

ANNOTATIONS

"RHEUMATISM" AND ARTHRITIS

"R^HHEUMATISM," as a subject for review does not sound like the happiest of prospects. To the layman the term may well suggest dark days, wet feet, and mustard plasters. To most practicing physicians also come impressions which are no brighter, for the term "rheumatism" includes a group of diseases which are difficult to classify, difficult to understand, and very difficult to treat. Neither do thoughts of these diseases gladden the hearts of public health workers for, as yet, there is little knowledge which can be practically applied for their control or prevention. This is the pessimistic side of this problem. For the optimistic side, we have to turn to that well-worn and over-worked dictum that rheumatism is a challenge to the medical profession in much the same manner as is cancer. It presents a long list of problems which seem to demand solution and, to say the least, the efforts of those who have tried to solve some of them should arouse our respect and interest.

Some idea of the havoc wrought by these diseases may be gained from the estimate that: "Chronic arthritis, the most common form of 'rheumatism,' is the greatest single cause of disability in temperate climates, and it produces more pensionable invalidism than any other condition except cardio vascular disease in old age." The extent of this menace to human health has been recognized by an international body known as the *Ligue Internationale contre le Rhumatisme*, in affiliation with which the American Committee for the Control of Rheumatism has been working. In spite of the large amount of work which has been done in the United States, Canada, and Great Britain, no systematic review of the existing literature on the subject has been available in the English language. To meet this need, the American Committee recently arranged for the preparation of a synopsis of the significant

current English and American papers on "rheumatism" and arthritis.¹

Primarily, we cannot consider the subjects covered by this synopsis or review without defining the term "rheumatism." This vague word has been used for four hundred years by physicians who wanted a blanket term to cover certain aches and pains involving muscles, tendons, and joints. Joint afflictions had, of course, been recognized for more than four hundred years, and have been designated as such by the more specific term arthritis. But, when confronted with a patient complaining of pain in the shoulders or knees, both ancient and modern physicians have often experienced difficulty in deciding whether the trouble was actually within the joints, around the joints, or in regional muscles, nerves, or tendons. Some word or diagnostic term seemed necessary to cope with situations of this kind, and, as a result, the broader term "rheumatism" was coined. It was rapidly accepted and is now a household word because it seemed to satisfy the patient's concern and the doctor's conscience. In fact we cannot yet afford to eliminate the word "rheumatism" because the conditions to which it refers are still sufficiently obscure to require a vague or blanket term.

In the review by the American Committee, the list of different conditions or illnesses which now fall under the terms "rheumatism" and arthritis is a long one, including about thirty major conditions and many variant types of these major groups. The proper arrangement of these conditions in any given classification has represented a difficult task and of this fact the authors have been well aware. They state: "Just as with religion, politics, or prohibition, the subject of the nomenclature and classification of the chronic arthritides arouses vociferous, even acrimonious debate." It may suffice to say that their classification and differentiation of these various kinds of "rheumatism" or arthritis, has been based as far as possible upon the types of underlying disease. This is not entirely satisfactory, but it singles out certain conditions which by virtue of their cause being known may be eliminated from the present discussion. Tuberculosis of the bones, for instance, may penetrate into the joints thus giving rise to a specific type of arthritis, so-called tuberculous arthritis. Similarly, certain other known infections may produce their own specific types of arthritis, their nature and

¹ Hench, P. S.; Bauer, W.; Fletcher, A. A.; Ghrist, D.; Hall, F.; and White, P.: The Present Status of the Problem of "Rheumatism"; A Review of Recent American and English Literature on "Rheumatism" and Arthritis. *Annals Internal Medicine*, April, May, and June, 1935, 8: pp. 1315, 1495, and 1556.

treatment, whether curative or preventive, being dependent upon the causative disease. We will not be concerned here with this group, our present interest in the subjects reviewed being rather with a group of so-called non-suppurative types of arthritis, in most of which, little is known of the underlying disease. Of these there are six or seven major conditions which by and large represent most of those illnesses embraced by the terms "rheumatic conditions" and "rheumatism" as they are employed in this country.² These conditions are:

