

NEWS DIGEST

©©© *Cattaraugus County After the Health Demonstration*

IF one were to consider the progress reports of all the demonstrations that have been conducted in the United States, he probably would agree that the most important year of the enterprise is the first year after the demonstration is over. Obviously 1931 is an important test of the Cattaraugus County Health Demonstration's effectiveness.

This demonstration is perhaps unique in the continuity of support that has been afforded to the objects of the demonstration over a period of eight years—that is, three full years after the original five-year demonstration period was ended. This persistence has conveyed to many minds a proof of the reality of the demonstration objectives. The continuation, therefore, of health work stimulated by the demonstration in Cattaraugus County is significant.

At the end of the eight-year period, public authorities in Cattaraugus County assumed the support for practically all of the demonstration enterprises. The County Board of Supervisors appropriated \$87,000 for the Department of Health in 1931. To this total may be added the appropriations from official funds to carry the social workers now attached to the County Department of Welfare. Summarizing the appropriations for 1931 on the basis of Dr. C.-E. A. Winslow's studies, it is apparent that \$178,000 was available for health work of all forms in Cattaraugus County during 1931, this sum being entirely exclusive of any aid received for special projects from the Milbank Memorial Fund, but including the Department of Health, laboratory, local school, and local health activities, as well as local nursing groups and the maintenance of the county sanatorium for tuberculosis. Of this total of \$178,000, \$43,500

was returned in the form of State aid, leaving a net expense to agencies within Cattaraugus County of \$134,500, a very substantial sum and equivalent to a total of \$1.85 per capita. It may be questioned whether any rural area has appropriated from its own funds a per capita amount as large as this.

However favorable this financial accounting may appear, it would be unfortunate if the effect of the demonstration should be measured entirely in terms of the action of appropriating bodies. The basic effect on public opinion has been an exceedingly powerful influence, but is, of course, less tangible than the effect just mentioned. The cooperative spirit of various groups, including physicians, welfare agencies, private individuals, and voluntary organizations, has been splendid during the year 1931, and the generosity of the commitments for 1932 in the face of the depression may be traced directly to this widespread public support.

The level of service in public health nursing, in communicable disease control, in tuberculosis clinics, in sanitation, and in the laboratory has been maintained or definitely increased as compared with the last year of

the demonstration. Clinical service for venereal diseases has been significantly increased. A series of investigative projects has been supported through the generosity of the Milbank Memorial Fund, thus taking advantage of the opportunities provided by the existing health work for studies in the various aspects of public health administration. Dr. Winslow's volume, "Health on the Farm and in the Village," published during the year by The Macmillan Company, points out the splendid opportunities for investigative projects in the fields of maternal, infant, and child hygiene, in the control of syphilis, and the education in health of rural school children. It is gratifying that opportunities have presented themselves this year to begin the work in all three projects. A new director for the Bureau of Maternal, Infant and Child Hygiene has been secured and definite work resumed in this field. A director for the health education study has been secured and a field investigation of the epidemiology of syphilis has been undertaken by the Deputy Commissioner of Health.

There has been continued the very interesting family study of

tuberculosis carried out intensively in the Ellicottville area in coordination with the tuberculosis clinic services and the morbidity study in this same district. The past year has shown a continuation of the very favorable tuberculosis mortality experience, some features of which are much clearer in the light of these special studies. A laboratory study of rural water supplies carried out as a project has already yielded valuable results, and a field study in the epidemiology of whooping cough has taken advantage of the special opportunities for the study of human contact to be found only in sparsely settled districts. It is especially gratifying to note that the School Hygiene District, a demonstration agency supported by the Milbank Memorial Fund in order to bridge the gap between the responsibilities of the educational authorities and the health authorities in the schools, has now been taken over as a routine service to be supported entirely during 1932 by county and state funds.

It is indeed a test of the integrity of any department of health to be able to carry out so diverse a program of projects in a year next following the close of the demonstration, but the

people of Cattaraugus County have responded splendidly in appreciation of the opportunity which is theirs to aid in scientific investigation. This can be shown by the willingness of some 1,200 families representing nearly all the households in the special study area who have faithfully recorded their illnesses over a period of two years. The fruits of this study are beginning to be felt in new methods for evaluating the administrative aspects of the work.

The year 1931 in Cattaraugus County has seen not only the taking over of routine services on a generous basis by public authorities and the establishment of numerous investigative projects, but it has seen real progress in the field of integration between the health and welfare authorities. This has been singularly promoted by the gift of the Bartlett Memorial Community Center in Olean, in which there are now located the offices of practically all of the health and welfare agencies in the County. This includes the offices of the County Departments of Health and Welfare, with the social service staff and district health station, together with the Catholic Charities, the American Red Cross, the Com-

munity Chest, the executive offices of the Boy Scouts and Camp Fire Girls, the headquarters for old age relief and the School Hygiene District. The staff in Cattaraugus County will bear testimony to the value of propinquity in helping solve the numerous difficult problems which arise in such an area during the developmental stage, and especially while organized facilities are still young.

