the name, Association of Officers and ex-Officers, Engineering Section, Sanitary Corps, U. S. A., which is to include all the former members of the school and all other officers in the Engineering Section, S. C. The executive officer is Major Edward D. Rich, Lansing, Mich.; the treasurer is Lieut. Clifford C. Young, and the executive committee includes, Capt. Edward Wright and Second Lieutenants Aaron P. Pratt and Samuel R. Parke.



Many of us think of physical education as school athletics or military training, or some means of developing the muscular system. It does not mean this, but something of far greater value — it means proper training, which will develop the body to a state of highest efficiency.



The Louisiana State Board of Health in its *Monthly Bulletin* has printed a goodly number of cartoons that bear health lessons, presented in attractive and impressive form. One of these, with a pretty little picture of the birds going to roost, sets forth the verse,—

“When evening comes, the chickies run
To bed, to try to beat the sun;
And yet I know some children who
At bed-time raise a loud boo-hoo!”

Another one, which carries the lesson of the value to health of physical exercise, is given above with its spirited little illustrations, which come to the *JOURNAL* through the courtesy of the Board.



The *Survey* in its broad platform for social reconstruction, which includes a dozen important topics, presents a plan for the betterment of public health. It suggests in the first place that there is needed the elevation of the United States Public Health Service to the rank of a department with a seat in the Cabinet, and the assembling in this department and under the secretary of health of the many health functions now widely scattered. Until this can be done, however, *The Survey* calls for some extensions of the activities of the United States Public Health

Service. Three lines are suggested for such extensions, the creation of a special Division of Tuberculosis, the expansion of work in rural sanitation, and the vigorous prosecution of the campaign against venereal diseases. These “are the three measures,” to use the words of *The Survey*, “for which the Public Health Service is asking special appropriations, and they are precisely the three measures which all social agencies throughout the country are naturally ready to support with every influence at their command.”

(J. R.)

The Nation's Physical Unfitness.—No undertaking on the part of the Federal government could have brought out so well the information relative to the physical condition of the young adult male population, as the recent national emergency. In the Second Report of the Provost Marshal General, it is stated that 3,208,446 men were physically examined under the Selective Service Act. Of these, 521,608, or 16.25 per cent, were found to be entirely unfit for military service. Only 2,259,027, or 70.41 per cent, were found to be fit for any branch of the military service. In addition there were 2.76 per cent who were found to possess curable physical defects and 10.48 per cent who, though physically substandard, could be used for limited service. Of 2,749,608 white registrants examined, 1,916,750, or 69.71 per cent, were found to be fully qualified. Of 458,838 colored registrants, 342,277, or 74.60 per cent, were found to be fully qualified. It was also brought out that the men from the rural districts were more physically fit than the men from urban districts. Thus 21.68 per cent of the men from the urban districts were rejected, against 16.89 per cent from the rural districts. Another interesting point brought out in the analysis is that the rejections in states where health work was highly organized and administered were greater than in those states where the conditions were the reverse. Thus, in Massachusetts and New York the rejections were 18.64 per cent and 19.31 per cent respectively; whereas, in Arkansas and Oklahoma the rejections were 13.8 per cent and 9.78 per cent respectively. The following table gives the causes of the rejections for the entire country:

| | Number | Per Cent. |
|--|---------|-----------|
| Total rejections for all causes..... | 467,694 | 100.00 |
| Alcohol and drugs..... | 2,007 | .43 |
| Bones and joints..... | 54,744 | 12.35 |
| Development defects (height, weight, chest measurements, muscles)..... | 39,166 | 8.37 |
| Digestive system..... | 2,746 | .53 |
| Ears..... | 20,465 | 4.38 |
| Eyes..... | 49,801 | 10.65 |
| Flatfoot (pathological)..... | 18,087 | 3.87 |
| Genito-urinary (venereal)..... | 6,235 | 1.33 |
| Genito-urinary (non-venereal)..... | 6,309 | 1.35 |
| Heart and blood vessels..... | 61,142 | 13.07 |
| Hernia..... | 28,268 | 6.04 |
| Mental deficiency..... | 24,514 | 5.24 |
| Nervous and mental disorders..... | 23,728 | 5.07 |
| Respiratory (tuberculosis)..... | 40,533 | 8.67 |
| Respiratory (non-tuberculosis)..... | 7,823 | 1.67 |
| Skin..... | 12,519 | 2.68 |
| Teeth..... | 14,793 | 3.16 |
| Thyroid..... | 8,215 | 1.76 |
| Tuberculosis of parts other than respiratory..... | 4,136 | .88 |
| All other defects..... | 14,314 | 3.06 |
| Cause not given..... | 25,419 | 5.44 |

—Editorial, *New York Medical Journal*, April 12, 1919.
(M. P. H.)

Types of Pneumococcus in Rural Districts.—In a series of cases covering four years at the Pennsylvania Hospital at Philadelphia many of the Type IV cases presented a history of some exposure, which the patients considered to be the cause of their pneumonia. On the other hand the cases caused by the typical types presented more frequently the history of contact of some sort which would have given opportunity for infection with the pneumococcus. The Type IV cases seemed to be largely due to a diminished resistance, while the typical ones seemed to present a true contact infection.

A study of the types of pneumococci found in cases of pneumonia occurring in the country was made. In country cases there is lacking the personal contact with large numbers of people which is so distinctive a feature of life in a city. The results obtained are shown in the following table.

| Type | Country Cases Number | Per cent | Per cent of Pennsylvania Hospital Cases |
|----------|----------------------|----------|---|
| I..... | 7 | 15.2 | 28.6 |
| II..... | 5 | 10.8 | 21.2 |
| III..... | 2 | 4.3 | 8.3 |
| IV..... | 32 | 69.6 | 41.8 |

—R. Richardson, *Jour. A. M. A.*, Mar. 22, 1919, 863.
(D. G.)

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A Normal Shoe for a Normal Foot.—Can the shoemaker build a shoe that will keep normal a normal foot? And having built it, will the public be brought to see the beauty of the product? Not so many years ago we gave our admiration to the small, tightly laced waist. Today we laugh at it and tomorrow we shall be equally amused by the pencil-point toes and high heels that tilt the human foot to the angle of a horse's hoof. The war made low heels beautiful on Fifth Avenue, and consequently on Main Street; if it had lasted a little longer, women would, of necessity, have gone the whole way with the shoe problem. The shoes of the future will not be "prescription" shoes, they will not cater to deformities, but they will be built to conform to the normal lines of the foot.

The National Board of the Young Women's Christian Associations, through the health division of the Bureau of Social Education, has started a drive to get this shoe for American women and to popularize it. The associations have all the health arguments. They have a national membership of 400,000 women to listen to them, but they cannot get this shoe without the coöperation of the manufacturers and dealers who make the shoes and determine the styles. To bring about this coöperation, a conference with leading shoe men was held recently

at the National Board Y. W. C. A. headquarters in New York.

The manufacturers have a difficult problem, but not an impossible one. They must produce a low shoe, with a low heel and a flexible shank that will allow enough exercise of the muscles of the arch to keep them strong, a shoe with enough room for the toes and a straight inner border because the foot is naturally straight on the inner side. They must make the shoe attractive to the discriminating taste by using their knowledge of leathers to procure variety and fineness of finish for both day and evening wear. Will the shoemaker do it? When he does, the National Board of the Young Women's Christian Association will be back of him. Every woman who wants to wear the "normal line" shoe must be able to get it. All samples of shoes will be examined, an alphabetical list made, according to states and cities, of all firms that carry these shoes.

This list will then be sent to local associations all over the United States, so that no one can say, "We would like to get these shoes, but we do not know where to find them."