- Traumatic diseases of the joints
- Rheumatic fever
- Chronic arthritis
 - Atrophic arthritis
 - Hypertrophic arthritis
- Gout
- Fibrositis

Actual figures on the prevalence of the conditions in this list, collected by authors from different parts of the world, will not be transcribed, for, owing to the present lack of generally accepted diagnostic standards, they are probably not very accurate, and furthermore they cannot be readily interpreted unless related to statistics dealing with the local prevalence of other diseases. From the sickness survey conducted in Hagerstown, Maryland, it was found that rheumatism was responsible for more illnesses than any other disease of long duration, and this would seem to be a generalization which might well hold within most temperate climates. There is no question as to the large amount of disability produced by these conditions. This is partly due to the chronicity, or long duration of the attacks, a characteristic of conditions associated with lesions involving bones or their adjacent tissues. It is also due to the obvious fact that any mild disease producing lesions, however slight, which interfere with bodily movements is markedly incapacitating; and by no means the smallest part of this state of incapacity is the feeling of frustration that goes with it.

Besides the disabling features there are certain other features which most of these non-suppurative types of arthritis have in common. Mention has already been made of the fact that as a group their cause and nature is poorly understood and in several, one encounters the same

² The use of the term "rheumatism" may have a different connotation in England for *acute rheumatism* is the term employed in that country to designate rheumatic fever.

interminable difficulties in deciding whether they are infectious or metabolic in nature. Another feature is the fact that exposure to cold damp weather predisposes in some unknown way to several of these conditions. As such, their prevalence is increased in temperate, as opposed to tropical climates, particularly among industrial workers who are exposed to dampness. Still another common feature (and this also applies to the suppurative arthritides) is the fact that trauma or injuries as from a blow or strain often seem to be direct or indirect factors in precipitating symptoms.

Brief descriptive notes of the six conditions from our list follow. They represent an abstract of the more detailed information in the original review.

Traumatic Rheumatism. This is not a sharply defined set of conditions, for, although trauma from single or repeated minor injuries, or strains associated with abnormal posture plays an important rôle in producing arthritis, it may also aggravate an already existing arthritis. Thus it becomes an indirect factor in a variety of types of arthritis such as suppurative arthritis following osteomyelitis, the acute arthritis of rheumatic fever, and hypertrophic arthritis. Interesting experiments have recently been performed to show that if an injury to a joint involves the cartilage (the most vulnerable tissue of the joint) and the joint continues to function, then hypertrophic arthritis will ensue. It is nature's method of "healing" (or responding to the injury of) a delicate tissue which is difficult to repair.

Types of traumatic rheumatism which are considered the direct result of occupational and recreational strain include, "housemaid's knee," "tennis elbow," et cetera. Here something has already been accomplished in the line of prevention, perhaps more than in most other types of "rheumatism." Such preventive measures have been developed in various industries and deal for the most part with questions of clothing, advice of a general hygienic nature, and protective devices to relieve trauma during the performance of specific types of labor.

Rheumatic Fever. (*Synonyms:* Acute Inflammatory Rheumatism, Acute Articular Rheumatism, et cetera.) This is an important and well-known disease, common in temperate climates. It is differentiated from most of the other types of rheumatism under discussion by virtue of the fact that it attacks individuals of a younger age and that it is more obviously a systemic disease of which joint symptoms are a local but spectacular manifestation. The joint involve-

ment in rheumatic fever is not serious and although symptoms may persist for months joints are seldom permanently damaged. On the other hand a much more serious aspect of rheumatic fever exists in the heart disease which so often accompanies it.

Rheumatic fever presents problems which are a little different from other types of "rheumatism," in the same manner that tuberculous arthritis also presents problems which are peculiarly its own. Its highest prevalence is found among the poorer classes of people living within cities, but there is no explanation as to why this is so. It is probably an infectious disease in which streptococci play direct or indirect rôles in precipitating its active phases. Very little has been accomplished in the way of controlling its prevalence but a great deal of work on the influence which climate, diet, and sanatorium care may have on the course of the disease is now in progress.