◎ ◎ ◎ *Tuberculous Infection Among Rural School Children*

AN extremely low incidence of tuberculous infection among children of school age in the more rural parts of Cattaraugus County, New York, has been revealed by a careful tuberculin survey, according to an article by John H. Korn, M.D., which was published in the November, 1931, issue of *The American Review of Tuberculosis*. The tuberculin survey is a part of a special study of the epidemiology of tuberculosis which was started December, 1929, in Cattaraugus County by the Division of Research of the Milbank Memorial Fund, in cooperation with the Cattaraugus County Health Department.

For the study of the preva-

lence of tuberculous infection among children, a portion of the County was chosen which was essentially rural in character. The tuberculin tests were given to children from five to nineteen years of age in eighty-five schools in eighteen townships. Thirteen of the eighty-five schools were in villages, none of which had a population of more than 1,308, and seventy-two were one or two-room rural schools.

Intracutaneous tests of a standard dosage of .01, 0.1, and 1.0 mgms. of Old Tuberculin (human) were given to 1,103 of the 3,238 children enrolled in the village and rural schools. The only factor of selection was the consent of the parents to have the test made, and the children tested appear to be a random sample of the rural school population. Slightly more than 12 per cent of the 650 children tested in the village schools and 6.6 per cent of the 453 tested in the rural schools had a positive reaction. Careful inquiry was made regarding previous residence of those tested and a much higher incidence of tuberculous infection was found for all age groups (21.1 per cent) among children who at some time had lived (largely, but not exclusively in cities) outside the

County as compared with 7.6 per cent positive among the children who had lived within the County since birth.

With reference to the astonishingly low tuberculous infection rate among life-time resident school children in the rural parts of Cattaraugus County, Dr. Korn's points out:

1. A well-organized Bureau of Tuberculosis has been operating in the County since 1923, stressing the importance of early diagnosis and the segregation of open cases.

2. For a similar period, tuberculin testing of cattle has been in vogue within the County, with the result that in 1928 less than 0.5 per cent of the cattle were reactors.

The incidence of tuberculous infection among children of school age in the more rural parts of Cattaraugus County was lower than that found by Dr. Walter L. Rathbun in a relatively comparable group of rural school children in Chautauqua, an adjoining county.

◎ ◎ ◎ *The Accuracy of Official Tuberculosis Death Rates*

SOME of the limitations in the use of officially recorded statistics of death from tuber-

culosis in a political unit of area, Cattaraugus County, New York, have been emphasized in an article, "The Accuracy of Official Tuberculosis Death Rates," by Jean Downes of the staff of the Fund's Division of Research, which appears in the December, 1931, issue of the *Journal of the American Statistical Association*. This particular study was made in the belief that a more precise knowledge of the nature and of the quantitative effects of the limitations upon a specific death rate, even in a sample area, will not only contribute to a better understanding of mortality records as data but also may suggest bases for improvement.

The study revealed the necessity for taking into account the following conditions as affecting the tuberculosis mortality rate in recent years.

1. *Completeness of death registration.* The presence of 1,000 Indians living on reservations within the County, among whom registration of deaths has been very incomplete until recent years, necessitated their exclusion in studying the mortality over a period of years.

2. *Residence of decedents.* The necessity of correcting the recorded data for residence of decedents in this particular area,

with a sanatorium for a specific group of nonresidents within its boundaries, was found to be of particular importance since the nonresident deaths affected both the trend of mortality and the death rates specific for age.

3. *Procedure in classifying deaths according to cause where more than one cause is stated on the death certificate.* The arbitrary classification of deaths as due to tuberculosis when that disease is noted only as a secondary cause of death, rather than acceptance of the physician's statement as to the actual cause of death, tends to vitiate official tuberculosis statistics. Tuberculosis as a secondary cause of death was found to operate increasingly with age.

4. *Diagnosis of cause of death.* The further correction of the tuberculosis mortality by the exclusion of deaths where the diagnosis of tuberculosis was considered "doubtful" or "erroneous," according to the socio-medical histories presented a different, and probably more correct picture, of the actual mortality from tuberculosis in Cattaraugus County.

The effects of these corrections upon the crude rate, for the period of 1928-1930, may be summarized as follows: aver-

age annual rate based on officially recorded deaths, 67.9; excluding Indians, 64.7; excluding Indians and Buffalo sanatorium deaths, 43.8; excluding Indians, Buffalo sanatorium deaths, and deaths not certified as primarily due to tuberculosis, 39.7; a further correction by excluding deaths which in the light of additional socio-medical evidence were not primarily due to tuberculosis, 33.2.

