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NORTH CAROLINA HEALTH CALENDAR FOR 1932

Some Major Objectives for the Public Health Forces

1. Reduce the infant death rate.
2. Increase the per capita consumption of safe milk.
3. Extend some form of organized health service to every county.
4. Work for the day when no citizen shall suffer and die from a preventable disease.
5. “Better” the good record of 1931 toward the early elimination of pellagra.
6. Cut down the death toll from automobile accidents and accidents in the home.
7. Immunize a larger number of children against diphtheria than in any year up to now.
8. Extend the benefits and protection of approved sanitation to more rural homes than ever before.
9. Through periodic health examinations prevent untimely deaths from cancer, heart, kidney, and other similar diseases.
10. Extend medical and hospital service to every prospective mother needing assistance in time to prevent any needless death from the hazards incident to maternity.
11. Make a material reduction in the number of grade repeaters in the elementary schools by correcting remediable physical handicaps, and through more effective school health supervision.
12. Strive for a health-minded population who will eventually see the benefits of positive health, and who will be just as willing to purchase medical and dental service when needed to preserve good health as to pay out money for any other of the desirable possessions of life.
MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH

J. T. BURREUS, M.D., President ........................................High Point
CARL V. REYNOLDS, M.D..................................................Asheville
G. G. DIXON, M.D............................................................Ayer
L. R. EVANS, M.D.............................................................Windor
S. D. CRAIG, M.D...............................................................Winston-Salem
H. LEE LARGE, M.D..........................................................Rocky Mount
J. N. JOHNSON, D.D.S.........................................................Goldboro
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WARREN H. BOOKER, C.E., Director Division of Sanitation.
ERNEST A. BRANCH, D.D.S., Director Division of Oral Hygiene.
JOHN H. HAMILTON, M.D., Director Division of County Health Work
and Epidemiology.

FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN,
which will be sent free to any citizen requesting it. The Board also has
available for distribution without charge special literature on the following
subjects. Ask for any in which you may be interested.

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<th>Literature Available</th>
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</tr>
<tr>
<td>Whooping Cough</td>
<td></td>
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</tbody>
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SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent
free to any citizen of the State on request to the State Board of Health,
Raleigh, N. C.

Prenatal Care (by Mrs. Max West)  The Runabouts in the House of Health
"Our Babies"  (pamphlet for children from 2 to 6
Prenatal Letters (series of nine  years of age).
monthly letters)  Baby's Daily Time Cards: Under 6
Minimum Standards of Prenatal Care  months; 5 to 6 months; 7, 8, and 9
What Builds Babies?  months; 10, 11, and 12 months; 1
Breast Feeding  year to 19 months; 19 months to 2
Sunlight for Babies  years.
Hints to North Carolina Mothers Who  Diet List: 9 to 12 months; 12 to 15
Want Better Babies  months; 15 to 24 months; 2 to 3 years;
Table of Heights and Weights  3 to 5 years.

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The Outlook for Nineteen Thirty-two

Not since those disturbing days of early August, nearly eighteen years ago, when the whole world seemed to go suddenly insane, has our State faced more and graver problems. Loaded with debt, and for two years the prices of our chief crops far below the cost of production, bringing poverty and disaster, the perils of ill health and disease face many of our citizens.

There is another side to the question, however, which makes the outlook in 1932 quite different than that confronting us in 1914—and much more encouraging. A brief review of some of the comparative conditions will be worthwhile for all of us.

In the first place, in 1914 there were only about fifteen counties having any sort of organized health work. Now fifty counties have some permanent form of organized health activities. Eighteen years ago the State Board of Health had a limited organization and little means with which to advance definite health work. The organization at this time, while operating on limited funds, is able to extend to every county its assistance in preventing disease. In 1914 nearly ten thousand people had typhoid fever and eight hundred and thirty-nine of them died. Last year less than one thousand people had typhoid and fewer than two hundred died.

