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**THE RESPONSIBILITY OF THE COMMUNITY TOWARD HEALTH PROBLEMS**

by

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The longer we live the less certain we become that there is any such thing as private health. Public health has absorbed into its all embracing grasp our private and particular healths. They have become blended into an indistinguishable whole, which determines the health quotient of our community, but no longer remains our personal possession.

But health is not a thing that can be imposed upon us from without. It is not something which our duly elected or appointed officers can compel us to cherish or even to partake of. We have a natural resistance to outer compulsion of any kind, and our numbers are too great to allow enforcement to have full sway against our will. The authorities who are charged with the responsibility of creating a healthy community by the making of healthy individuals have a Herculean task unless we citizens do our share, which is ninety nine per cent of the whole. The younger members of this generation do not remember the anti-spitting campaign, initiated some twenty years ago in the vigorous attack on tuberculosis. That campaign gave insight into the final source of authority in any effective health measure. During a number of years the streets, the public places, the trains were placarded with appeals to us not to spit on the sidewalk or on the floors in public places. Threats of dire penalty if we did were appended. The police were alert to detect infractions of the order, fines were imposed and recalcitrant offenders were imprisoned. The pursuits of incorrigible individualists went on for many months and even for years. How is it today?

Where are those signs which used to assault the eye everywhere? Who among the young people in our midst even know there was such a campaign?

The thing was done. The only question of interest to us is who did it. It was certainly not the police. They could not have done it were they ten times as numerous. The placards did not do it. If that were possible, the propagandists would by now have placarded the world. No, we did it, the people. The police, the health officers, the placards were but symbols. It was enforced through our machinery of health regulation. It was converted from a transient compulsion into a part of the habit training of a nation.

If we can accomplish so much in dealing with a single problem, is there any limit to what we can do if we work sympathetically with those who have the wisdom to lead us to better ways of living together. Experience indicates that the limit lies in our own hands. But what do we actually do? We select health agents in every civilized community and then paralyze their activity and throw away the community money we have invested in their salaries, by ignoring or passively opposing their efforts.

For instance, how do we react to a scarlet fever sign nailed to the wall of a building? We are apt to shudder away from the house and then put the whole matter out of our minds. Yet that sign is placed there for a purpose we cannot afford to ignore. It is not designed to inform the family concerned that there is a scarlet

fever patient in the house, as the family knows it all too well. Nor is it to serve as a reminder to the health authorities that a contagious disease has appeared in a certain locality. The health department not only placed the sign on the house, but has the case recorded in its office and keeps in touch with it through a system of follow-up inspections and disinfections, school notifications and examinations. The sign is placed there to inform us that we have a definite responsibility in connection with the occurrence of this disease in our vicinity. It says to each one of us that a menace to our health has appeared, and that we must keep watch in our neighborhood as our busy health employees who are following case after case throughout the community cannot do, to see that the health regulations we have made for our joint protection are not infringed upon. The printed cardboard is at the same time a signal of danger, and an appeal for our participation in the great task of safeguarding a nation's health.

These responsibilities for the health of the community are at every hand all the time, but a mixture of irresponsibility and timidity deters us from functioning as we might. We are inclined to say that in a complication civilization like ours authorities must be delegated, that we have a corps of men who have nothing to do except look after the health of the community and that we have our own lives to look after and that is care enough. This might afford us a respectable alibi if, first, in any community we employed a large enough corps of workers to get along without participating citizens, or if secondly attending to our own lives could be done without relation to

other peoples lives. But our health workers cannot cover the community, and no home can offer us immunity from the dangers common to all. Disease is no respecter of persons. A germ does not discriminate between us and others. It would just as soon attack the possessor of a great estate as the dweller in the meanest city tenement. We are all well or ill together and your health is the community's health. How, then, can we take our important part in safeguarding our private health by fostering the public health.

Each citizen must primarily regard himself as an unofficial member of his local board of health. He will instantly have his eyes opened to a multitude of interesting problems and possibilities. He will wish to know the answers to such questions as - the sewage disposal, the water supply, the typhoid rate, cleanliness of markets and bakeries, the garbage disposal, the milk supply and the contagious disease record. No citizen would be long satisfied merely to ask concerning such things. He would insist on a satisfactory answer, and in getting the answer he would shortly see where his responsibility came in. He would realize that health protection costs money and that the community and not the health department is the source of the money. He would also realize that regulation is not enough. He would see that no health measure can be very much in advance of the health conviction of the majority. His opportunity and that of his fellows would become clear to him. Once the citizens understand the helplessness of the health official without their support, they can give that financial and moral backing be-

fore which administrative and enforcement difficulties will disappear.

