

the places of meeting of state medical associations that hold their sessions in April and May:

Tennessee—Knoxville, April 3-4-5-6.

Pres., E. C. Ellett, Memphis; Secy., Olin West, Nashville.

Alabama—Mobile, April 18-19-20-21.

Pres., J. N. Baker, Montgomery; Secy., H. G. Perry, Montgomery.

Georgia—Columbus, April 19-20-21.

Pres., W. S. Goldsmith, Atlanta; Secy., W. C. Lyle, Augusta.

Louisiana—New Orleans, April 18-19-20.

Pres., J. C. Willis, Shreveport; Secy., L. R. De Buys, New Orleans.

North Carolina—Durham, April 18-19-20.

Pres., M. H. Fletcher, Asheville; Secy., B. K. Hays, Oxford.

South Carolina—Charleston, April 18-19-20.

Pres., G. A. Neuffer, Abbeville; Secy., E. A. Hines, Seneca.

Maryland—Baltimore, April 25-26-27.

Pres., J. W. Williams, Baltimore; Secy., J. I. France, Baltimore.

Arkansas—Texarkana, May 2-3-4.

Pres., J. C. Wallis, Arkadelphia; Secy., C. P. Meriwether, Little Rock.

Florida—Arcadia, May 10-11-12.

Pres., R. H. McGinnis, Jacksonville; Secy., G. E. Henson, Jacksonville.

Mississippi—Greenville, May 9-10-11.

Pres., I. W. Cooper, Newton; Secy., E. F. Howard, Vicksburg.

Missouri—St. Joseph, May 8-9-10.

Pres., C. R. Woodson, St. Joseph; Secy., E. J. Goodwin, St. Louis.

Oklahoma—Oklahoma City, May 9-10-11.

Pres., J. H. White, Muskogee; Secy., C. A. Thompson, Muskogee.

Texas—Galveston, May 9-10-11.

Pres., G. H. Moody, San Antonio; Secy., Holman Taylor, Ft. Worth.

West Virginia—Wheeling, May 16-17-18.

Pres., A. P. Butt, Davis; Secy., J. H. Anderson, Marytown.

las, some very important papers were presented for consideration. Though they appeared in full in the March number of *THE JOURNAL*, yet the subject is so germane to the general trend of public interest that some editorial comments upon them would seem not to be out of place. The article on "Intensive Community Health Work," read by Dr. John A. Ferrell, Assistant Director General of the International Health Commission, New York City, was a forcible presentation of the subject, and no subject could be more important. The science of the preservation of human health aims not only at our immediate well being, but also at the welfare of generations unborn, and may ultimately decide the fate of the nation.

Lacking health a nation lacks stamina, and history shows that such peoples fall a ready prey to a hardier race. Thus Egypt, exsanguinated by the malarial parasite, promptly succumbed to the attacks of the mountaineers of Greece. When, with their triumphs, the soldiers of Alexander carried home in their veins the aestivo-autumnal parasites, they inoculated their race with the seeds of future destruction. When the Romans in their turn conquered Greece, they carried home with them not only Grecian learning, but also the malarial fevers that finally drove them from their proud city to a new home on the Bosphorus.

The only thing that saved the peoples from utter degeneration during the last few centuries was the discovery of cinchona. The general lack of cleanliness among the common people of the races mentioned, and their ignorance of hygienic laws had made them an easy prey to every infection or epidemic, so that even before the introduction of malaria their death rate was enormous. Modern sanitation proposes to change for the better even present conditions, though, as it is, they are far superior to those of former generations. Step by step an organi-

INTENSIVE COMMUNITY HEALTH WORK.

In the symposium on Public Health and Sanitation at the ninth annual meeting of the Southern Medical Association, at Dal-

zation has grown up until now, counting from the United States Public Health Service downward it permeates the civil government of almost every state, county and municipality in the country, all working harmoniously together to protect the health of the people. It is easy to see that such an organization, properly handled, is capable of achieving an immense amount of good. In his article Dr. Ferrell describes the work done by certain state boards of health in their successful efforts to eradicate hookworm in their territory. He shows that by concentrating their efforts upon a series of communities they accomplished their object. Three communities, perhaps of different sizes, constituted a series, and ninety days were allotted to each series wherein the county health officer, a field director from the state board, and three assistants conduct the work in the three communities simultaneously. Then another series is treated, and so on throughout the infected territory. Meanwhile the local county health officers have qualified themselves to carry on the work, always receiving aid and counsel from the state board when it is asked for.

In another article Dr. J. Howell Way, President of the North Carolina State Board of Health, presented a similar though modified plan with many excellent features. Its foundation was the employment of an all-time health officer in each county and the county is the unit upon which the efforts of the health organization is concentrated. In some parts of his state the plan is already in successful operation.

The counties contribute a certain sum of money and the State Board supplies the remainder as well as furnishing the necessary amount of expert assistance. The result is that every all-time county health officer is in a position to conduct the sanitary affairs of his county without outside assistance, but that office, paying

a good salary for a good man, is indispensable.

Dr. R. N. Whitfield, Assistant Director of Public Health and Sanitation in Mississippi, wrote on "Sanitating a Rural Home," and gave a plan for supplying such a home with all the modern facilities for comfort and sanitation, entirely independent of municipal or other public water plants, and the cost is within reach of the most moderate means.

THE ALABAMA ALL-TIME COUNTY HEALTH OFFICER.

The all-time county health officer movement, now becoming so generally popular, is, so far as the public welfare is concerned, one of the most important advances of recent date. It is valuable not only because it tends to protect the citizens from illness, but because it also will be one of the most potent agencies for increasing the wealth and population of the states. States are built up more by immigration than by childbirth. The newcomer brings energy, enterprise and money. He opens new farms, rears new factories, establishes new banks. But he does not come to states with records of unhealthfulness. He will not subject his family to danger from malaria or typhoid. Hence the work of the all-time county health officer is efficient as an immigration inducement. The fact that such an officer is employed will sometimes be the deciding point when two attractive regions are in competition.

The laws of Alabama provide for the appointment and maintenance of two classes of county health officers, one designated as "a county health officer who devotes only a part of his time to the duties of his office," the other as "a county health officer who shall devote all of his time to the duties of his office." It is of the latter class that this article speaks.