◎ ◎ ◎ *"Health on the Farm and in the Village" is Reviewed*

THE increased attention to public health movements in rural communities of the United States, as well as the growing conviction that the county health unit must eventually replace the local boards of health, are revealed in the extended comments by the press on Dr. C.-E. A. Winslow's "Health on the Farm and in the Village," the report on the Cattaraugus County Health Demonstration, which was published last May. *The American Journal of Public Health* finds in this volume "a good summary of the outstanding lessons of the demonstration" and says that "from its nature it should be of interest to public health men and to prac-

tical social service workers in rural communities. The book is written from an optimistic point of view, and the author's economics used in computing returns on the investment in public health are orthodox, even if questionable. For anyone contemplating an attempt to organize a county health program, this book will offer quite valuable guidance, giving as it does, details of organization and describing machinery for a fairly successful attempt as well as pointing probable obstacles."

The *Medical Journal and Record* also finds the book "an interesting and valuable report of the experiences of a typical rural county in developing public health protection for a rural population." *The Survey*, citing a short article about rural health written by Dr. Winslow some months ago for that magazine, continues: "Here is the whole story, an impartial and comprehensive survey by an expert in public health organization, giving not only the record of what actually happened in Cattaraugus County, but also suggestions in information and advice for health workers in other rural areas. *Survey* readers who saw Professor Winslow's article will not need to be told that the vol-

ume is invaluable as a forceful and luminous account of problems, experiences, solutions, and ideas. Illustrations by photograph and chart and an excellent index add to the book's attractiveness and usefulness."

"This report is interesting to all engaged in public health work and especially to those concerned with the problems of rural health," says *Public Health Nursing*. "Quite without bias the successful and the less successful steps in the development of this program are related. The evaluation of the services is decidedly objective."

Foreign medical publications, too, notably British, have given extended space to a discussion of Dr. Winslow's report. The *Medical Officer* of London, after describing the purpose and procedure of the Cattaraugus County Health Demonstration, comments as follows: "To an English reader, accustomed as he will be to fully developed and highly organized county and urban health services, it will come as somewhat of a surprise that it has been necessary to supply liberal grants from a voluntary organization in order to secure something of a similar organization in New York State. The description by Professor Wins-

low of the organization of tuberculosis control, a school health service, a county nursing service, a scheme for the treatment of cripples, laboratories, and other activities of a similar character, is full of interest, and will, we doubt not, act as a real stimulus to public opinion in the United States. The Milbank Memorial Fund is to be congratulated on the general results already achieved."

The British Journal of Tuberculosis devotes a column and a half to a detailed presentation of the Cattaraugus County Health Demonstration and makes many interesting comparisons between public health administration in Great Britain and the United States. In this connection, the reviewer says of Dr. Winslow's study: "In this country there has been a much greater uniformity of public health progress than over the water, and it is correspondingly more difficult to decide how much of our improvement in health is due to *ad hoc* administrative effort. The carefully studied experiences of Cattaraugus County are therefore of great interest, and Professor Winslow's conclusions ought to hearten our sanitary authorities and their officers. It will possibly comfort the older

school of British sanitarians to read in an American publication that 'experience in Cattaraugus County has shown that sanitation cannot wisely be minimized in a county health program.'"

© © © *The Diphtheria Prevention Commission Report*

THE saving of the lives of 1,400 children in New York City by the timely use of toxin-antitoxin, and the prevention of 17,000 diphtheria cases, are credited to the three years' intensive campaign conducted in the metropolitan area by the Diphtheria Prevention Commission, in its final report issued last November. This body was appointed in November, 1928, by Dr. Shirley W. Wynne, Commissioner of Health of the City of New York, to carry on an educational program leading to a more general use of toxin-antitoxin. At a total cost of \$140,000 a year, or two cents per capita population, according to the report, results were achieved in accomplishing this purpose which are felt to be highly satisfactory, although continued effort through regular official agencies will be necessary. The cost of the campaign was shared by the Department

of Health, which appropriated \$70,000 a year for the work of the Commission, and the Milbank Memorial Fund which participated to the extent of \$75,000 in 1929, \$65,000 in 1930, and \$50,000 in 1931, or a total of \$190,000. Contributions from the Metropolitan Life Insurance Company further augmented the resources of the Commission.

In the three years the Diphtheria Prevention Commission functioned, the report states, the number of diphtheria cases in one metropolitan area decreased by about 56 per cent, and the death rate from diphtheria by 80 per cent from the average figures of the ten years immediately preceding the campaign. When the Commission began its activities on January 1, 1929, the report further states, the average number of cases of diphtheria for the previous twenty-year period was more than 10,000 per year, while the deaths averaged about 1,000.