Atrophic Arthritis. (Synonyms: Infectious Arthritis, Rheumatoid Arthritis.) This serious and common condition may appear at any age, but generally does so between the ages of 20 and 40. The majority of young adult and middle-aged individuals who are "crippled for years from arthritis" suffer from this type of illness. It is a very chronic condition with periods of quiescence and activity. Associated and often preceding the insidious development of joint symptoms are evidences of mild systemic disease such as loss of weight, fatigability, and nervous irritability. Sometimes the course of the disease may be short and there may be no residual disability, but on the other hand it is one of the most disabling of the arthritides, in that destruction, deformity, and permanent loss of motion of joints may result. The type of damage inflicted consists in thickening of the joint lining and decalcification of the underlying bone. The cause and nature of these lesions have so far resisted elucidation in spite of the enormous amount of effort which has been expended in that direction (twelve pages in this review are devoted to various etiological theories). The care and treatment of patients suffering from this condition is one of the most difficult in the field of medicine and in emphasizing the magnitude of the therapeutic problem the reviewers have justifiably quoted the slogan, "Know arthritis and one knows medicine." Unfortunately the disease is generally well under way before it is recognized and this is always a handicap to the physician. No attempt will be made to review the long list of procedures which are either considered harmful or of value in the treatment of

atrophic arthritis (twenty-one pages are devoted to it in this review).

By and large the impression gained from this part of the review tends to dispel the pessimistic view held by many patients, indeed by many physicians that, "Nothing can be done for atrophic arthritis." Good results have been obtained by various means. However, it does not seem as if quite so much weight were being placed upon the administration of vaccines or the removal of "foci of infection," such as teeth and tonsils as there would have been if this review had been written a decade ago. A word may be said about clothing and climate. The statement is made that arthritic patients tend to wear heavy underwear and extra clothing in an effort "to keep out the weather," thus tending to induce a sodden condition of the skin. Light, porous, and loose-fitting clothing is a therapeutic recommendation. From the data at hand it is difficult to determine the value of a warm and dry climate in relieving arthritis, but it may play a more obvious rôle in prevention than cure. A striking absence of arthritis has been reported among Indians of the Tucson Desert. The field of prevention in this disease is, however, certainly still undeveloped.

Hypertrophic Arthritis. (Synonym: Osteo-arthritis.) This is essentially the "rheumatism" of old age, rarely appearing before the age of 40. It is a relatively benign condition in comparison to atrophic arthritis but the acute disability it produces may be very appreciable. The character of the damage consists of degeneration of the cartilage and proliferation of bone about the margins of the joint. Such lesions do not usually go on to cause actual immobilization of joints except to some degree in the spine, where bony spurs may coalesce and thus bridge the gap between individual vertebrae. The nature of hypertrophic arthritis is probably bound up with the physiology of senescence. Preventive measures are unknown.

Gout. From the section dealing with gout we learn that it had been looked upon as "an almost extinct disease" until Hench and others called attention to the fact that it is more common than is usually believed, many cases being missed through mistaken diagnoses. Gouty arthritis is said to be the only definitely recognizable form of "metabolic arthritis," that is, arthritis due to deranged physiological processes rather than to infection. It results, in part at least, "from a disordered purine metabolism" and as such an important part of its treatment and prevention is dietary.

Fibrositis. (Synonym: Muscular Rheumatism.) As both of these names imply, this condition does not affect joints *per se*, but the

former name is preferable because it is an affliction of fibrous tissue which may be localized anywhere in the body although it is particularly common around the joints. Various writers include under fibrositis such manifestations as lumbago, wry neck, et cetera. It is perhaps the commonest form of "rheumatism" and although the least serious, it may temporarily be very incapacitating. "With atrophic and hypertrophic arthritis it makes up the three great types of chronic rheumatism," representing from 10 to 55 per cent of the cases of "rheumatism" encountered in clinic or other types of practice. It is more common among men than women, and among miners and outdoor workers than others. Its pathogenesis is obscure but exposure to cold and dampness are recognized as predisposing factors. Methods of handling these cases fall along the same lines as in atrophic arthritis. Nothing is mentioned as regards its prevention.

