

NEWS DIGEST

◉◉◉ *Newsbolme's "Medicine and the State" Attracts Wide Attention*

SIR Arthur Newsholme, who had planned to visit the United States during May, and was scheduled to deliver addresses at the annual meeting of the American Medical Association, and at the New York Academy of Medicine, was forced to cancel his trip because of the illness of Lady Newsholme.

His latest book, "Medicine and the State," was published on May 9 simultaneously in England and the United States. This volume, as has been announced in the *Bulletin*, presents the author's personal interpretation of and conclusions from the factual matter assembled in his three volumes, "International Studies on the Relation Between the Private and Official Practice of Medicine with Special Reference to the Prevention of Disease."

Sir Arthur's comprehensive definition of "state medicine" includes "official practice" whether supported by taxation or voluntary contributions. Hospitals and clinics, sickness insurance schemes, public health measures, school hygiene, and facilities for the care of paupers and the insane, are all discussed in relation to private practice. The author holds that the unit both in curative and preventive medicine should be the family. In his opinion the family doctor is "the most important single agent in medical work." However, he sees an increasing need for "group practice" by physicians in order to provide better care for patients. He maintains that the doctor should be "the family adviser of the well and not only of the sick," but he goes on to say that private preventive medicine calls for a radical change in methods of remuneration.

On the curative side, Sir

Arthur declares that "for a large share of the population the individual cost of sickness is overwhelmingly great." He maintains that for certain wage-levels it is necessary to inaugurate sickness insurance with contributions jointly from employers and employees. Although voluntary insurance is successful in some countries, notably in Denmark, he believes that compulsory schemes may also be justified. Sickness insurance can become "a valuable instrument in preventive medicine," he asserts.

"Medicine and the State" has already attracted wide attention. Professor Lewellys F. Barker, M.D., of the Johns Hopkins University, says, "I think this volume will have a very important influence upon the thought of medical men regarding the organization of medical services in this country." Professor Walton H. Hamilton, of the Yale University School of Law, calls the book "a worthy supplement to the other volumes and an excellent perspective of the problems with which they are immediately concerned." Dr. F. Humbert, formerly director of the Health Division of the League of Red Cross Societies in Paris, says that this volume

"crystallizes the situation in such a clear manner" that he hopes it will be read by all medical practitioners. Sir John Collicie, Chief Medical Officer, Metropolitan Water Board, London, predicts that the book "will stand out as a milestone for generations."

The press is also alert to the great significance of this volume. Thus the Boston *Transcript* devotes several columns to a presentation of the author's main conclusions. Editorial comment has already appeared in many American dailies. The British press, as was to be expected, is devoting much space to the book.

The Journal of the American Medical Association has published a special article by Sir Arthur which is based on "Medicine and the State" and the three volumes in the "International Studies." Commenting on this article and on the volumes under discussion, the *Baltimore Health News* says that Sir Arthur's "American friends will recognize in these latest contributions much of the personal charm and vigor of the veteran health administrator. The fact that the summary article has been placed on the desk of every up-to-date physician

in the United States is of great significance. There can be no more vital problem confronting the medical profession than that under discussion by this eminent author."

"Medicine and the State," containing 308 pages, is published by The Williams and Wilkins Company, Baltimore, and George Allen and Unwin, London. The volume sells at \$3.50 or 7/6.

© © © *Physical Impairments in Relation to Occupation*

IN a recent one of the series of Studies in Diseases of Adult Life¹ it was found that broad occupational or socio-economic groups of male white life insurance policy holders given health examinations by the Life Extension Institute showed marked differences in the rates of certain physical impairments. Of all the groups the one which showed the highest rates in general was the group designated as "skilled trades." The examination records for this group of 17,294

persons, furnished by the Life Extension Institute, were further analyzed in order to discover whether or not any specific kinds of impairments were associated with any specific occupations. The results of this further study which was carried out in cooperation with the Office of Industrial Hygiene and Sanitation of the United States Public Health Service, were presented in a paper by senior statistician Rollo H. Britten and junior statistician Jennie C. Goddard of the Service, published in the United States *Public Health Reports* of January 1, 1932, xlvii, No., 1 as No. 6 in the Milbank Memorial Fund's Studies in Diseases of Adult Life.