The Commission was originally designed to be merely a demonstration "of what could be accomplished by a cooperative and well-financed effort," Commissioner Wynne declares. It was first made possible, he points out, when the late Dr. Lee K. Frankel of the Metropol-

itan Life Insurance Company volunteered financial support for the undertaking, suggesting Edward Fisher Brown as director of the campaign. The enlarged program later evolved was made possible with grants from the Milbank Memorial Fund.

In the course of the demonstration more than 512,000 children received the toxin-antitoxin treatments, either from their family doctors as a result of the educational work of the Commission's workers, or at the Department of Health baby stations. The whole campaign was conducted almost solely on educational lines. Hundreds of articles supplied by the Commission's publicity staff were printed in the English and foreign language press. The message of toxin-antitoxin was broadcast in many tongues over the radio, through the cooperation of broadcasting companies which gave free time to the Commission's speakers. Talking pictures, too, carried the propaganda to added thousands, while literature of many kinds reached countless homes. From the pulpit of almost every house of worship in the City the same message was delivered by clergy of many denominations. Physicians and nurses in traveling

clinics carried toxin-antitoxin into congested districts and to shore resorts, as well as to remote rural sections. On crowded thoroughfares, electric signs and vast billboards bore a challenge to parents to safeguard their children from the menace of diphtheria. Social and welfare societies, nurses' associations, and other professional groups sponsored meetings and conferences arranged by the Commission for mothers, while chambers of commerce, boards of trade, and other civic organizations contributed speakers to aid in the battle against diphtheria. Transit lines gave free space for cards urging parents to have their children immunized.

"The record established by the Commission," said Commissioner Wynne, "will always stand out as one of the great achievements in public health work in this City, and one of the most successful demonstrations of what can be accomplished by well-planned efforts."

◎ ◎ ◎ *Comments About the Sir Arthur Newsholme Studies*

SIMILARITY in the public health problems confronting the European countries studied by Sir Arthur Newsholme

becomes increasingly apparent with the publication, dealing with Great Britain and Ireland, of Volume III of his "International Studies on the Relation Between the Private and Official Practice of Medicine" (Allen and Unwin, London; and Williams and Wilkins, Baltimore). Upon publication of one of its predecessors, the Birmingham (England) *Post* made this observation. The *Red Cross Courier* also commented on "the remarkable parallelism in the medical problems facing each country, problems akin to those that prevail in the United States, which have led to the formation for their study of the Committee on the Costs of Medical Care." Dr. Kendall Emerson, writing in the *Child Health Bulletin*, notes that "while Sir Arthur finds marked diversity of method in the various countries, he brings to light a definitely accepted principle of state responsibility, which appears common to them all." Dr. Emerson expresses the judgment that "a careful scrutiny of these works should be a part of the equipment of all who are interesting themselves in the philosophy and economics of a government's responsibility for the health of its people."

The *Journal of the American Medical Association* analyzes the purpose of these studies as, among others, that of "utilizing methods not unfriendly to the interest of the medical profession, and of discovering how the services of the private physician may best be utilized in public health." *Hygeia*, nevertheless, notes that "in every country the question of the relationship of private medical practice to organized community control of medical care was a snag in the situation." *Hygeia* feels, however, that these studies afford "a better picture of general conditions in the field of social medicine than has heretofore been available in any other place."

Dr. C.-E. A. Winslow, writing in the *American Journal of Public Health*, says, "We are beginning at last in this country to emerge from adolescent self-satisfaction and to recognize that older nations have much to teach us, particularly in the field of social organization. We could have no better instructor than Sir Arthur Newsholme." Of Volume I, he says, "It is accurate, dispassionate, and well balanced. It should be invaluable to all thoughtful students of this problem as opening up new vistas of international experi-

ence in a most important field."

◎ ◎ ◎ *Fellows Appointed for Postgraduate Research Study*

SINCE 1929 two research fellowships have been provided annually by the Milbank Memorial Fund in the fields of public health, population problems, health education, and social welfare and relief. The object of these fellowships is to afford an opportunity to postgraduate students for further formal training or for specific research projects, or both, in these fields. The recipients of these fellowships have been as follows, the courses pursued or projects engaged in during fellowship incumbency being shown in italics:

1929-1930: George A. Baker (Ph.D., University of Illinois): *statistics and public health* at Columbia University.

1929-1930-1931: Elliott H. Pennell (A.B., Bowdoin College): *statistics, epidemiology, and public health* at Columbia and Johns Hopkins Universities.

1930-1931: Katharine Berry (A.B., West Virginia Wesleyan College): *sociology* at Columbia University (M.A., 1931).

1931-1932: Hsun-Yuan Yao (M.D., Peking Union Medical College): *public health administration* at Johns Hopkins University.

1931-1932: Clyde V. Kiser (A.B., M.A., University of North Carolina): *research in population problems*, Milbank Memorial Fund.