J. R. PAUL, M.D.

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FIFTY FRUITFUL YEARS

SIR ARTHUR NEWSHOLME's latest work¹ bears the sub-title, "A Personal Narrative with Comments," but it is by no means a biography in the ordinary sense of the term. It corresponds to Duclaux's *PASTEUR* rather than Vallery-Radot's. It is the precious concentrate of a long life of inspiring leadership in the field of public health; but the word "Newsholme" does not appear in the index of proper names.

This volume carries the story up to 1909, including the period when the author served as Medical Officer of Health for Clapham and Brighton and up to his appointment as the Chief Medical Officer of the Local Government Board. The first chapters include excellent thumb-nail sketches of certain pioneers who directly or indirectly influenced the public health movement in the late Nineteenth Century such as Chadwick, Simon, Farr, Southwood, Smith, Budd, John Snow, Benjamin Ward Richardson, and Pettenkofer. Later sections deal with three major public health problems, the control of infectious disease (in particular, scarlet fever, diphtheria, typhoid, rheumatic fever, and tuberculosis), vital statistics as a basis of public health work, and the safeguarding of development and growth. In each of these fields, News-

¹ Newsholme, Sir Arthur: *FIFTY YEARS IN PUBLIC HEALTH*. Vol. I. London, George Allen and Unwin, 1935. 415 pp. 15 shillings.

holme traces the evolution of our modern viewpoints, citing in detail evidence accumulated from his own rich experience. To the student of the history of public health this volume will prove invaluable and to every worker in the field the study of its pages will bring a stimulated critical faculty and a keener insight into the problems of the present day.

C.-E. A. WINSLOW, DR. P.H.

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NEGRO INTELLIGENCE AND SELECTIVE MIGRATION

HOWEVER scant our knowledge on the subject of selective migration, the question is very important when we consider (1) the increasing urbanization of the population and (2) that birth rates in cities are too low to maintain the urban population. If the cityward migration tends to remove the most able individuals from rural areas and to place them in urban districts where birth rates are low, the process is one which will affect at least the cultural heritage of the next generation. If hereditary factors are involved, the problem runs deeper and is of more lasting consequence.

There is no doubt of the selectiveness of migration in respect to easily ascertained facts such as age and marital status. Occupational selections are sometimes inherent in specific migrations. However, evidence is sketchy on the question of selectiveness with regard to mental ability in its social or biological ramifications.

Without essaying a general answer to the above question, Klineberg's *NEGRO INTELLIGENCE AND SELECTIVE MIGRATION*¹ presents an interesting and concise account of the methods used and results secured from studies of migrant and non-migrant Negroes. The army tests and intelligence tests administered to school children are fairly consistent in their indications that northern Negroes score higher in intelligence tests than do southern Negroes. Is this condition attributable to selective migration? Is it attributable to a more favorable environment in the north? These questions constitute the twofold problem with which Dr. Klineberg's study deals.

The author first studied the school records in Nashville, Birmingham, and Charleston (South Carolina) in order to ascertain whether those children who had migrated north were superior or inferior when com-

¹ Klineberg, Otto: *NEGRO INTELLIGENCE AND SELECTIVE MIGRATION*. New York, Columbia University Press, 1935, 66 pp.

pared with the total Negro school population in those cities. Comparisons were made with respect to average marks on subjects and with respect to age-grade standing in school. In order to minimize variations due to the subjective nature of "marks" given by teachers and to the possibility of recent improvement of school facilities for Negroes in those cities, the scores tabulated were determined by the rank of the individual in his class rather than by absolute values.

Satisfactory records were found in Birmingham for 303 migrant children, in Nashville for 184, and in Charleston for 75, a total of 562 cases.

Stating the average score in school marks for non-migrant children as 50, the score for Birmingham migrant children was found to be 44.8; that for Nashville children was 54.0; that for Charleston was 55.6; and that for the total group 49.3, or very close to the average for the non-migrants. The findings were practically the same with respect to age-grade status. Comparisons between records of northern migrants and those of migrants to other sections also gave results which were essentially negative. "This part of the study, therefore, gives no indication of a selective migration which might explain the superiority of northern over southern Negroes. There remains the problem of deciding whether a change in the environment of the Negro children could raise their intelligence-test level sufficiently to account for the observed difference."