Dispensaries and Public Service.—The dispensary was a marked step in advance in the cure of disease and the alleviation of suffering, because it brought expert medical aid to those who did not know where to get it, and who were unable to pay for it. It is important, however, for the dispensary to determine which patients really need the medical attention that they seek. Having determined this, it is then important to give the required medical attention efficiently and completely. In order to encourage many institutions to start dispensary service, and in that way increase the opportunities for aiding the sick, it is urged that pay clinics be established. In that way at least, the running expenses of the dispensary could be realized.

With the entry of the United States into the war, great impetus was given to the venereal disease campaign. Approximately 500 institutions were asked whether they had venereal disease clinics. Of these 300 replied. It was found that 150, or 50 per cent, had venereal disease clinics, and that 75 of these, or 25 per cent of the total number, had been established as a result of the venereal disease campaign which originated only recently.—Michael M. Davis, Jr., *Modern Hospital*, April, 1919.

(M. P. H.)



Making Malaria Control Effective.—The United States Public Health Service, in an attempt to combat malaria in Lonoke, Ark., found the principal methods of control to be (1) sterilization of carriers to prevent infection of mosquitoes, (2) screening to prevent access of mosquitoes to men, and (3) limita-

tion of the production of mosquitoes, as far as was found practical. For the sterilization of carriers (of whom there were ninety) quinine in capsules (ten grains) was given daily. Each carrier treated was followed for thirty days to make certain that the treatment was actually carried out. After this time they were given quinine sufficient for a like period of time with instructions to use as in the first period.

Among the general measures for the limitation of production of mosquitoes were included surface drainage, the clearing and channeling of existing waterways, the clearing of old ditches, spraying with oil, etc.

As to the proof of the efficiency of these methods of control, it was noted that whereas in 1917 (year before control measures were put in operation) there were four deaths and 522 cases, in 1918 there was only one case.

In spite of the attempt to control the production of the *Anopheles* mosquitoes these were present in large numbers, and the diminution of malaria is ascribed by the authors only to screening and the sterilization of the human carriers, the latter being probably the main factor.

Experiments were also made on the distance of flight of the *Anopheles quadrimaculatus*, and while 90 per cent of the mosquitoes were recovered at a distance of three fourths of a mile, 10 per cent were found at a distance of one mile from the point of liberation.—J. G. Geiger, W. C. Purdy and R. E. Tarbett. *Jour. A. M. A.*, Mar. 22, 1919, 844.

(D. G.)



Atmospheric Sanitation.—As yet, sanitarians have given very little attention comparatively to the sanitation of the atmosphere. It is true that in some cases, smoke nuisances, or nuisances resulting from obnoxious gases and odors have required the attention of sanitarians. But all atmospheric pollution is not due to smoke. There are the gases resulting from industrial processes, the gases from partially consumed gasoline, street dust, building dust, rubbish heaps, etc. The problem of smoke abatement is both an engineering and an educational problem. The problem resulting from street dust, building dust, rubbish heaps, etc., is essentially one dealing with municipal housekeeping. Smoke as a rule is responsible for about two thirds of the pollution of the air. In thickly populated communities, it is estimated that the solid matter deposited from smoke represents 600 tons per square mile per annum. In cities of moderate size, the deposit is from 300 to 400 tons per square mile per annum.—C. S. Sole, *American City*, March, 1919.

(M. P. H.)

Reorganization of New Jersey Health Department Advocated.—In an address before the New Jersey Sanitary Association, M. N. Baker, associate editor of the *Engineering News-Record*, maintained that the New Jersey State Board of Health be abolished entirely or simply restricted to advisory duties. All the executive and administrative functions of the health department should be centered in a single commissioner as is the case in New York, Massachusetts, Pennsylvania, Maine, Connecticut, Ohio, West Virginia and Oklahoma. This reorganization is necessary in order to make the health department a vital machine, unhampered by politics. In the light of the recent scourge of influenza, the deaths resulting from the war, and the period of reconstruction into which the world has entered, it would seem particularly appropriate to make the change at the present time.—*National Municipal Review*, March, 1919. (M. P. H.)



Prophylactic Use of Mixed Influenza Vaccine.—The value of the mixed vaccine against influenza is brought out in the comparative table below.

It is to be noted that the inoculations of the 1,080 civilians were completed October 16, twenty-one days after the epidemic began in San Francisco, and the incidence and mortality figures for the city represent the period of time, beginning with the inoculation and running until December 1, when the epidemic subsided. The 1,950 marines were inoculated about October 20 and mixed freely with the population of San Francisco. The 3,100 men from the Naval Camp at San Pedro were inoculated about November 15, at which time the epidemic was in its recrudescence in Los Angeles, and the figures given in the table represent only the cases reported in Los Angeles during the period of twenty-four days following the inoculation of the men.—A. J. Minaker and R. S. Irvine, *Jour. A. M. A.*, Mar. 22, 1919, 847. (D. G.)

| | Population | Influenza No. of cases | Per cent | No. | Mortality Per cent |
|---|------------|------------------------------|-------------|-------|--------------------------|
| Uninoculated Persons | | | | | |
| San Francisco and Oakland..... | 625,000 | 33,065 | 5.3 | 3,035 | 9.2 |
| Mare Island Navy Yard..... | 8,232 | 1,296 | 15.7 | 65 | 5.0 |
| Nurses and attendants, San Francisco Hospitals..... | 530 | 186 | 33.8 | 4 | 2.1 |
| Los Angeles..... | 600,000 | 9,124 | 1.5 | 612 | 6.6 |
| Inoculated Persons | | | | | |
| San Francisco Civilians..... | 1,080 | 14 | 1.4 | 0 | 0 |
| Marines at Mare Island..... | 1,950 | 35 | 1.8 | 1 | 2.8 |
| Hospital corps men on duty in influenza wards..... | 270 | 9 | 3.5 | 1 | 11.0 |
| Naval Camp, San Pedro..... | 3,100 | 53 | 1.7 | 0 | 0 |

Contagious Phase of Whooping-Cough.—Lereboullet (*Paris Medical*, IX, 2, p. 44) has demonstrated that whooping-cough is contagious from the very first, but that this contagious phase does not last very long. He advises that children who have been exposed should be isolated as soon as they begin to cough at all, not waiting for the characteristic spasmodic cough. The author declares that there is no reason for keeping the child or adult isolated after four weeks, although the paroxysmal cough may still be severe. Five weeks is the extreme limit, and a change of air may safely be recommended then without dread of contagion. The alleged return cases from old whooping-cough cases can always be traced to the intermediation of healthy carriers or of persons having the disease in such an abortive form that it escapes recognition.—*Medical Officer*, April 12, 1919, 121. (D. G.)



The Red Cross and Preventive Medicine in the Future.—The world-wide organization of Red Cross societies during the war, and the recognition of the splendid work which was done to relieve pain and suffering, have prompted certain far-sighted men to attempt to utilize these same forces during times of peace. An international Red Cross has, therefore, been established, and it is planned to attack disease on a large scale. It is not the purpose of the Red Cross societies to interfere with existing agencies for relief and health protection, but rather to coöperate with them. Where health work is not organized the plan is to start such work and to clearly demonstrate its value. After that, the work will be turned over to local authorities. Particular emphasis will be placed on preventive medicine, child welfare, tuberculosis, malaria, venereal diseases, nursing, information, and statistics. Health information from all over the world will be collected and disseminated again, by the international bureau through special publications or periodicals.—Sir Arthur Newsholme, K. C. B., *Public Health Reports*, May 16, 1919. (M. P. H.)