Medical and dental service of any kind for school children was unknown in all except a few counties. There was no preventive vaccine against diphtheria and typhoid vaccination had only been recently introduced and very few people had that protection. A screened home was a novelty in many communities. There was not a school lunch or cafeteria in the State, nor a school nurse solely employed for school work. Most of the schoolhouses were small, one- and two-room schools, cold and uncomfortable for children, who had to walk the footpaths to get there. A school bus had never been dreamed of. Most important, there was no water supply and in more than 90 per cent of the schools not a toilet or privy of any description. Life was primitive at home and in school. Every physician with the exception of a few practicing in the larger cities had to maintain horses for their winter work, as it was impossible for any kind of an automobile to get over most of the roads in winter. A good pair of horses cost more than an automobile does now, and cost much more to keep up. Telephone service in the country was a joke, and the doctor had to be sent for in most communities. It was impossible to extend laboratory facilities for the benefit of diagnosis beyond a few of the larger places near Raleigh. Pasteurized milk and modern dairy regulations assuring safe milk for every town and city family were unknown. Every family took a chance on a load of typhoid germs along with his supply of milk every day, and many of them got full meas-
ure of typhoid and death. Typhoid germs and colon bacilli (death to thousands of helpless children in those days) were on tap at all times in the water supply of many of our homes. So, let us remember the hardship and poverty and disease and pestilence prevalent everywhere only a score of years ago, and take heart. The outlook for this year will depend on our own stamina and fortitude, in the face of difficulties, to be sure. The outcome will depend upon our success in putting behind us the law of the jungle, and substituting therefor the unselfish principle that we are our brother's keeper in everything that affects his health and welfare as well as our own.

NURSE IN ROBESON GETS PROMPT REPORT

The prenatal service and infancy work carried on now for several years in the Baby Bureau of the State Board of Health and promoted so efficiently by a number of capable county health nurses operating in the different counties is a service that is doing much more good than the general public in North Carolina are aware of. A striking illustration of the intimate and helpful relationships this work is bringing about in different sections of the State comes to the editor's desk in a letter intended for the county health nurse in Robeson County.

The State Board of Health sends out several hundred prenatal letters which include advice of a general character to the expectant mothers of the State. These letters are sent month by month to all women who request this literature. Many of the nurses engaged in maternity and infancy work take pains in getting these letters into the hands of the expectant mothers, particularly among the people who do not have regular family physicians; in other words, among the poorer classes in the remote sections of all the counties.

This particular writer is making a report to the county health nurse in Robeson concerning her condition. The letter is very painfully scribbled out on coarse paper and describes in intimate details the questions which are of such concern and importance to every woman at this period. The interesting part of the letter is a postscript. For obvious reasons the letter could not be mailed at the time it was first finished. The writer states in her postscript that she has a fine girl baby, born thirty minutes previously, and is anxious for the county health nurse to have this latest report.

If such work is not of value and service and human interest, where is the activity that could be?

High School Physiology and Hygiene Classes, Please Correct

A youngster in grammar school, who had been studying physiology among other things, was directed to write a theme on the human body, and produced this masterpiece:

"The human body consists of the cranium, the borax, and the abominable cavity.

"The cranium contains the brains, if any.

"The borax contains the heart, liver, stomach, and lights.

"The abominable cavity contains the bowels, of which there are five, A, E, I, O, and U."—Exchange.

DON'T SPIT!

The following placard is conspicuously posted in the Wilson County courthouse:

"IF YOU SPIT ON THE FLOOR AT HOME, THEN GO HOME TO SPIT."
Sanitary Inspectors' Conference and School

R. WARREN H. BOOKER, director of the Division of Sanitary Engineering of the State Board of Health, worked out one of the most comprehensive programs for a conference of health workers, which was held in Raleigh November 23-25, 1931, that has been staged in connection with health work in North Carolina. All of the sanitary inspectors of North Carolina and a large number of health officers attended this meeting. Every phase of public health and sanitation was discussed. All the laws, rules, and regulations relating to the advancement of sanitation of the State Board of Health and for cities and counties were studied and discussed. Included in this phase of the school was a discussion of the North Carolina bedding law and its application, the sanitation of jails, prisons, and convict camps. Mr. George C. Royall, of Goldsboro, and Mr. L. G. Whitley, representing the State Board of Charities and Welfare, and representatives of the North Carolina State Highway Commission, presented papers for discussion. The sanitation and inspection of public eating places, shellfish sanitation, and importance of medical examination of food handlers were presented by such authorities as Dr. Dan E. Sevier, city health officer of Asheville; Mr. J. J. McManus, chief of the Federal Station, Savannah, Ga., and one of the assistant engineers of the United States Public Health Service. One whole afternoon session was devoted to a symposium of public school sanitation. The representatives of the State Department of Public Instruction and of the State Board of Health participated in this meeting. Another session was devoted to a study of the vital statistics laws, which was participated in by a large number of health officers and field workers.