The latter part of the investigation includes nine separate studies made under the direction of the author by Master of Arts candidates in the Department of Psychology in Columbia University. Various intelligence and performance tests were administered to a total of 3,081 subjects, consisting of ten- and twelve-year-old Negro boys and girls in Harlem schools. In analyzing the findings, the children were classified according to duration of residence in New York City. There is impressive consistency of the separate studies in the indication of direct association between intelligence test scores and length of residence in New York. The association was negligible insofar as the performance tests (such as form board and speed of movement tests) were concerned.

On the basis of the twofold sets of studies, the author concludes: "As far as the results go, they show quite definitely that the superiority of the northern over the southern Negroes, and the tendency of northern Negroes to approximate the scores of the Whites, are due to factors in

the environment, and not to selective migration." This conclusion is wisely guarded by a prefacing qualification. A more general statement would doubtless fail of general acceptance until the studies are carried further. In the reviewer's opinion, Dr. Klineberg's outstanding contribution, thus far, consists in his analysis of the nature of the problem and in the development of a technique, but not in conclusive results. In the first place, one wonders whether the negative results obtained in the investigation of migrants from Birmingham, Nashville, and Charleston would be the same if such studies were made in rural areas whence a large proportion of Negro migrants come. In regard to the New York studies, the published tables reveal some pitifully small numbers in the sub-groups after the essential classifications are made. Standard deviations are conscientiously presented, but these lend little weight even to "suggestive" interpretations when, as in one table (page 32) relating to country-born children, the numbers studied in five categories of city residence duration are 9, 9, 11, 7, and 4, respectively.

No one is more aware than the author of the limitations of his material and he well deserves our gratitude for pioneering work in a field beset with many difficulties but proportionately important.

CLYDE V. KISER

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NUTRITION AND PUBLIC HEALTH

"IN SO FAR as public health activity is concerned not only to defend populations against disease, but also to create a maximum of physical well-being, nutrition is perhaps the most important subject with which it has to deal," say Et. Brunet and W. R. Aykroyd in their report entitled, "Nutrition and Public Health."¹ These authors have prepared a concise and lucid summary of present-day knowledge of foods and the science of nutrition and have made a survey of public health nutrition activities now carried on in many countries throughout the world, including the United States. Their report of 150 pages in the *QUARTERLY BULLETIN* of the Health Organization of the League of Nations deals briefly with many aspects of the whole problem of nutrition and is addressed primarily to public health officials. It includes a bibliography of 129 titles.

¹ Brunet, Et. and Aykroyd, W. R.: Nutrition and Public Health. *Quarterly Bulletin* of the Health Organization, League of Nations, June, 1935, iv, No. 2.

There is a discussion of the standards of human requirements for various food factors and of the various physical standards which have been used to assess the state of nutrition of the individual or to detect malnutrition. The lack of precision in these standards is admitted frankly but it is pointed out also that within certain limits they have great value for establishing a practical program. Examples of public education in nutrition and of many public health efforts in which nutrition work is coordinated with other activities, as in infant, maternity, and child health programs, are cited. Examples of public action range from preventive measures for specific dietary deficiency diseases to the collective feeding from kitchen-factories found in the U.S.S.R. The significant indication brought out is that if a high standard of health and efficiency for the general public is to be attained, there must be organized, systematic measures taken to insure an adequate diet.

The effect of national economic policies on the food supply of countries and the relation of nutrition to economic, agricultural, and industrial problems are given considerable emphasis in the report and these broader aspects of the problem are of especial interest. National planning and even world planning are suggested as possible for dealing with the broad problem of food production and distribution. Such planning "could not be formulated without taking into account the facts of food production as they at present exist, and its aim would be to bring about modifications and improvements in existing dietary habits rather than drastic alterations." In the authors' opinion, "production, distribution, and consumption have hitherto been considered mainly as economic phenomena without sufficient regard to their effect on public health"; and "the general problem of nutrition as it presents itself today, is that of harmonizing economic and public health development."