Ultimate Results of Treatment of Tuberculosis.—

Concerning the ultimate results of the treatment of tuberculosis, it is found that the prognosis will vary with the presence or absence of tubercle bacilli in the sputum. Practically proved cases of tuberculosis with an absence of bacilli in sputum, even though the lung findings are sometimes much more extensive than those in which the bacillus is present, usually give a much better prognosis. Thus of 425 cases discharged from the Modern Woodmen of America Sanatorium from four to nine years ago, in whom bacilli in sputum could not be demonstrated (this group comprising 89 incipient; 96 moderately advanced; 24 far advanced), 86.4 per cent are living. Of 1,229 cases with bacilli in the sputum (comprising 84 incipient, 495 moderately advanced, 650 far advanced) 33.6 per cent are living.—J. A. Rutledge and J. B. Crouch, *Amer. Rev. of Tuberculosis*, Feb., 1919, 755.



Parental Nativity and Infant Mortality.—Analysis of the infant mortality statistics of New York State brings out the interesting fact that these deaths are strongly influenced by the customs and racial characteristics of the various peoples inhabiting the state. Among the foreign born, and particularly the Italian and Slavic races, the principal causes of death are the communicable, respiratory and gastrointestinal diseases. On the other hand the mortality from these diseases among the native element is comparatively low. But it is to be noted that among children of Italian, Russian, Polish and Austro-Hungarian parents there are much fewer deaths from prematurity and congenital defects than among children of native mothers. The high mortality in the latter group from these may be due to a more general knowledge of contraceptive devices and of artificial methods for the prevention of childbirth, together with the more common occurrence of venereal disease and chronic alcoholism. The obvious inference to be drawn from this study, which should be the basis for campaigns for the conservation of child life, is that in a community where the population is preponderantly native the proper course to be adopted should be mainly one of education in regard to prenatal conditions. Where the population is found to be largely of foreign-born stock it will be necessary to direct activities for instruction in proper feeding and care of the infant, and for the improvement of sanitation.—P. R. Eastman, *Amer. Jour. of Dis. of Children*, March, 1919, 195.



Malaria Control Demonstration.—The effectiveness and practicability of measures directed exclusively against the propagation of mosquitoes, as a

means of controlling malaria in towns, was demonstrated during 1917 by operations carried on in Hamburg, Ark. The work was conducted by the International Health Board in cooperation with the U. S. Public Health Service. The methods employed consisted exclusively of drainage and oiling. Streams were regraded to insure a rapid flow-off of the normal waters; wide streams were concentrated into narrow ditches; obstructions were removed; ponds and excavations were drained when practicable, and if not were either filled in or sprayed with oil. The results were very striking. It was noted that mosquitoes of all varieties were fewer in number in the summer of 1917 than they had ever been before. A parasite index taken after the operations were completed (December) showed a reduction of 62 per cent in parasite endemicity over the index taken in May. The number of calls for malaria answered by physicians was reduced from 2,312 in 1916 to 259 in 1917—a difference of 88.8 per cent. The cost of these control measures was found to be \$1.45 per capita.—H. A. Taylor, *South Med. Jour.*, Feb., 1919, 74.

**Bloomington Ballots for Full-Time Officer.**—

In Bloomington, Ill., the question of the full-time health officer was made the subject of popular vote. The illustration shows how the committee of women stood in the matter, and presents the circular which they circulated liberally before the election. It is hardly necessary to say that the "Yes" ballots predominated by a large majority in every city precinct.

HEALTH PETITION COMMITTEE
 THINK HEALTH—TALK HEALTH—VOTE HEALTH

"Shall the City of Bloomington employ a competent, trained, full-time health officer?"

VOTE YES

Think of It.

Is it not true that a system be adopted that has proven a success in other cities? The health officer investigates the causes of diseases and works for prevention.

Out of every 1000 babies born in Illinois 111 die under one year of age.

The death rate for Bloomington is 15.5 for one year. Fourth highest in the state.

The State Department says, "That city can render no greater service to the people of the state than by urging the employment of a full-time health officer to take charge in every community."

A full-time health officer is a life insurance asset to a community.

The cost of a funeral is more than the cost of a well child for many years.

Life is a precious gift from God and once lost cannot be restored. Why not protect it with modern health methods.

Be of some service to humanity by casting your precious vote in insure Bloomington's best children, Tuesday, April 1st.

Ask every voter in your family to read this and mark the ballot thus:

| | | |
|--|-----|---|
| "SHALL THE CITY OF BLOOMINGTON EMPLOY A COMPETENT, TRAINED, FULL TIME HEALTH OFFICER?" | YES | X |
| | NO | |

Polls open 4 A.M.—Close 4 P.M.

VOTE EARLY.

MRS. GEORGE MONROE, MRS. CAMPBELL BRATTON, MRS. NELLIE PARSON, MRS. ELMER FOLSON, MRS. GEORGE MCCLEARY, Chairman, MRS. M. D. McKNOWY, MRS. J. D. CONNORSMAN, MRS. R. W. EVANS, MRS. MARGARET ROBINSON.

Important Notice.

There will be a Separate Ballot for this question. DON'T FAIL TO VOTE.

Pease Laboratories.—Announcement is made of a change in the name and personnel of the Lederle Laboratories, New York City. Dr. Herbert D. Pease, formerly directing head of the Department of Bacteriology and Sanitation, has secured the controlling interest of the institution, and is now reorganizing under the new name, Pease Laboratories.

Dr. Herbert D. Pease will be the director of the Department of Sanitation and Preventive Medicine, Mr. Paul Poetschke, B. C., will be director of the Department of Industrial and Engineering Chemistry, and Mr. John H. Wright, M. S., will be director of the Department of Biological Chemistry and Bacteriology.

Dr. Pease was for many years connected with the Philadelphia Department of Health, later taking charge of the laboratories of the New York State Department of Health. Mr. Poetschke, formerly chief assistant with the Department of Chemistry under the Lederle régime, has for the past few years been the chemical and research director of a large dental manufacturing concern and has been associated with many other broad problems of industrial chemistry. Mr. Wright was for several years associated with Dr. Vaughan at Ann Arbor and Dr. Ladd in North Dakota, and is well known for his researches on disinfectants.



Proposed Standards for Protecting the Health of School Children.—At the Children's Bureau Conference on Child Welfare Standards the following standards for protecting the health of school children were adopted tentatively. The schools should be properly located, constructed, and supplied with all the necessary sanitary facilities. There should be adequate room space and no overcrowding. Adequate playgrounds, recreational facilities, physical training and supervised recreation should be provided. There should be open air classes and rest periods for pre-tuberculous children. Special attention should be given to malnutrition, and physical and mental defects. There should be one full-time school nurse for every 1,000 children. The school medical unit should have adequate space, equipment and laboratory facilities. One full-time physician and two full-time nurses should be employed for every 4,000 children. Children should be examined thoroughly once every year, and a continuous health record of the child should be kept on file. There should be sufficient clinics for dental, nose, throat, eye, ear, skin and orthopedic defects. Vaccination against smallpox and typhoid should be free. Physically subnormal children should be cared for in special nutrition classes. Backward children should be examined by a psychiatrist.—*Survey*, May 17, 1919.

(M. P. H.)

Typhoid Fever in Large Cities in U. S. in 1918.

In its April 15 number the *Journal of the American Medical Association* presents its seventh annual survey of typhoid fever mortality in cities of the United States having more than 100,000 population. Cities comprising Group I (more than 500,000 population) show a notable improvement in their typhoid record. Thus the death-rates per 100,000 population are: Chicago, 1.4; Boston, 2.5; Philadelphia, 3.0; New York, 3.7; Cleveland, 4.7; St. Louis, 7.2; Pittsburgh, 9.8; Detroit, 10.0; and Baltimore, 12.2. Detroit which for several years has had an excessive amount of typhoid for a northern city shows a marked reduction. Baltimore also shows improvement, especially since this city is handicapped by its negro population.