A town can be as healthy as its citizens want it to be and are willing to pay to have it kept healthy. Advances in public health are instantly reflected in the well-being of the individual who is inclined to regard his health as an indication of his virtue or his general superiority without paying tribute to the enlightened policies of the medical leaders who have dragged our communities in-  
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to a state of health in most cases far better than they deserve.

The greatest obstacle in the way of preventive medicine is the lack of cooperation on the part of the people most to be benefited. This varying all the way from stupid indifference due to ignorance, to active opposition and obstruction on account of still more stupid prejudice.

Typhoid fever is still taking a heavier toll than it should be allowed to do. There is too little attention paid by country people to pure milk, pure water, the proper disposal of sewage and barnyard litter; and more particularly to immunization by typhoid vaccine. There is no disease in the whole catalog for which science has done her part so thoroughly as small pox. And yet, statistics tell us that the death lists from this loathsome and yet entirely preventable disease is increasing steadily year after year.

It is not so strange that ignorant people neglect, and prejudiced ones strongly oppose, so simple and harmless a procedure as vaccination. But we have a right to expect various officials to

assist rather than to oppose the efforts of the various health officers. It is easy to have a whole community protected against this disease when school boards will cooperate with physicians. It is impossible when they do not.

There can be no doubt that diphtheria has been increasing in recent years; both in incidence and in virulence. More fatal cases have occurred, and more sequellae have been observed. This in spite of the improved methods of treatment, and for control that have been evolved during the last thirty years. Since we have learned to give antitoxin in doses up to 50,000 units, it would seem that all diphtheria patients should recover. Still we lose some of those children. With the Shick test to search out susceptibles, and toxin-antitoxin to immunize them; there should be no more diphtheria. Country people are very slow to take advantage of the Shick test. Only a small percentage of them have been willing to have their children tested and treated. But when we observe how negligent people are of preventive measures that have been so thoroughly proven as vaccination for small pox, it is not any wonder that they are slow to try out these later measures. In a number of instances where part of a family has diphtheria and the others were immunized by antitoxin some others would develop the disease, a few weeks later after their protection had worn off. This suggests a peculiar problem, whether when part of a family contracts diphtheria to give the others antitoxin or to wait and see whether the others take it or not. Here the Shick test is not practicable, because

it requires some months to develop immunity. It is antitoxin or wait. Each case must be decided on its own merits, taking into consideration all the circumstances. The attitude of the parents is an important factor. Also the question of the possibility of sensitization and future anaphylaxis. A little serum sickness may be passed by but a real attack of anaphylactic shock is something not to be ignored.

In addition to the effort to control the spread of specific communicable diseases; the task of securing sanitary surroundings is quite a factor in safeguarding the health of all communities. Perhaps the most neglected point of sanitation in the country is the water supply. Commonly any water that looks clear and does not taste nor smell bad is considered fit for household use. (2)

In addition to the well defined uses of the printed page and courses of instruction dedicated to such specific projects as the supervision of food handlers, we must not overlook the most widely accepted factor in the community program of health-education, namely the public health nurse. The effectiveness of the nursing work is measured by the degree to which the public responds, as evidenced by the attendance at tuberculosis and venereal disease clinics, the frequency with which the mother avails herself of prenatal instruction and later takes her child to the infant and pre-school clinics. All of these established features of a properly organized health education program are now generally recognized and accepted by the health administrators throughout the lands.

The most important task of the health department in developing a health education program, is not to take care of the unusual situation which develops during an epidemic period. It is not to describe the mechanics of operating a department or even to notify the public of the prevalence of the various communicable diseases; but rather to build up a system whereby a health consciousness will be established in the mind of each citizen.

After eliminating the multitude of local variables such as climate, race, nativity, color, age, etc., the death rate from any specific preventable disease reflects the degree to which popular health instruction has stimulated a response on the part of the individual members of the community group, and found reflection in the application of the principles of personal hygiene and healthy living. After making the necessary statistical corrections and allowing for abnormal local influences which may result in a more liberal policy with respect to the hospitalization and care of cases at public expense, the tuberculosis death rate may be taken as an index of the local health consciousness with respect to tuberculosis prevention. That is, of the intelligence and learning of the average citizen with respect to the known facts concerning the cure and prevention of this particular disease.