DOROTHY G. WIEHL

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AN INTRODUCTION TO PUBLIC HEALTH¹

TO many teachers and administrators in public health, this book by Dr. Mustard will be a pleasant surprise. In general scope, it shows similarity to other books on the principles of sanitary science and public

¹ Mustard, Harry S., M.D.: *AN INTRODUCTION TO PUBLIC HEALTH*. New York, Macmillan, 1935, 250 pp. (\$2.50).

health practice. An inspection of its table of contents will reveal no striking departures from orthodox array of topics; the book is arranged in twelve chapters, treating the following subjects:

1. Backgrounds
2. Vital statistics
3. Organization and administration
4. Acute communicable diseases
5. Tuberculosis
6. Venereal diseases
7. Sanitation
8. Hygiene of the individual
9. Childbearing
10. Infancy and childhood
11. School health service
12. Non-communicable diseases

The sequence is not altogether that which has been followed by other textbook writers; but Dr. Mustard presumably follows the order which he has found useful in his own thinking and teaching. The elements which are novel and give distinction to this volume are of two other kinds.

First, Dr. Mustard takes as his initial benchmark the principle that public health, considered as one of many social measures, includes medical care. The relation between *public health* and *social betterment* which influences his thinking he summarizes as follows (pages 2-3):

1. As health is an essential factor in human welfare its maintenance and protection are necessarily of social importance.

2. The extent and manner in which society concerns itself as to the public health depends upon the social philosophy which prevails.

3. Under a system where individualism obtains, society tends to take only those public health measures which are beyond the scope of individual action: organization for the prevention and control of epidemics, the provision of public water supplies, sewer systems, milk sanitation.

4. Since, for generations, the social philosophy in America was largely one of individualism, quite naturally public health work has been concerned with problems of the mass rather than of the individual.

5. Within recent years, society has shown an increasing tendency to assume responsibility for the individual as an individual: for his education, his employment, his general welfare.

6. Out of this evolution there has come a tendency to broaden and intensify public health work; and in this expansion, government, representing society, appears more and more inclined to regard provision of adequate public health and medical care as society's responsibility to each individual if he cannot himself procure such service.*

And later (pages 11-12): "A health problem becomes a public health responsibility if or when it is of such character or extent as to be amenable to solution only through systematized social action, its relative importance varying with the hazard to the population exposed. This risk may be qualitative, in terms of disability or death; quantitative, in terms of proportion of population affected; actual or potential."

Here are views deserving careful consideration. Nor are they expressed only *ex cathedra*; although the first chapter of the book devotes some fourteen pages to introduction and the formal history of public health, the next nine pages cover a review of medical service, its market, the supply, the demand, the costs, etc. Throughout all the succeeding text a strongly social viewpoint prevails and the relations of the public authority to the private practitioner are frequently brought to bear upon the analysis.

Second, the relative distribution of text in terms of subject matter follows not the well-established traditions for public health textbooks, but the actual practices of public health administration. The description of activities which have become well established and routinized is condensed and almost neglected. This is notably true of environmental sanitation and related topics. The subjects which have been made prominent by recent changes in the problems of public health practice are given most of the space—tuberculosis, the venereal diseases, hygiene of the individual, maternity and infancy care, etc. In this proper sense, the book is an introduction to *modern* public health.

Finally, Dr. Mustard has not forgotten his critical senses in any pre-occupation with trying to write simply. Without adopting a cynical tone, he has managed to challenge many current views and to show the

*If this present tendency in government and society continues, and regardless of whether or not one is in accord with it, the organization for and administration of public health and medical care will undergo very definite changes.

student why both those who practise public health and those who pay for it have a right to ask why *this* is done or upon what evidence *that* rests. He has written frankly and without sophistry. His book warrants reading by public health workers and deserves trial by other public health teachers.