Most of the cities in Group II (from 300,000 to 500,000 population) show improvement over the 1917 rates, the changes in Seattle and Los Angeles being especially noticeable. These cities with their typhoid rate per 100,000 population are Seattle, 2.3; Los Angeles, 2.8; Newark, N. J., 3.5; Cincinnati, 4.1; San Francisco, 4.6; Milwaukee, 6.2; Minneapolis, 7.6; Buffalo, 7.8; Washington, 11.9; and New Orleans, 20.1.

Group III (from 200,000 to 300,000 population), which last year made an exceptionally good record, now shows an increase in the typhoid rate in 7 out of 10 cities. The cities and their typhoid rates are: Rochester, N. Y., 1.9; St. Paul, 3.5; Jersey City, 4.1; Providence, R. I., 4.5; Portland, Ore., 5.6; Indianapolis, 6.6; Denver, 8.7; Columbus, Ohio, 8.9; Louisville, Ky., 12.4; and Kansas City, Mo., 13.7.

The cities in Group IV (from 125,000 to 200,000 population) make on the whole a better showing than in 1917. The cities and their typhoid rates are: Paterson, N. J., 2.1; Worcester, Mass., 4.6; Oakland, 4.7; Omaha, 5.0; New Haven, 5.2; Scranton, 5.2; Fall River, 7.0; Richmond, 7.5; Spokane, 9.1; Syracuse, 9.3; Toledo, 9.9; Atlanta, 14.4; Memphis, 14.9; and Birmingham, 31.9.

The cities in Group V (from 100,000 to 125,000 population) also show improvement over 1917. The typhoid rates are: Lowell, 1.8; Cambridge, 2.7; Springfield, Mass., 3.6; Camden, N. J., 3.6; Bridgeport, 3.9; Tacoma, 5.7; Dayton, 6.9; Hartford, 7.0; Salt Lake City, 7.1; New Bedford, 8.0; Trenton, 9.4; Grand Rapids, 10.3; Albany, 10.7; Reading, Pa., 12.3; Dallas, 12.6; Nashville, 32.7; and San Antonio, 54.3.

In general in 1918, 40 cities had a lower typhoid rate than in 1917; 20 a higher. Forty-four cities had a typhoid rate under 10, as compared with 37 in 1917. In 22 cities the death-rate was under 5.0 during 1918.—*Jour. A. M. A.*, April 5, 1919.

(D. G.)

Virus of Poliomyelitis in Nasopharynx.—In the authors' experiments, infection was secured with tissues obtained during the first week, approximately, of the disease but not at the later periods. The deduction from the experiments reported is to the effect that the virus is regularly present in the nasopharynx in cases of poliomyelitis in the first days of illness, and especially in fatal cases; that it diminishes relatively quickly as the disease progresses, except in rare instances; and that it is unusual for a carrier state to be developed. Hence the period of greatest infectivity of patients would appear to be early in the disease, which is probably the time at which communication of the virus from person to person takes place. Available evidence proves that healthy carriers of the virus occur. The authors do not, however, possess data which indicate the frequency with which carriage arises. The fact that even after a severe and wide epidemic, such as occurred in the United States in 1916, the disease may virtually disappear within two or three years, points to the probability that enduring carriers of the active virus, whether healthy or chronic, are of exceptional occurrence.—S. Flexner, and H. L. Amoss, *Jour. Exp. Med.* XXIX, No. 4, 379; *Jour. A. M. A.* 72, 1104. (D. G.)

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Krug Park, Omaha, Neb., has installed a huge modern swimming pool and beach for pleasure seekers. The pool has more than an acre of surface with another acre included in the beach. More than a million gallons of water constitute the pool, which is expected to have a capacity of 4,000 persons at one time and will care for 15,000 to 20,000 persons during the day and evening. The water is taken from the public supply, it is kept in circulation, and is to be completely changed every twelve hours. Before entering, the supply is to be screened, coagulated, filtered and finally sterilized by means of ozone. The circulation is effected by means of pumps, and the water falling back again into the pool over cascades will add a picturesque feature to the pool.—*American City*, June, 1919. (J. R.)

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Home Service Institute at University of Oklahoma.—The Southwestern Division of the American Red Cross has arranged to hold a Home Service Institute at the University of Oklahoma from June 23 to August 5, 1919, for the purpose of training home service workers. A large program dealing with the problems of sanitation, communicable diseases, socio-sanitary work, and preventive medicine has been arranged. Among the lecturers on health topics will be Jules Schevitz of the Oklahoma Tuberculosis Association; Harry G. Snyder, expert in child welfare legislation; Margaret Byington, American Red Cross; Novella Gould, Oklahoma

City Provident Association; A. R. Lewis, Commissioner of Health, State of Oklahoma; W. D. Mathews, Commissioner of Charities and Correction, State of Oklahoma; E. B. Orr, American Red Cross, and M. P. Horowitz, Massachusetts Institute of Technology. (M. P. H.)

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Mothercraft Work.—The mothercraft movement as represented by the Girls' Health League presents salient features as follows: The Girls' Health League movement launched two years ago by the Massachusetts State Federation of Women's Clubs has met with splendid success during the past 12 months. It is now actually a part of the public health work in 15 cities and towns in this state, while 12 more are planning the early introduction of league classes. Other states are constantly asking for information concerning the work.

Personal hygiene and mothercraft are the objects of the league, and these subjects are taught to girls between the ages of 10 and 16. In nearly all towns where classes have been formed, the local women's club has taken the initiative, although in some the school boards have seen the value of the league and have arranged to have it a part of the school work.

Among the first cities to make a success of the movement was Worcester, while Cambridge, Clinton, Danvers, Bedford, Everett, Milton, Milford, Millbury, Plymouth, Sharon, Rockport and Easthampton have classes and other cities are organizing.

The club women of Massachusetts with the Federation president, Mrs. Herbert J. Gurney, at their head, are really pioneers in this work in following out the plannings of the secretary, Miss May Bliss Dickinson of Boston. There is available a model outfit illustrating the work, and a motion picture film is under preparation to present the actual results of the study. There is a vacation development of interest which is introducing the mothercraft study into playgrounds over New England.

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Cause of Mosquito Asphyxiation.—The author finds that the breathing tube of the mosquito (pupal or larval stage) does not stain with ordinary water soluble dyes, but is intensely colored by Sudan III suspended in petroleum, from which he concludes that some fat-like substance is present in that part which combines with the petroleum to the injury of the body as a whole. Other oils which are relatively inert cause death less readily than petroleum. The author concludes that the action of the heavy mineral oils in mosquito extermination is not a mechanical process of obstructing the breathing pores of the immature stages, but is rather an acute intoxication.—Takatsuki, A., *China Medical Journal*, XXXIII, No. 2, p. 166. (D. G.)

STATE HEALTH NOTES—LEGISLATION.

Ottawa.—An act has been passed for the formation of a Federal Department of Health. The details of organization are at this moment under consideration.



Nova Scotia.—During the session of the Nova Scotia Parliament, which closed May 17, legislation was enacted providing for the partition of the province into three principal health divisions and for the appointment of a full-time medical health officer for each division. The act also provides for the establishment of a public health clinic in each county of the province and for a public health nurse for each county. In addition, provision was made for an inspector of health, who will also act as an epidemiologist. It is part of the plan to carry out—as far as practicable—a system of medical inspection of school children of the province, under the general direction of the divisional medical health officers.