Occupation *per se* appeared to be associated with only a few specific impairments. Thus, defective vision was clearly associated with garment work, cutting, and tailoring. For defective hearing, the very interesting result was found that the occupations showing the highest impairment rates are those in which noise is a definite condition. For carious teeth and pyorrhea, painters have the highest rate, a fact possibly associated with lead poisoning.

The most interesting and significant finding of this study was

¹Sydenstricker, Edgar, and Britten, Rollo H.: Studies in Diseases of Adult Life No. 4, Physical Impairments and Occupational Class. *Public Health Reports*, xlv, No. 34, August 22, 1930.

"that the higher rates characteristic of the industrial workers were not to be explained, except in a few instances, as being due to the hazard of any specific occupation. On the contrary, these higher rates seemed to be the result of various factors associated with social, educational, or economic causes, and to be present, in more or less degree, in every specific occupation studied. Differences among the industrial occupations did not appear to be of great moment, and when found seemed to reflect either selection (the tendency of workers with certain impairments to drift into occupations where such impairments would not serve as a handicap) or the presence within the industrial occupations themselves of social or economic differences."

◎◎ *Change in the Size of Families between 1870 and 1910*

A unique approach to the study of trends in the fertility of certain social classes prior to 1910 was presented to the Division on Social Biology and Population of the American Sociological Society at its meeting in December. The paper, written by Xarifa Sallume and

Frank W. Notestein of the Fund's Division of Research, is a further analysis of data for selected native-white populations obtained by a special tabulation of samples of the 1910 census data relating to the number of children ever born to each married woman, the wife's age, and the husband's occupation.

These data make it possible to determine the number of children ever born per one hundred women, for women whose ages in 1910 ranged from forty-five to eighty-five years, and whose childbearing periods, therefore, ended as recently as 1910 and as early as 1870. The trends in such cumulative birth rates can be said to measure time changes in fertility only on the assumption that there is no association between fertility and the length of life after the end of the childbearing period. At present the evidence on this point is fragmentary, but it appears unlikely that the trends observed could be accounted for by such an association if it exists, and probable that they reflect, if they do not measure, actual time changes in fertility.

The analysis of the data leads to the following conclusions. (1) In each social class considered, the size of completed families

was declining through the entire period covered by this study, which is from 1885 to 1910 for the professional, business, and skilled-worker classes of the urban population, and from 1870 to 1910 for the farm-owner class. (2) These changes in the size of completed families must reflect the falling annual birth rates of a still earlier period. (3) Fertility appears to have declined more rapidly in the urban classes than among the wives of farm owners, and somewhat more rapidly in the "upper" urban classes than in the "lower." (4) These differences in the rate of decline have brought about increased differences in the fertility of the social classes considered.

Aside from the social significance of these results to those who are taking stock of the changes in our population, the facts brought out by this study are of practical importance to those who are interested in public health and social welfare. For they indicate the manner in which the population has been recruited from the various social classes as well as the changes in the size of the family in different social classes, and they point rather definitely to the conclusion that other factors than

birth control have long been operating to reduce the rate at which the American people on different social levels are reproducing themselves. By inquiries such as these, information will be secured that will enable the public health statesmen to judge of the type of population the size of the family that health activities will deal with in the future. A new field is opened also for sociologists, biologists, and physicians to inquire into the physiologic and social factors affecting fertility and sterility and to see how these factors can be dealt with for further promotion of health and economic welfare.

The complete paper will appear in the *Proceedings of the American Sociological Society*, 1931.

◎ ◎ ◎ *Study of Public Health Methods in Two Virginia Counties*

THE Milbank Memorial Fund is cooperating with the United States Public Health Service in a qualitative and quantitative study of public health administration and methods in the two counties of Greenville and Brunswick, Virginia. Edgar Sydenstricker, di-

rector of the Fund's Division of Research, who is also principal statistician in the United States Public Health Service in an advisory capacity, was requested to assist in preparing the plans for this study, and Miss Marian G. Randall and Miss Dorothy G. Wiehl of the Fund's staff have also been assisting in the inauguration of special phases of the study.