I. S. FALK

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PUBLIC HEALTH ADMINISTRATION IN THE UNITED STATES¹

PUBLIC health administration is, at best, an art and not a science. A sound text on this subject must therefore rest as much upon experience as upon principles and must reflect the dynamic qualities of changing practices. Public health administration in the United States is primarily state and local rather than national, and its form is indigenous to the community. No single pattern prevails except in certain broad essentials; only an exhaustive survey could pretend to describe all or even many of the prevailing schemes and practices. Fortunately, Professor Smillie has not attempted this impossible task; he has tried only to set down the broad outlines of current practice and his own opinions on good practice or best practice. The strength of his position is that his text is definitive; its weakness, of course, is that there is no escape from the necessity of being somewhat dogmatic. Science prizes the art of being objective. Nevertheless, a book whose author is not afraid to use the word "should" comes as a refreshing breeze over the stream of more impersonal literature.

PUBLIC HEALTH ADMINISTRATION IN THE UNITED STATES is not a text on hygiene or preventive medicine. It treats, briefly, some of the elements of preventive medicine. But it is primarily, and almost uniquely, a book on *administration*, distinguishable from other recent volumes in this field by the fact it is the product of one person rather than of a group or committee. It is arranged in four parts: the first is introductory; the second deals with the administrative control of communicable diseases; the third treats the basic activities, the functions of a health organization (vital statistics, epidemiology, laboratory, public health nursing, sanitation and sanitary inspection, etc.); the fourth embraces the anatomy of

¹ Smillie, Wilson G., A.B., M.D., Dr.P.H.: PUBLIC HEALTH ADMINISTRATION IN THE UNITED STATES. New York, Macmillan, 1935, 458 pp. (\$3.50).

organization (municipal, rural, state and federal, official and voluntary), appraisal of activities, training of personnel, budgets and budget making, and, especially interesting, the broad social philosophy in the purpose and the domain of public health practice.

It is beyond the compass of this review to set down all the comments and criticisms which come to mind when reading Professor Smillie's book. Five points will perhaps serve to give the flavor of the volume:

1. Public health administrative practice is described in its historical perspective. This runs through the text, chiefly from comparisons between the views of Lemuel Shattuck (and other American pioneers) and of present-day administrators. This reminds one of the practice which some of us have used in pointing to the stability of basic principles through a comparison of Shattuck's report of the middle of the last century and Sir George Newman's *AN OUTLINE OF THE PRACTICE OF PREVENTIVE MEDICINE* (1919). It is perhaps a pity that the author does not go back to the even earlier influences of the English liberals—the Earl of Shaftesbury, Chadwick and Simon, *et al.*, from whose work public health administration so clearly evolved as a consequence of the demonstrable relations between poverty and disease. This next step backward would round out the story and complete the circuit of argument, because the author comes to the end of his text when he arrives at the present-day issues over the relations of poverty to the private purchase of medical services.

2. Public health practice is presented as something which is dynamic and not static. The text soundly emphasizes the diversity of American conditions and practices and the variations in community needs. The influences which are at work now, principally through the stimulus of the American Public Health Association, tend to unify practices through the exchange of experience, thus breaking down insularity, without establishing too rigid standards.

3. Sound practice rests not upon the good intentions of the administrator but upon the critical evaluation of accomplishments. In this respect, the author has wisely chosen Dr. Chapin as his first guide. The volume could perhaps profit, even at the price of enlargement, by the more frequent inclusion of the actual evidence upon which the author's conclusions rest. As it is, the student may not always be aware when a judgment is supported by objective evidence.

4. Sound administrative practice requires not only organization, but

also trained personnel and sufficient money. On this score, the author's views generally rest on sound grounds everywhere except perhaps on the last. It seems extremely doubtful that the practices he recommends could be carried out anywhere with the budgets and personnel which are suggested variously as "minimum," "suitable," or (apparently) "adequate." Only under exceptional conditions can high standards of practice be attained with small staffs and low salaries. Liberalism in the outlook for skilled personnel is scarcely compatible with conservatism in financial support.

5. The lines which separate public health from public welfare, or public health from private practice, need definition. The author's views are apparently clear on the principles; perhaps in a later edition of the book he will amplify his views on the practices.

Professor Smillie is to be congratulated upon having produced a book from which many readers will profit.

I. S. FALK

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BOOKS RECEIVED

THE ART OF PUBLIC HEALTH NURSING. By Edith S. Bryan, Ph.D., R.N. Philadelphia and London, W. B. Saunders Company, 1935. 296 pp. Price, \$2.00.