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The health of the child is the principal concern of the modern mother. More than that the health of the child is principally dependent on the mother, for on her falls the greatest share of responsibility for the child. Until recent years mothers have

been dependent for their knowledge of how to bring up a child and keep it healthy, largely on their own mothers, or other older women who have had experience with children. The advice received from these sources, while always conceived in the best of intentions, was frequently in error, sometimes dangerous and even when good, was without basis of real knowledge.

Times have changed. Today the mother has at her disposal many sources of authentic information. Every magazine devoted to the interests of women has its department dealing with health, particularly with the health of the child. Many general magazines publish health material from authoritative sources. Health departments of states, cities, and counties, are entering the field of health education. Through publicity, insurance companies have recognized that health education saves lives and is reflected favorably in the financial balance sheets. Books that combine scientific accuracy with readability are numerous and may be found in any library. The family physician has cast aside his mask of mystery, and is trying to make his patients realize the why of health as well as the how. One of the sources of health service that the mother may utilize to good advantage, if she understands it, is her local health department. Cities are farther advanced than counties in health work, as a rule, but many excellent county health departments exist, and rural mothers ought to demand the same service as city mothers. The community should provide health centers for expectant mothers. Out of these centers should come nurses trained to

advise the expectant mother, and these nurses may and should assist the doctor with his private maternity patients, as well as with those of the health center. This service is not for the care of the sick, which is another matter, but for the guidance and advice of well women, to keep them well and help them in giving birth to healthy babies.

The first thing that the community should do for the newborn child is to register his birth in such a manner that he may readily prove his age, his citizenship, his parentage, or any other fact as to his identity, and that he may be able to prove any of these points in the future, no matter how far from his birthplace he may be.

Every mother is confronted with the problem of bringing her baby safely through the first year. Though the loss of babies in this period has been greatly reduced and the myth of the second summer has been pretty effectually exploded, there still remains a greater loss of babies less than one year of age than is necessary. For the pre-school age there should be available extensions of the health service offered to infants, the principal difference being that as the child grows older the intervals between health examinations may be allowed to become greater.

It is in the school that most communities pay the greatest amount of attention to the health of their children. This is natural since it is in the school that the children are grouped to-

gether, so as to be most easily reached and that the effects of bad health are first observed. Most parents want their school to furnish proper health supervision to the children, whether it is a tax supported public school or a privately financed school. School children should be weighed and measured regularly and the weight record sent home to parents each month. Or if the child is underweight, every two weeks physical examinations should be part of the school health program, because few children reach school age without having developed some physical condition that is detrimental to their health and that can often be remedied if discovered.

Playgrounds are not only a matter of safety for children, but they are recognized as contributory to character building. They are an important part of the community health program. In the last few years most of the cities of the nation have provided for this very necessary item, most of them having well equipped grounds under the proper supervision of trained directors. (4)

The training of a health officer in medicine and in public health fits him to serve all the health needs of a small community. He knows the human body in health and disease, its friends and its enemies, its needs and the environmental conditions favorable to its welfare. His long and expensive training warrants a relatively high compensation. If he undertakes to do all of the work, he can serve only a small number of people. This will involve a high per capita cost. There are types of service in all well rounded public health programs, that can be rendered efficiently under his sup-

ervision by less expensive employees. In some instances they can do the work even more effectively. The public health nurse, for example, by virtue of her hospital and public health training is admirably suited for service in the home and school. She handles educational work, personal hygiene, infant and maternity care and child welfare very well. Moreover the lay sanitary officer if properly trained and supervised can render satisfactory service in inspecting the water and sewerage systems, latrines, dairies and buildings, etc. He can supervise the handling of milk, meat and other foods, the work of drainage and mosquito control and the abatement of nuisances. A system of records is essential in every health organization, statistics of births and deaths and history records and records of homes, schools, and of business and public places must be kept. Consequently the community health can be served more economically if a community can be established sufficiently large in population and wealth to permit the employment of a unit of personnel, consisting of a medical health officer, one or more public health nurses. One or more sanitary officers, an office assistant and possibly a technician. A competent medical health officer, having administrative ability, can advantageously supervise the work of several nurses and sanitary officers and can himself perform those duties for which the less expensive personnel is not qualified.

