

community increased health, prolonged life and greater security. This, together with a quantity of special literature prepared by the Health Department, was distributed to all policyholders in Syracuse.

THE RURAL HEALTH DEMONSTRATION

*School Medical Examinations in Cattaraugus County*

The medical school report covering the first school year of the Cattaraugus County Demonstration has just been completed by Dr. C. A. Greenleaf, Director of the County School Health Service. The Director has accomplished what is seldom accomplished in a single school year; namely, to have every child throughout the County examined. The examinations were made by local school examiners who received explicit instructions from Dr. Greenleaf so that so far as is humanly possible they were made in a uniform and comparable manner.

The cities of Olean and Salamanca were not included in this report which applies specifically to the rural area, so the figures which follow are a fair picture of rural school children in a typical county. The total rural school population examined numbered 7,758, and 11 per cent were found to be free from defects. Among the remainder, there were noted over 15,000 defects, making an average of more than two defects per child.

The kinds of defects and the percentage of each to the total number found were as follows:

	Per cent
Weight.....	11.0
Anæmia.....	0.9
Skin or scalp.....	1.8
Tonsils.....	22.0
Nasal breathing.....	8.4
Cervical glands.....	10.6
Thyroid.....	4.8
Nervous system.....	0.5
Speech.....	0.6
Orthopedic.....	1.6
Heart.....	2.7
Lungs.....	0.8
Eyes.....	8.2
Ears.....	2.2
Teeth.....	23.9
	100.0

The defects noted were divided into three classes: minor defects, more serious defects needing correction, and defects which called for immediate attention. The largest number, about 43 per cent, were defects requiring attention, though not urgent. Over one-third of the defects were considered minor, and the remaining one-fifth were serious enough to require surgical or other treatment.

### *Infant and Maternal Mortality in Cattaraugus County*

For some years infant and maternal mortality rates have been higher in Cattaraugus County and in the cities of Olean and Salamanca than in the remainder of New York State. It was with the hope of getting some light on the causes of this consistently high mortality that a detailed study of it was undertaken for 1923, which was the first year of the demonstration.

While the infant and maternal mortality rates have been in general declining in the country at large, the respective

rates for Cattaraugus County have been on the increase during the last few years. The infant mortality rate for Cattaraugus County in 1923 was 91 per 1,000 births, while the rate for up-state New York was 79. The one important factor in the infant mortality problem in Cattaraugus County is the number of deaths of infants occurring from the group of causes usually spoken of as "early infancy," such as premature birth, congenital debility, and injuries at birth. Such causes account for one-half the total infant mortality of the county. The rates for gastrointestinal diseases and for respiratory diseases, usually of considerable importance in affecting the general infant death rate, seem to be more or less negligible in Cattaraugus County.

The same factor, viz., premature birth, is also the determining one in the high maternal mortality rate. Practically all of the maternal deaths were coincident with a premature birth, and were found exclusively among native-born mothers of native parentage.

These high rates point to the need for better pre-natal work. Professional attendance at birth seems available to all mothers, whether rural or city, since the study showed that 99 per cent of the births were attended either by a physician or a midwife. The difficulty lies, then, not in the kind of care, but in the quality.

Since Cattaraugus County during the five-year period prior to 1920 averaged the fourth highest as regards maternal death rate among the fifty-seven counties in New York State, the situation in 1923 is not an abnormal one, but reflects the result of a consistent lack of adequate pre-natal and confinement care.

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