The relation of sanitary inspectors to the medical profession was ably discussed by Dr. L. B. McBrayer, secretary of the North Carolina State Medical Society, and the sanitarian in a generalized county health program was splendidly presented by E. T. Ammons, sanitary officer of the city of Spartanburg, S. C. At the first evening session two splendid addresses were made by Dr. John T. Burrus, president of the State Board of Health, and Colonel J. W. Harrelson, director of the Department of Conservation and Development.

All of the second day of the conference was devoted to the subject of milk sanitation. This was discussed from every conceivable angle and able papers were presented by such men as Mr. Leslie C. Frank, a sanitary engineer of the United States Public Health Service, Washington; Dr. Wm. Moore, State veterinarian, and Professor W. L. Clevenger, of N. C. State College. In addition to the foregoing, an important paper was presented by Mr. V. J. Ashbaugh, president of the North Carolina Independent Milk Dealers Association, and another one by Professor J. A. Arey of N. C. State College. Other papers were very ably presented on this subject by various officers of the State and county boards of health. The State Agricultural Department was represented by Dr. A. H. Korr, who discussed standard methods of sampling milk for butter-fat tests. Mrs. Jane S. McKimmon discussed, in her usual happy manner, the subject of milk and its place in the diet. One of the most interesting features of this day was the presentation of a motion picture milk film by Dr. A. H. Williamson, of the city health department of Charlotte.

The third day was largely given over to discussion of such questions as
the sanitation of private water supplies, which was led off by Dr. J. R. Hoge, health officer of Forsyth County. Some very able papers were presented on the subject of screening and residential sewage disposal plants by members of the Sanitary Engineering Department staff.

The foregoing is simply a brief synopsis of some of the things discussed at this conference. Every paper and discussion on the program had definite and peculiar interest to all public health workers in North Carolina. The conference will undoubtedly result in much more effective work in the field of disease prevention in the old North State during the next year than has ever been possible before.

FAKERS BUSY

Reports coming to the offices of the State Board of Health from different sections of the State during the past few weeks indicate that quite a number of fakers representing themselves to be in the employ of the State Board of Health are around undertaking to sell remedies of various kinds for which they collect fabulous prices.

The purpose of this statement is to emphasize the fact that the State Board of Health does not have anywhere in the State doctors or other representatives employed to visit sick people and to offer them advice or to sell them remedies of any kind. If any such faker calls on any reader of THE BULLETIN, we hope the reader will have such person immediately arrested and imprisoned for obtaining money under false pretense and for falsely pretending to represent the State Board of Health.

Traveling fakers of this type have been reported from Davie County purporting to sell so-called radium drops at $125 per treatment to persons suffering with incurable eye diseases. These so-called drops are composed of simple faucet or river water and have no value whatever, and the State Board of Health knows nothing about the individuals except that they are fakers falsely pretending to represent the Board. Information comes from Henderson that one of these so-called representatives of the Board has been visiting the Negro population in that city, pretending to prescribe remedies for "rheumatism," claiming to represent the State Laboratory at Raleigh. One and all these rascals are fakers and should be put behind prison bars.

SOME COMPARATIVE FIGURES ON FIVE OF THE COMMON DISEASES OF CHILDHOOD MORTALITY

<table>
<thead>
<tr>
<th>Disease</th>
<th>1915 Deaths</th>
<th>1915 Rate</th>
<th>1930 Deaths</th>
<th>1930 Rate</th>
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</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>525</td>
<td>22.1</td>
<td>275</td>
<td>8.6</td>
</tr>
<tr>
<td>Measles</td>
<td>13</td>
<td>.5</td>
<td>2</td>
<td>.06</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>274</td>
<td>11.5</td>
<td>308</td>
<td>9.5</td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td>30</td>
<td>1.2</td>
<td>41</td>
<td>1.2</td>
</tr>
<tr>
<td>Diarrhea (under 2 years)</td>
<td>1,730</td>
<td>72.9</td>
<td>1,112</td>
<td>35.0</td>
</tr>
</tbody>
</table>
Work of the State Laboratory of Hygiene

By J. W. Kellogg
Supervising Chemist and Bacteriologist, State Board of Health

It has been suggested that we give an outline of the work of the State Laboratory of Hygiene, including a list of Specimen outfits for distribution, Biologicals, and Examinations made in the laboratory for the people of the State.