Colorado.—Before its adjournment two new pieces of legislation were effected by the legislature: First: The act for the establishment of a Division of Venereal Diseases to take the place of the Bureau of Venereal Diseases which had been in operation for a year simply as a war measure. For this work the legislature appropriated \$8,500 annually, this amount to be met by an equal sum from the Public Health Service, by reason of the Chamberlain-Kahn act. The act establishing this work has made few changes in the method of handling these diseases excepting that while physicians were formerly required to report the name and address of patients, they are now permitted to report these cases by case number only during good behavior.

The second act was one which established a Detention Home for Women with an appropriation of \$15,000 for the biennial period. This work will soon be in active operation.



Delaware.—The following is an outline of the bills that were passed at the last session of the Delaware state legislature: 1, Laboratory appropriation increased from \$3,500 to \$10,000; 2, The State Board of Health to be notified of all physicians licensed to practice medicine in the state; 3, Provision made that the mayors may close the public schools or other public places when in their judgment public protection requires it and the local board of health has not acted; 4, The general State Board of Health appropriation is increased from \$2,500 to \$6,000, provided that in the event of an epidemic no limit is placed upon the expenditure if the governor expresses approval in writing;

5, A provision making prostitution illegal and also every act which may assist in promoting prostitution, such as renting buildings or conveyances; 6, General venereal disease law.

In addition to the sums above noted that are available for the use of the State Board of Health, there is a vital statistics appropriation of \$2,000 and an antitoxin appropriation of \$5,000, in addition to the \$2,200 from the Chamberlain-Kahn fund.

By the act to provide for the control and suppression of venereal diseases, the General Assembly amends the existing health laws of the state to include these diseases. The venereal diseases, syphilis, gonorrhea and chancroid are declared to be contagious, infectious, communicable and dangerous to the public health. It shall be unlawful for any person infected with them to expose another person to infection. Physicians who treat such cases are required to make notification by number to the health authorities "so long as the patient shall obey the rules and regulations of the State Board of Health." State, county and municipal health officers shall have power to make examinations of suspected persons, all persons confined in any state, county or city prison shall be subject to examination, and such persons shall be treated, and may be isolated or placed in quarantine. The State Health Board is empowered to make rules and regulations, which shall have the force and effect of law, and "teeth" are supplied in the shape of fine or imprisonment, or both. An appropriation of \$2,500 per year is furnished for the expenses of the act.

The regulations adopted by the State Board of Health of Delaware include a statement of the conditions under which the name may be omitted from the report of the physician, the report on the termination of the case, the recording by druggists of sales of curative drugs, change of physicians, diagnosis, treatment for the poor, rules for isolation and release, placarding, removal from one health jurisdiction to another, giving of false information and the restatement of the penalties.



Kansas.—*United States Supreme Court Decision.*—April 14, 1919, the Supreme Court of the United States rendered a decision in the case of the Corn Products Refining Company, plaintiff in error, against the food officials of Kansas, to the effect that a state has the power under the Constitution to require a statement on the labels of the percentages of the ingredients of a food even if such labels reveal the formulas of the food.

The regulation of the Kansas Health Department reads:

"(1) In the case of syrups, the principal label

shall state definitely, in conspicuous letters, the percentage of each ingredient, in the case of compounds, mixtures, imitations or blends. When the name of the syrup includes the name of one or more of the ingredients, the preponderating ingredient shall be named first."

The Court said:

"Evidently the purpose of the requirement is to secure freedom from adulteration and misbranding; the mischief of misbranding being that people may be misled with respect to the wholesomeness or food value of the compound. And it is too plain for argument that a manufacturer or vender has no constitutional right to sell goods without giving to the purchaser fair information of what it is that is being sold. The right of a manufacturer to maintain secrecy as to his compounds and processes must be held subject to the right of the state, in the exercise of its police powers and in promotion of fair dealing, to require that the nature of the products shall be fairly set forth."

Upon the question of repugnancy to the Commerce Clause the Court said:

"The judgment under controversy is clearly sustained by the decision of this court in *Savage v. Jones*, 225 U.S. 501, which is precisely in point. . . . The requirements, the enforcement of which the bill seeks to enjoin, are not in any way in conflict with the provision of the Federal act. They may be sustained without impairing in the slightest degree its operation and effect. There is no question here of conflicting standards or opposition of state or Federal authority. It follows that the complainants' bill in this aspect of the case was without equity."

An attempt is made to distinguish *Savage v. Jones* upon the ground that the Indiana statute there under consideration covered a field of regulation which had not been included in the Federal statute, whereas, it is said, the Kansas food and drugs law is almost literally a reproduction of the Federal law upon the same subject.

"It is true that the Kansas statute, *mutatis mutandis*, follows quite closely the lines of the act of Congress, and that its 8th section, which defines the term 'misbranded,' is almost a copy of the corresponding section of the Federal act; but in the following proviso at the close of the section the words italicized have been inserted by the state legislature, they not appearing in the Federal act; 'And provided further, that nothing in this act shall be construed as requiring or compelling proprietors or manufacturers of proprietary foods which contain no unwholesome ingredients, to disclose their trade formulas, except so far as the provisions of this act, or the rules and regulations of the State Board of

Health may require to secure freedom from adulteration or misbranding'. These italicized words make a very substantial difference. Section 3 of the Kansas act provides that 'The State Board of Health is authorized and directed to make and publish uniform rules and regulations, not in conflict with the laws of this state, for carrying out the provisions of this act'; and under this authority Regulation 6 was adopted and published, which required manufacturers of certain proprietary foods, including syrups that are compounds, mixtures, or blends, to state definitely upon the principal label the percentage of each ingredient. It is insisted that the regulation goes beyond the authority conferred upon the state board because it is inconsistent with the definition of 'misbranding' contained in the Act, and therefore cannot be deemed to be a regulation required to secure freedom from misbranding. Upon this particular point the opinion of the Kansas supreme court is silent; but the decision of the district court upon the demurrer sustained the validity of the regulation as being within the authority of the board; the supreme court did not overrule this; the question is one of state law; and we must assume that the regulation, having been adopted by the board and in effect sustained by the decision of the supreme court, is within the authorization of the statute. This being so, it must be treated as an enactment proceeding from the legislative power of the state; and hence it stands upon precisely the same basis as the requirement of the Indiana statute (quoted in 225 U.S. 504 and referred to above). . . . It was because of the absence from the Federal act of a provision requiring the ingredients to be disclosed that this court held that Congress had limited the scope of its prohibitions and had not included that at which the Indiana statute aimed."

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Maryland.—Hagerstown has had much discussion over an ordinance to establish a city health officer. A committee representing about forty public spirited, fraternal, civic and social bodies drafted the ordinance, but City Attorney Hagner held that the power to nominate the officer should be vested in the mayor, and the ordinance was lost. Dr. J. McPherson Scott, four times mayor, is reported to have said that the health conditions in Hagerstown are good, and he opposed the measure. Ex-City Attorney Armstrong argued in favor of the ordinance and was supported by citizens and by the president of the local Red Cross. The salary of the proposed officer was set at \$3,000.

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Minnesota.—The Legislature, after its Finance Committee had reported an appropriation bill

omitting all provision for venereal disease work, reconsidered its action and at the time the bill was passed an amendment was added which carried an appropriation of \$30,000 a year. With the Federal allotment from the Chamberlain-Kahn funds, Minnesota will have more than \$52,000 a year for this work during the coming biennial.



New York.—Governor Smith of New York has vetoed the bill which was intended to abolish the Lake George Health District. This was established in 1918, and was a novelty in that it set up a district about the lake with one health administration, which was independent of the local districts of which there were formerly nine. When established there was praise of the spirit that could thus act independent of the former political districts. The administration was condemned by some as extravagant, but on the other hand the district was approved of by the State Board of Health and the Lake George Association.