It is customary for the state and local health authorities to share the cost of the work. The basis varies with the stage of development of state and local health work, with the economic situa-

tion, and with other factors. An arrangement that has given satisfactory results in many instances places 75 per cent of the cost on the county and 25 per cent on the state.

If the prosperity of the city is dependent on the welfare of its outlying country and no one can doubt it, it would seem to be advisable to establish and maintain a balance between urban and rural communities in economic, social, education, health and recreational conditions. Temporary preference or advantage might very well go to the rural communities. The present unwholesome rural situation should be corrected as early as practicable. In several states a partial solution of the problem has been found in connection with the development of schools, roads and health work. The state has been adopted as the larger unit throughout which community facilities are equalized as far as practicable. The local political units, whether city, town or country, continue to apply the principles of local government by levying and collecting taxes on an equitable basis. The state also levies taxes for similar purposes. It does not return to each community the exact amount it pays, but distributes the funds on a plan designed to equalize facilities. If after the community has paid its assessment, its funds are insufficient to provide a school having the minimum standards, the state meets the deficit or offers contingent aid to stimulate local effort. The nation's best interests calls for an equalization in health, welfare service, and other social advantages between urban and rural communities.

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In various parts of the country certain groups have organized to oppose fundamental activities in the practice of medicine, especially as they relate to the prevention of disease and to research work, or that have sought to legalize cults and fads whose practice, if unrestrained, would seriously jeopardize the public welfare. Time and again, state and county medical society representatives have had to appear before the legislative bodies, and other assemblies to defend the community against efforts to scrap those phases of preventive medical service which have contributed in a substantial and even to a remarkable degree to minimize or even eradicate diseases such as small pox, diphtheria, typhoid and rabies.

These efforts to legalize the practice of bizzarre and fantastic cults and methods of treatment and to secure for their practitioners the standing of medical practitioners without the benefit of a fundamental medical education, have engaged the efforts of many public spirited scientists in the medical or allied professions

There have been endless encounters between the medical profession and the lobbyists for the chiropractors, the naturopaths and many other groups who seek a short cut to the title "doctor" and who eschew medical education, seeking commercial profit by serving as healers of one kind or another. The medical profession has, by and large, lost neither prestige nor opportunities for service, no matter how many cults have been allowed to practice in any community, nor how great the number of medical pretenders may have been. The thought obtrudes itself that the medical profession should not bear

the brunt of the burden to defend a community against exploitation. The medical profession would, of course, under no circumstances withhold its aid, or be passive in the face of resistance to the progress of preventive medical science.

It has appeared signally strange that we have not before this brought it home to those who are the leaders of thought in every community that the burden of protecting the community devolves in equal measure of every intelligent and sane person who has the well-being of his fellows at heart. The time has come when, ignoring the insane, fanatical or mercenary fringe who seek to exploit the credulous or the psychopaths, it ought to be made clear to every community that it can have only such public health protection as it is willing to fight for. The defense ought not to depend on the medical profession alone.

The cause of public health will be tremendously promoted if physicians serve notice on the influential and well-balanced editors, pulpit occupants, leaders of women's clubs, merchant and trade associations, and civic organizations of our respective communities generally, that, in the future, the medical profession will not be subjected to the charge that it is a medical trust seeking to bar out competition, when in reality its effort is to protect the community from pretenders, frauds, charlatans and quacks of all kinds, and degree, who would mercilessly exploit the public.

When legislation is proposed that threatens the public

health, there ought to be a strong and compact organization of those civic groups in the community whose education and civic spirit make them the proper leaders of the public, and they ought to rise and lead in opposing any efforts that threaten the public health. The medical profession should join such groups to make available the scientific facts and knowledge that have been gleaned during the comparatively short period of development of what may truly be termed scientific medicine.

They must not express too great impatience or be too harsh in their judgment if the community as a whole has failed to shoulder the burden of protecting the public health, because it has been found not infrequently that physicians draw away in a certain haughty aloofness from interest or participation in public health work. Time and again it has been the experience of those physicians who have chosen public health as a career to discover among their confreres a certain air of condescension if not of utter disdain for public health work and those who carry it on. Physicians are frequently encountered who make no disguise of their indifference to public health. Not infrequently a physician has written that he is not interested in this or that public health enterprise on the peculiar ground that he is a surgeon of some type of specialist. What can be expected of the laity, if physicians will not manifest interest in public health? If the practice of a speciality in medicine becomes so narrowing in its influence, it is either a reflection on the excessive lengths to which specialism has gone or else is clear

evidence that the physician who disclaims an interest in public health is merely a high grade mechanic. He has not the quality of mind or heart that entitles him to call himself a physician with all that term connotes by reason both of tradition, and of the general expectation that the physician shall of all groups be distinguished for his desire to avert disease and death so far as possible, and to reduce the need for curative work to the lowest possible degree by promoting methods for the prevention of sickness.