A discussion of personal and professional ideals in the field of public health nursing by a former teacher at the University of Chicago.

CHILD CARE AND TRAINING. (*Third Edition, Revised.*) By Marion L. Falgre and John E. Anderson. Minneapolis, The University of Minnesota Press, 1930. 276 pp. (*Illustrated*) Price, \$2.00.

This book contains information and advice for parents and others who are concerned with the development and care of the normal child. Dr. Anderson is director of the Child Welfare Institute of the University of Minnesota, and Mrs. Falgre is an assistant professor of parental education.

DERMATOLOGY AND SYPHILOLOGY FOR NURSES INCLUDING SOCIAL HYGIENE. (*Second Edition.*) By John H. Stokes, M.D. Philadelphia and London, W.B.Saunders Company, 1935. 368 pp. (*Illustrated*) Price, \$2.75.

This book deals with the description and treatment of diseases of the

skin and of venereal diseases. There is also a discussion of principles of social hygiene and the background of the venereal disease problem.

DIET AND PHYSICAL EFFICIENCY. By Howard W. Haggard, M.D., and Leon A. Greenberg, Ph.D. New Haven, Yale University Press, 1935. 180 pp. (*Illustrated*) Price, \$3.00.

A study of the influence of frequency of meals on physical efficiency and industrial productivity.

FREE MEDICAL CARE. DEBATORS HELP BOOK, VOL. II. Compiled and edited by E. C. Buehler. New York, Noble and Noble, Publishers, Inc., 1935. 360 pp. Price, \$2.00.

This book contains a brief of the affirmative and negative arguments on the proposition: "Resolved: That the several states should enact legislation providing for a system of complete medical service available to all citizens at public expense"; a selection of articles on the subject which have previously been published, and a bibliography of books, pamphlets, and articles.

HEALTH BEHAVIOR. By Thomas D. Wood, M.D., and Marion Olive Lerrigo, Ph.D. Bloomington, Illinois, Public School Publishing Company, 1930. (Copyrighted 1927) 150 pp.

A manual of scales primarily for teachers and supervisors of health education, arranged for various age groups, designed for use in setting up objectives, planning courses of study, and applying methods for measuring results. Bound in with this book is a 32-page supplement by the same authors giving practical suggestions for administering health education programs.

PERSONAL AND COMMUNITY HEALTH. (Fourth Edition.) By Clair Elsmere Turner, M.A., Dr. P.H. St. Louis, The C. V. Mosby Company, 1935. 680 pp. (*With numerous illustrations, including four color plates*) Price, \$3.00.

A comprehensive textbook for the various college-level groups. The author is professor of biology and public health in the Massachusetts Institute of Technology.

THE REBUILDING OF MANCHESTER. By Sir E. D. Simon, M.A., and J. Inman, B.A. London and New York, Longmans, Green and Co., 1935. 174 pp. (*With illustrations and maps*) Price, \$2.00.

The former Lord Mayor of Manchester, England, chairman of the Man-

chester City Council's Housing Committee, and his collaborator, give a history of housing development in Manchester during the past hundred years, describe the "satellite garden town" Wythenshawe, and propose a broad program for slum clearance and better housing during the next fifty years.

SOCIALIZED MEDICINE. THE NINTH ANNUAL DEBATE HANDBOOK, 1935-1936.

Edited by Bower Aly. Columbia, Missouri, Lucas Brothers Publishers, 1935. Vol. i, 224 pp.; vol. ii, 224 pp. Price, 75 cents per volume.

This handbook for debaters in high schools, colleges, and universities contains an analysis of the proposition: "Resolved: That the several states should enact legislation providing for a system of complete medical service available to all citizens at public expense"; and articles relating to this question either written especially for this book or reprinted from other publications.

TEACHERS' PROBLEMS IN HEALTH EDUCATION. BOOK I. TEACHING HOW TO GET AND USE HUMAN ENERGY. By Thomas D. Wood, M.D. and Marion O. Lerrigo, Ph.D. Bloomington, Illinois, Public School Publishing Company, 1928. 128 pp.

Designed for use in connection with HEALTH BEHAVIOR, listed above.