In his note accompanying the veto Governor Smith brought to attention the soundness in principle of district organization, since the carelessness of any one of nine different bodies might permit the pollution of the lake and tend to the injury of the whole. "If there has been improper or expensive administration of the statute," wrote Governor Smith, "it does not lie in the law, but with the board of health and the health officer administering it. The health officer is appointed by the board of health and this in turn is chosen by the local supervisors and the village president, who have it in their power to entirely control the administration of this law."



Ohio.—The Davis sanitary district bill, authorizing joint action by local political units in carrying out sanitary improvements, has passed both Houses. The first action on this law, it is expected, will be taken in the Youngstown district in the lower Mahoning valley.

The bill for reporting occupational diseases in accordance with the existing law has been passed by the House and is pending in the Senate. The measure for more rigid regulation of prostitution with provision for medical examination of persons convicted is still pending. The two school health bills introduced have remained in committee and it is not considered probable that any action will be taken on them.

The appropriation bill as introduced in the House carries appropriations of \$197,980 per year for each of the next two years. Included in this total is a grant of \$25,000 for venereal disease work in coöperation with the United States Public Health

Service. Last year's appropriations totaled \$128,005. The salary allowance of the pending bill is increased from \$88,730 to \$117,980 per year.



Texas.—In the Supreme Court of this state an ordinance of the city of Braunfels has been sustained, which excludes children from school when they have not been vaccinated against smallpox. The court maintained that this comes within the charter power of the city, which may make all regulations necessary or expedient for the promotion of health or the suppression of disease.



Wisconsin.—Governor E. L. Philipp on June 10 vetoed the Skogmo bill, which weathered a stormy passage through the state legislature. It would have legalized Christian Science treatment for injuries subject to compensation under the workmen's compensation act.

The county nurse bill, long pending in the Wisconsin legislature, requiring every county to employ a public health nurse or health instructor, finally passed both Houses and was signed by the governor on June 11.

The legislature also completed enactment of the important water and sewerage bill sponsored by the State Board of Health, which will bring under the control of that body all sewage treatment and disposal plants and water and ice supplies, as a measure for preventing pollution of water supplies.

The public comfort station bill also has become law. This requires every city and incorporated village in the state to provide public toilet facilities for each sex, in accordance with rules and regulations to be promulgated by the State Board of Health.



STATE HEALTH NOTES—GENERAL

Ottawa, Canada.—During the last two days of May there was in session a meeting called by the Premier which included representatives of the various provinces to consider the question of a national council to combat venereal diseases. Nearly every state has now its act for compulsory notification and hospital treatment.



Colorado.—Following the naming of new members of the State Board of Health a reorganization of the body was effected. Clinton G. Hickey, M. D., was named president, and Frank R. Coffman, M. D., vice-president. A permanent secretary was not named. Wilbur F. Cannon has been appointed director of the Division of Pure Foods and Drugs, and S. R. McKelvey, M. D., director of the Division of Venereal Diseases. Hugh F. Lorimer, M. D., one of the members of the board, was in attendance

at the Health Officers' Course given by the Bureau of Municipal Research, New York City, and the New York Academy of Medicine in coöperation.

For some months past a venereal disease clinic has been in operation in Denver. This was established and is maintained with the assistance of funds from the Chamberlain-Kahn act. It is probable that at least two and possibly three more will be established before long.

A campaign is in progress for the establishment in Denver of a municipal sanatorium for tuberculosis, residents of this city only to be eligible for admission. With this is associated also the movement for the increase of county hospital facilities.



Georgia.—The counties of Worth, Lowndes, Hart and Baldwin have recently put into operation the Ellis law, which provides for a full-time commissioner of health, and officers have now been elected in these counties. In other counties, among them Laurence and Dooley, the grand juries have recommended putting the law into operation, which practically assures its acceptance in them. The new Bureau of Vital Statistics is under way with Dr. W. A. Davis for director. Encouraging progress is being made in educating the people in making returns.



Illinois.—Systematic measures are being taken to educate the physicians, coroners and undertakers as to the importance and methods of making registration of births and deaths. The fact is being emphasized that each certificate is a legal document, and for that reason the exact methods prescribed by law must be observed. Each certificate of death must be signed with pen and ink by three persons. Undertakers have been in the habit of writing the name of the informant and sometimes the name of the physician. Such certificates are illegal.

Conferences are being held with the members of various county medical associations throughout the state for the purpose of discussing these subjects.

Henry B. Hemenway, M. D., of the State Department of Public Health, has recently made a survey of more than thirty southern counties of the state with reference to the presence of malaria, hook-worm and trachoma. Contrary to preconceived ideas no hook-worm was found, and he came to the conclusion that only isolated cases will occur in the state.

There has been a very material reduction in Illinois in the amount of malaria during the past ten years on account of better drainage, and other anti-malarial measures. In some sections the physicians have reported a decrease of 80 per cent

in the malaria incidence. Advice has been given as to methods for eliminating anopheline breeding places without getting rid of water. This was through popular lectures and conferences with the physicians.

There is a great deal of trachoma in southern Illinois. In one school in Cairo 1.5 per cent of the children were found to be infected. A neighboring school showed much less infection though among the same class of pupils. In some sections it was reported by the physicians that the amount of trachoma is increasing; in others, it is decreasing. Clinics will be established for the care of trachoma in connection with the schools.



Kansas.—Washburn College, Topeka, is among the institutions which at the graduating exercises of last month added to the available supply of young persons trained to be bacteriologists or laboratory technicians.



Kentucky.—At Louisville on May 13 the Kentucky Public Health Association was organized. The county and city health officers of the state were assembled, the company listened to addresses by Harvey W. Wiley, former chief of the United States Bureau of Chemistry, Dr. Frederick L. Hoffman, third vice-president of the Prudential Life Insurance Company, and A. T. McCormack, secretary of the Kentucky State Board of Health. The object of the new association is to promote public health by stimulating movement and organizations for health promotion and to instruct individuals in methods of right living. The Kansas Public Health Association will be affiliated with the American Public Health Association and will be its representative in the state. Its officers consist of a board of directors, half of them elected each year, together with a president, secretary and treasurer, who shall be *ex officio* members of the board. The directors elected are President McVey of Kentucky State University; Judge Robert W. Bingham; Mrs. Helm Bruce; R. C. Ballard, American Red Cross; J. G. South, M. D.; Peter Campbell; Mat Cohen, commissioner of agriculture; Mrs. Lafon Ricker, president of the Kentucky Federation of Women's Clubs, and Dr. A. T. McCormack. The constitution provides for an annual meeting, which is to be a state congress on health which is to meet at the same time as the annual school for health officers.



Minnesota.—The office of the Division of Venereal Diseases, State Board of Health, has been moved from St. Paul to the university campus where it is expected it will have permanent quarters. The Division of Preventable Diseases and the Divi-

sion of Sanitation with their laboratories are already located on the university campus. The Division of Venereal Diseases will establish its own Wassermann laboratory in the near future.



New Mexico.—During the last session of the legislature a bill was passed establishing the first State Board of Health for New Mexico. The board has been appointed and commissioned, and is as follows: Chairman, Mrs. A. Otero-Warren of Santa Fe; secretary, Mr. John Tombs of Albuquerque, and Oliver T. Hyde, M. D., of Albuquerque. New Mexico is the first state to appoint a woman to this position.