Anyone who will undertake to make a comparative study of the health laws, regulations and methods of various states and large cities will be amazed not only by the diversity of practices that obtain, but by the contradictory character as well. So long as public health officers differ with respect to certain basic principles of action, they are open to the criticism that public health administration is a hit or miss game. While public health administration is personability, ability, vision and resources that the individual health officer commands, still there are certain basic experiences and facts which have evolved out of the trials and errors in public health work, which should be respected by all of those engaged in the work.

In many parts of the country, health officers are so woefully deficient in the fundamental qualifications for the exercise of the functions as to be a constant reproach to the communities that tolerate them and to the profession of medicine that has not led in exposing their unfitness and in removing them from office. Even in

very large cities there are few health administrators, qualified by a study of public health science and its practice, such as is now available in those institutions which confer the degree of "Doctor of Public Health". It follows from the facts that are implicit in this statement that the rules and regulations established for the government of various communities differ in most important essentials and defy logic and experience in many instances. It is inconceivable, for example, that in the World War our army and navy departments would have left it to each commander of a medical unit to formulate independently sanitary, hygienic and medical regulations as the spirit moved them. There was a central organization and a standardized procedure. The quick marshalling of our forces and the lack of prolonged discipline and practice in the enforcement of these regulations may have led to performances varying greatly in quality and effectiveness, but at all events there was a common language, a basically uniform procedure and regulations that did not clash. A certain amount of standardization of public health administration procedure is inevitably and most urgently needed.

No better example of the effects of lack of unity in health regulations is provided than may be found in milk and food regulations, and in those which relate to the control of communicable disease. There are some communities in which not only milk regulations, but what is more important than regulations, the machinery for enforcing them is so feeble or misdirected as to constitute a constant potential source of danger to large numbers. The Montreal typhoid situation

of which little has been said in the medical press, should not be so easily forgotten. It is a source of wonder that some of the families of those who suffered from typhoid, enduring such physical agony and the great expense that this sickness involves, and more especially those families that suffered the loss of a breadwinner, did not sue the city authorities to recover damages for their failure to prevent a typhoid epidemic, which, in the light of modern knowledge, could and should have been prevented. One lone newspaper in Montreal, several months before the typhoid outbreak, championed the adoption of stringent milk regulations comparable to those which have come to be regarded as standard regulations by the cities that are progressive so far as efficiency in public health administration is concerned. It is taking people a long time to awaken to their responsibility to prevent diseases that are preventable.

It seems in the light of these considerations, that federal legislation is needed to establish an independent federal department to guide and to coordinate public health activities, be they of an administrative or of a research character. This is long overdue. Without invading state rights, a federal department of health might very well have the effect of establishing standards in public health work analogous to the service that is rendered by the Bureau of Standards with respect to basic weights and measurements.

It might then follow that the qualifications of those who are to do public health work would be so defined by a federal health department, by reason of freedom from local interest, that only those

having the precise academic and technical knowledge and experience which qualify a person for public health administration would be called to positions of command. And it might also plausibly follow that the tenure of office of public health administrators having proper qualifications as established by a federal health department would not be subject to political turnovers and be abruptly terminated as determined by caprice or shifting political winds, as recently demonstrated in Chicago.

The position of public health officer in England is one which, so far as tenure of office, salary and training are concerned, is in striking contrast to the chaotic conditions that prevail in this country.

Public health officers in this country will continue to occupy an anomalous and precarious position until the rate of remuneration which they receive, as well as their security in tenure of office and their insurance against sickness and old age, will relieve them of a constant and harrowing fear and change them from what they now are, a sort of body of adventurers who wander over the face of the country, finding temporary employment and refuge as best they can.

It would be most desirable if health centers were conducted by health departments at medical schools as a cooperative effort for purposes of teaching. Students will never acquire a wholesome respect for public health work, and be its active allies unless they serve an apprenticeship in field and clinical work in relation to public health and learn from experience how certain preventable diseases

can be prevented.