This is the first of a series of studies to be undertaken by the Office of Studies of Public Health Methods of which Surgeon Joseph W. Mountin is in charge. The public health activities in these two counties are under the administration of one full-time health officer, and his staff consists of two public health nurses, one sanitary inspector, and a clerk. The two counties have a total population of approximately 30,000, and thus offer a wide contrast in public health facilities and procedures to those developed in Cattaraugus County, New York. By reason of the Fund's cooperation and assistance, the studies of the various health activities in Greenville and Brunswick Counties, Virginia, will be comparable in many respects to those being made in Cattaraugus County.

◎ ◎ ◎ *American Institute of Architects Calls for Revision of Ventilation Laws*

IN line with the conclusions of the New York Commission on Ventilation, which was financed by the Milbank Memorial Fund, are the resolutions of the Executive Committee of the American Institute of Architects, adopted in February, this year, and published in the March issue of *The Octagon*, the Institute's journal. In connection with these resolutions readers of the *Bulletin* are referred to "School Ventilation, Principles and Practices," published in 1931 by Teachers College, Columbia University, New York, this being the final report of the Commission. This report was reviewed in some detail in the January number of the *Quarterly Bulletin*.

The resolutions of the Executive Committee of the American Institute of Architects are as follows:

Whereas, Present laws and regulations relating to the ventilation of buildings require a tremendous annual expenditure for ventilating equipment involving the health, welfare, and comfort of the general public, and

Whereas, The prevailing standards of practice in the ventilation of build-

ings are not supported by proven scientific facts, and

Whereas, Competent hygienists and medical authorities, on the basis of authentic physiological data from reliable sources, are not in agreement with heating and ventilating engineers, and

Whereas, This chaotic condition has created a widespread dissatisfaction in the public mind regarding methods of ventilation, resulting in many objections to the present engineering practice, now therefore be it

Resolved, That the American Institute of Architects recommends the revision or repeal of present codes and regulations relating to the ventilation of buildings, wherever such codes and regulations are not supported by rational and authentic physiological data acceptable to both the hygienist and the engineer, and be it further

Resolved, That the American Institute of Architects is opposed to the promulgation or adoption of further codes, requirements, regulations, or standards for ventilation until such time as an agreement between recognized authorities in the medical and engineering professions has been reached regarding the necessary minimum standards for ventilation, and be it further

Resolved, That the American Institute of Architects favors the creation of a national movement to determine the factors to be considered in maintaining the health, comfort, and safety of the occupants of buildings as affected by ventilation and that these factors, when determined, shall be used as the basis for a ventilating code of fundamental minimum stan-

dards generally applicable in all communities, and be it further

Resolved, That the Secretary be instructed to send a copy of this resolution to the Board of Directors of the American Society of Heating and Ventilating Engineers, the American Standards Association, the American Public Health Association, the United States Public Health Service, the American Medical Association, the Ohio State Association of Architects, and the Secretaries of all Chapters of the Institute, and that a copy of this resolution be printed in *The Octagon*.

© © © *New Health Center Construction in Serbia*

FOURTEEN health center buildings have recently been completed and seven more are under construction in Serbia as a result of work started by the Serbian Child Welfare Association, to which the Milbank Memorial Fund made a grant in 1919. One of the new buildings is to be called the Elizabeth Milbank Anderson Health Home, according to a recent report. Seventy-eight health centers in all have been established.

An early activity of the Association was the establishment of the Training School for Nurses, in Belgrade, the first of its kind in this part of the Balkans. There are now four such training schools.

© © © *First Heart Clinic in Syracuse*

THE first heart clinic in Syracuse, New York, and one of the first in American cities in the same population class, was started this year in March by the Onondaga Health Association. The plans for this clinic, which is held at the Syracuse Free Dispensary, were developed by a committee of doctors and laymen headed by Dr. E. C. Reifenstein, professor of medicine in Syracuse University. Dr. Reifenstein is also the chief of staff for the heart clinic. He is

assisted by ten internists and pediatricians. Other physicians from the Medical College and on the Dispensary staff will make fluoroscopic and X-ray studies and have charge of laboratory procedure. The Milbank Memorial Fund has contributed an electrocardiograph, a basal metabolism apparatus, and other equipment to the heart clinic. Miss Eleanor L. Dodge, who has had medical social service experience in Chicago, St. Louis, and Philadelphia, is executive secretary of the committee. It is affiliated with the American Heart Association.