New York.—The Division of Communicable Diseases is initiating a campaign directed toward further reduction in the number of deaths from diphtheria and typhoid fever. In coöperation with local health officers and by using various educational agencies a special effort will be made to secure earlier use and adequate dosage of diphtheria antitoxin; to focus attention upon the danger both of loss of life and of municipal damage suits arising from neglect of potentially dangerous water supplies; and to safeguard milk supplies through encouraging the practice of requiring blood tests from all milk handlers.

During April twenty known cases of trichinosis with two deaths occurred at Mineville as a result of eating uncooked pork sausage.

With a public health nurse, and school nurse, a tuberculosis and venereal clinic at Plattsburg, a school nurse at Chazy, a visiting nurse at Ausable Forks, and at Lyon Mountain, and a county tuberculosis nurse provided for by the board of supervisors, Clinton County is well equipped for public health work.

Under the provisions of the county law relating to the establishment and maintenance of county tuberculosis hospitals and of the State Charities law which designates the duties of the superintendent of the Ray Brook Sanatorium, a three weeks' course of study for county tuberculosis hospital superintendents is being given at the Ray Brook Sanatorium. The only charge on the county is for the traveling expenses of the county superintendent to and from the State Sanatorium.

The Engineering Division of the New York State Department of Health is making surveys with reports and recommendations concerning the sanitary condition of the various Land Army Camps now being established throughout the state.

Instructions are being sent out by the Engineering Division of the State Department of Health to all New York state municipalities where auxiliary

water supplies from questionable sources are known to be in use covering the proper installations of double check valves and other safeguarding provisions which will adequately protect the public water supply from possible pollution.

Plans of the New York State Board of Health contemplate anti-tuberculosis work in thirty-five counties in the state, arranged in groups according to the needs and the local facilities available. In one group there are no special facilities available at present for the expert medical examinations for tuberculosis; in another such necessary facilities are available but no clinics are either now in operation or the county is not thoroughly covered. Finally there are counties in which occasional clinic service is provided but not sufficiently often. Efforts will be made to provide all of these counties with an adequate number of occasional clinics held at frequent intervals so that all of the population will be served continuously. Superintendents and other members of the staff of tuberculosis sanatoria, specialists from health resorts such as those in the Adirondack Mountain district and the medical personnel provided by the two coöperating state agencies will participate in the clinical work. The services of experienced tuberculosis field nurses will be supplied by the state agencies, other representatives of which will act as organizing agents. Local physicians, health authorities, public health nurses, tuberculosis and other interested organizations and individuals will coöperate. The physicians will be specially invited to bring their doubtful cases to the clinics for consultation.



North Carolina.—W. A. McPhaul, M. D., health officer of Robeson County, is very enthusiastic with reference to the life extension work in which he is engaged. "We have examined about 500 persons here," he writes, "some of them will not pay much attention to what we have told them, but the majority will, and some of them will live from ten to fifteen years longer." He figures that if the average is only four years, the total will be an added 2,000 years of service. The life extension work as practised here consists in making a careful physical examination free of charge of all adults who apply. In a great many cases there was found to be more or less of physical impairment, and in some cases some insidious disease of which the patient was unaware till advised of it by the physician.

The vaccination campaign conducted by the State Board of Health is already under way in ten counties, Warren, Hertford, Bertie, Pasquotank, Perquimans, Chowan, Beaufort, Craven, Onslow and Wayne. The plan is to have a mass meeting with the leading citizens to discuss the importance

of typhoid vaccination, and to solicit the aid of the citizens of the county in making the campaign a success. There is great interest in the matter and it is believed that a large percentage of the population of the counties will take advantage of the offer of free vaccine.

The State Board of Health is calling the attention of the people to the fact that the rural population is not so healthy as the city population, and sets forth an explanation to account for the fact. The reason probably lies in the greater prevalence of the subacute, devitalizing, crippling diseases found in the country. As such diseases may be mentioned hookworm disease, almost entirely rural and affecting about 30 per cent of the people; malaria, affecting about 25 per cent of our rural people; chronic constipation, affecting 20 per cent of the people; suppurating gums, affecting at least 40 per cent of the rural population; and the common physical defects of childhood, as adenoids, diseased tonsils, defective vision, and bad teeth, all of which are astoundingly prevalent. The relative importance of these crippling diseases is not properly understood. They are so prevalent because they do not impose pain or discomfort sufficient to cause their victims to apply for and carry out effective treatment.

"Adenoid clubs" are a feature of the health program of North Carolina. The records of the North Carolina State Board of Health prove that there are not less than forty thousand school children in the state between the ages of 6 and 12 years who seriously need an operation for the removal of diseased tonsils and adenoids. Many of these children are in tubercular families. Many of them belong to families of which members have defective eyesight or hearing. Not more than 25 per cent of them are able to pay the fees charged by specialists. Fully 25 per cent of them are unable to pay anything at all. Thousands of them live from fifty to two hundred miles from a good specialist. While all of the first class specialists of the state are willing to help meet this condition, they cannot afford the sacrifice of time in operating on these children, one at a time at irregular periods.

To solve this problem, the Bureau of Medical Inspection of Schools of the State Board of Health, after about five years' study and experiment, has adopted the club plan of several children being operated on at the same time. The operation is safe when performed by a skilled specialist, and only the best bona fide throat specialist will be recommended for this work. All preliminary arrangements will be made in a county by a special registered nurse from the State Board of Health. The operations will be done at a selected point in each county, generally the county seat town.

Ohio.—A polyclinic institution for the public will be Summit County's memorial to her soldiers and sailors in the war if present plans are carried out. The county hospital law has been amended by the legislature to permit the establishment of county hospitals as war memorials.

Five more Ohio counties have enlisted in the movement to equip the state with public sanatoria for the care of tuberculosis victims, announced the State Department of Health recently. Preliminary organization for a new hospital district to consist of Licking, Muskingum, Fairfield, Coshocton and Perry counties was effected at a joint meeting of county commissioners in Newark Friday.

These counties comprise the eighth inter-county hospital district organized to date in the state. Five districts, including twenty-three counties, have hospitals in operation, and preliminary steps have been taken in two other districts besides the new one. At least two other groups of counties are considering hospital projects. Tuberculosis hospital districts, according to state law, are made up of two to ten counties, which unite for the purpose of voluntary action.

Fifteen cities have taken advantage of the state offer of help and have provided free facilities for treatment of venereal disease patients unable to pay for competent medical attention. A physician is provided by the State Bureau of Venereal Disease and equipment and quarters for the clinic are provided by the city. Provision is made under the state regulations for the prevention of venereal diseases, for the quarantine of patients whose habits make them dangerous to the public health. In addition to offering treatment facilities, the clinic serves as a center for educational work in its community.

The State Department of Health and city educational and health authorities are coöperating in a campaign against trachoma in Portsmouth. Following a survey of trachoma conditions in the schools made by representatives of the State Department of Health, it was estimated that approximately 1,000 cases existed. A clinic has been established under the direction of Dr. H. A. Green, who was employed by the State Department of Health for that purpose. Treatment at this clinic has been made compulsory for school children and is available for all other residents of Portsmouth. The state appropriation bill, which has been passed by the House and is pending in the Senate, carries a grant of \$10,000 a year for trachoma work in Ohio for the next two years.

The local health machinery provided by the Hughes health district bill will go into operation in Ohio January 1 next. The coming six months will

be spent in perfecting the organization in the counties for work under the new law. This plan of action will be aided by the addition of eight district supervising health officers, funds for this purpose being provided by the pending appropriation bill. By next year approximately 100 county and municipal full-time health officers will have replaced 2,100 township and municipal health officers all but six of whom are now serving on the part time basis.