Boston has made an excellent beginning in connection with well-baby clinics. The teachers in the pediatric departments of the respective medical schools man the medical service of these well-baby clinics, and the students are given a close and intimate view of the correlation between preventive medical service and the practice of medicine.

This will make for the mobilization of all health and medical services into as few units as possible, or, to put it differently, it will prevent their dispersion. The hospitals are too frequently merely casualty stations. They ought to serve as health centers as well, and provide facilities for the conduct of the varied types of treatment and service that are now familiar public health functions.

In spite of our tremendous advances in industrial development throughout the country, there has been comparatively little growth in industrial hygiene as distinguished from what is essentially first aid service in industry. Of intensive work in industrial hygiene conducted by municipal health departments, there is little or no evidence.

Compensation laws enacted by various states have stimulated the provision of surgical care to injured employees. While this service has shown certain serious defects, these laws had a wholesome and desirable influence. Only when the direct as well as the indirect effects of industry in causing disease are recognized by leaders

in medicine and social work, will legislation be adopted to compensate persons who have suffered from specific occupational poisonings, or from the indirect effects of an improper industrial environment or lack of suitable safeguards for the health of workers. This alone will accelerate the development of industrial hygiene as a feature of official and private health service. In this country, industrial hygiene still remains the cretin of preventive medical activities.

Many industries not only put a great tax on existing health agencies by their failure to prevent disease among their employees, thus throwing thousands of human beings who are part of the industrial army of this country into the social scrap heap year after year, but also add to the burdens of municipal housekeeping in that they create neighborhood nuisances as a result of the unnecessary emission of cinders or dust of one kind or another. They are thus deliberately and blindly creating resentment among masses of persons in the community who hold the local health administrators to account for this. Eventually, such offenders will be shown up not only as bad neighbors but as unwise business men in needlessly destroying the good will of the public.

While this is true in varying degrees of certain large cities, there is one aspect of industrial housekeeping that concerns factories, whether they are located in rural sections or in the most densely packed cities; namely, food establishments. Filth and dirt in the manufacture of bread, pastry, and candies, and in the handling of milk, the tolerance of poultry and fowl that are unfit for human

consumption, and their use in the preparation of broths for invalids, or in canning various forms of chicken that may be served at socials, in restaurants or in hospitals, constitute an unwise policy. Too great a dependence is placed by some industries on their ability to get by without being detected. The forward-looking, progressive industries are those which will in increasing measure disdain to place reliance on local or state health officials but will put their house in order of their own initiative and show regard for sanitary practice in the purchase, the handling and the manufacture and distribution of foodstuffs, because it pays rich dividends in the long run to win public confidence and respect. (6)

A condition has arisen in the past two years that threatens to place many communities in a precarious position in regard to their health, namely the industrial condition which is at present effecting every part, and almost every individual in this country, and even in the world. The fact that it has been prolonged beyond that at which it had been expected to remain has placed a severe test before most of the communities in keeping up the health standards of the people comprising them. With many men out of work, the feeding of their families and preventing undernourishment among the school children and the babies of the country, and the consequent deficiency diseases which would result has been a major problem for all the cities of the country. Also the problem of treatment of these same people in the hospitals for different diseases is a grave one. Communities are being taxed to the utmost to meet the situation, and a good many hos-

pitals of the country are operating some of their floors on a ward basis. That is the county is paying so much to the hospital as a flat rate per week for the care of the patient, and the physician in turn is doing major operations for a flat rate, in order that these patients may be kept out of the state hospitals, which could not handle them all. Individual doctors are doing a great deal of charity work, but the communities cannot expect them to donate their services, and arrangements should be made with the county, so that the doctor should receive a fee for every patient whom he treats in the hospital, if the individual himself cannot do so. Many mothers are going without proper obstetrical care at the present time on account of the conditions, and this must be provided for them, or the United States will sink farther in their mortality rate. It is well known that the World War brought on conditions for the Central Powers which left the people open to many diseases through the lack of nourishing food. Such a condition may easily be brought about in this country, and in other countries, not by a lack of food but by inability of the people to buy them. Again it is up to the individual community to provide these necessities if they would prevent the spread of disease and also keep up the health standards of the country.

In conclusion, due to the great strides which have been made in public health work in the past ten years, and the greater knowledge which has been instilled in the lay people in regard to this great progressive work, it would be wise for all communities not to let go at this time and slip backward, and thus lose years of valuable

time and experience, and the people lose their faith in the great good of public health work.

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