Texas.—The city of Dallas has taken an important step in the separation of the hospitals and other purely medical curative functions from the Board of Health. At a meeting late in May, the two boards met in separate rooms of the city hall, in accordance with the provisions of a new ordinance.

The Health Department includes the following twelve members, J. W. Embree, M. D., S. M. Freedman, M. D., John G. McLaurin, M. D., O. M. Marchman, M. D., S. L. Scothorn, M. D., J. J. Simmons, M. D., Mrs. E. P. Turner, Miss Mary C. Reynolds, Charles Saville, J. D. Harper, Alex Sanger and Joseph Utay. The organization of the board was effected with Dr. Embree as vice-chairman and Joseph Utay as secretary. The nomination was made of Leslie C. Frank of Baltimore, Md., for director of public health for the city. The budget for the new board for the year will be \$50,000.

The members of the Hospital Board are: T. J. Crowe, M. D., J. W. Bourland, M. D., C. R. Hannah, M. D., W. C. Swain, M. D., Perry C. Baird, M. D., Mrs. Robert Ralston, Mrs. Alma Rembert, L. V. LaTaste and A. A. Jackson. Dr. Crowe was elected vice-chairman of the board, and Mrs. Rembert, secretary. The hospital board will have an appropriation of \$100,000.

The Indexical Health Survey being conducted by the State Board of Health is revealing data of great interest. Statistics from representative sections of the state show that the people have lost annually, on account of sickness, an average of 10.17 days per capita within the past three years, representing an annual financial loss of \$10.74 per capita, or 3 $\frac{3}{4}$ per cent of the incomes of the entire population. This is only the reduction in earning capacity and does not include the added cost of caring for the sick. Of the deaths occurring in the state within the past three years, 24.3 per 1,000, 45 per cent were from preventable diseases. Applying these figures to a city of approximately 20,000 population, out of 486 deaths, 200 were from preventable diseases. The people of such a city are losing annually from work, school, etc., an aggregate of 200,000 days, or 550 years in time, and \$214,800 in earnings. About 5,000 school children are losing 25,500 days from

school, the equivalent of keeping 141 of these children out of school altogether.

"The employment of an all-time health officer," said Dr. Goddard, state health officer, "working in coöperation with a local health board and the State Health Department would reduce these figures at least 25 per cent. For a city of 20,000 population this would mean an annual saving of \$53,700, and the prevention of 40 deaths. In view of these facts, the State Board of Health is strongly advocating the employment of all-time city and county health officers by every city and county in Texas."

Texas is making preparations for very comprehensive educational campaigns among its citizens. In evidence of this the State Health Department outlines its equipment for the purpose in the following terms:

"In order to more economically and rapidly reach the people with literature from this department, we are installing an electric mimeograph machine, which will print 5,000 letters an hour, and an addressograph machine which will address 5,000 letters an hour, and a sealing machine which will seal 5,000 letters per hour. This equipment enables us to print, address, seal and deliver to the United States mails, 5,000 letters per hour under the United States frank. Later a stamping machine will be installed which in addition to the above will enable us to mail out 5,000 letters per hour where stamps are required. With these facilities for getting out letters, in addition to the other literature that we shall send out, we can successfully reach the people, and the only thing necessary to carry out this work is sufficient appropriation for the operation of the department."



West Virginia.—The state legislature of West Virginia failed to make the appropriations necessary to maintain the health car, and it is to be dismantled. It has been regarded by the health authorities as one of the most effective agents in their work. It is equipped with a bacteriological and chemical laboratory, motion picture machine with dynamo and engine and storage battery, more than fifteen rolls of motion picture film all pertaining to health subjects and a very representative set of models, a number of which are mechanical. One of the mechanical models illustrates the manner in which typhoid is spread by contact. A second model shows how wells can be contaminated by waste matter from unsanitary closets and drainage. A third shows two small children actually swapping candy, and questions as to what may happen if either of the children have influenza, pneumonia, or some other communicable disease.

There are also a large number of still models illustrating various fundamentals of public health.

Since January 1, in five months, the car has reached 70,000 people and has led to the appointment of six public health nurses, two full-time health officers, and the introduction of courses in sanitation and hygiene in a large number of country schools.

A typical example is illustrated by a conversation overheard between several small boys. One of the boys had been explained the danger of the unprotected well. He went out and got a number of his cronies and brought them into the health car and explained the whole problem to them. One of the boys was overheard to say: "I am going to get the old man to fix our well tonight." The attendants of the health car investigated and, sure enough, the old man was not only forced to fix the well, but to install a sanitary outhouse as well. Similar instances happen in nearly every community visited.

The West Virginia State Department of Health feels that the health car has been the most valuable piece of work yet undertaken and productive of the most good for the money expended on any single undertaking. The total cost of the operation of the car approximates \$400 to \$500 a month.



Wisconsin.—Milwaukee had only two typhoid cases on record on June 4, an unprecedented low status of the disease.

Miss Clara Paddock, Brown County visiting nurse, in examinations of 2,000 school children this year, found one-third were afflicted with enlarged tonsils.

A township nurse, the first in the state, will be engaged by the town of Laona, Forest County. The funds have been appropriated.

Cancer caused 1,893 deaths in Wisconsin in 1918. The average number per year in the last eight years was 1,813, making this disease rank as one of the chief mortality causes.

Smallpox is prevalent in many sections. The State Board of Health issued general vaccination advice.

Richland County has established a county public health dispensary, and as an ultimate result a hospital is in prospect. This is said to be the first county health center in Wisconsin and one of the first in the United States.

Janesville organizations, schools and individuals joined in a health week program in May, using the schools, public meetings, posters, window decorations, and other effects to drive home the truth about healthful living.

Jefferson County has doubled its appropriation for a county tuberculosis sanatorium by voting an additional \$50,000, bringing the total up to \$100,000. In the institution now under construction forty-two beds are provided for.

A Red Cross survey found the practice of midwifery in Milwaukee in need of regulation, and the health department, which cooperated, promised rigid investigation. The survey was made as part of a national movement to appraise nursing conditions.

The state death rate for the first quarter of 1919 was no higher than the average for the last several years, despite influenza. The rate was 13.2 per 1,000. Pneumonia and influenza deaths were offset by the decline in deaths from practically all other communicable diseases.

A joint city dispensary and venereal disease clinic has been established at Green Bay and Janesville. At Green Bay the authorities also are considering employing a full-time health officer and establishing a city laboratory.

A staff of six women physicians representing the National War Work Council has conducted health educational programs in several Wisconsin cities, cooperating with the State Board of Health and other agencies. The staff included Dr. Lenna L. Meanes and Dr. Mae Halberich, Des Moines, Iowa; Dr. Margaret Hammond and Dr. Inez C. Philbrick, Lincoln, Neb.; Dr. Gladys Cooper, Red Oak, Iowa, and Dr. Emilia Brandt, Omaha, Neb.

Dr. C. D. Partridge, formerly laboratory director of the Milwaukee Health Department, has become full-time health officer of Wausau, Wis., succeeding Dr. B. L. Shuster, resigned. He is also director of the new state cooperative laboratory, recently opened at Wausau.

Dr. James R. Bean of Philadelphia resigned as full-time health officer at Oshkosh, Wis., to return to Birmingham, Ala. He is succeeded at Oshkosh by Dr. Bertha V. Thompson of that city.

Miss Anna Thompson of Grandview, Wis., has been appointed county nurse for Bayfield County. She is a graduate nurse registered in Pennsylvania and Colorado.

Alderman Frank Alford, a Madison business man, has been chosen health inspector of Madison.

Miss Olive Andrews has resigned as sub-director of the state cooperative laboratory of hygiene at Oshkosh to be married.

Rock County, Wisconsin, has voted to employ a county nurse.