The list of Specimen outfits ready for distribution to physicians and health officers, for the purpose of returning specimens for examination in our laboratory is as follows (these are all free except as noted below):

**Mailing cases** containing sterile bottles and directions for the collection of water samples for analysis.

**Sputum mailing cases** for specimens of sputum for examination for tubercle bacilli.

**Feces mailing cases** for specimens to be examined for hookworm and other intestinal parasites.

These same outfits may be used for sending specimens to be examined for typhoid bacilli, in the search for possible typhoid carriers, or in the later stages of the disease for diagnosis of typhoid fever.

**Mailing cases** containing tube and needle for specimens of blood for the Wassermann test. (These outfits may also be used for blood cultures, for specimens of spinal fluid, and for blood for tube agglutination tests for typhoid, undulant fever, and typhus fever.)

**Mailing cases** containing sterile swab for sending membranes for examination for diphtheria bacilli, vincent's angina, or for streptococci, staphylococci, or other bacteria.

**Vacuum tubes** containing broth for securing blood for culture, at 50 cents.

Of these, the water sample bottles, hookworm outfits, and sputum mailing cases may be sent to the layman under certain conditions.

**Biologicals Distributed**

Free of Charge:

- Typhoid vaccine, in 3cc and 10cc vials.
- Triple typhoid vaccine containing typhoid, paratyphoid A, and paratyphoid B, in 3cc and 10cc vials.
- Smallpox vaccine in individual tubes and in fifty-dose vials.
- Whooping-cough (pertussis) vaccine in 5cc and 10cc vials.
- Schick Test material and Schick Test controls, each in fifty-test package only. (Used to determine one's susceptibility to diphtheria.)

For the following a small charge is made, as noted in each instance:

- Diphtheria vaccine or toxin-antitoxin mixture. Beginning September 1, 1931, there is a charge of 20 cents each for the 3cc vials and 50 cents each for the 10cc vials. (Either that prepared from a horse serum antitoxin or that from a goat serum antitoxin can be supplied.)

This vaccine is used to immunize children against diphtheria, but must not be confused with the diphtheria antitoxin.

- Diphtheria Toxoid, for which we charge 30 cents for the 3cc vials and 75 cents for the 10cc vials. The exact comparative values of the toxoid and the toxin-antitoxin have not been definitely established, and for the present, at least, we will distribute both products.

The intervals between injections of the toxoid may be from one to three weeks. Two or preferably three injections should be given. Injections of one cubic centimeter should be given...
subcutaneously. Slight local reactions are rare in children under 6 years of age, but more common in older children. One hundred per cent protection must not be expected with either toxoid or toxin-antitoxin, and the Schick test should be given six months after the series of injections has been completed.

**Diphtheria Antitoxin** is supplied in 1 M., 5 M., and 10 M. unit syringes ready for administration, at 50 cents per syringe.

**Tetanus Antitoxin** is supplied in the 1,500 unit (or prophylactic dose size) at 75 cents per syringe, and in the 5 M. unit (or therapeutic dose size) at $1.00 per syringe.

**Pasteur Antirabic Treatments.** This series of treatments consists of twenty-one doses and is furnished complete with syringe for $5.00.

**Autogenous Vaccines.** Various vaccines are made by the laboratory for use by physicians for prevention and treatment of certain bacterial infections. For these a fee of $5.00 each is charged.

The following are not made by the laboratory, but are kept in stock and distributed at cost. The present price charged is quoted on each.

**Scarlet Fever Antitoxin** in prophylactic syringes at $2.25 each and the therapeutic syringes at $4.00 each.

**Antivenin (for snake bite)** in therapeutic syringes at $7.50 each.

**Neoarsphenamine** in 0.6 gram ampules and 0.9 gram ampules at 20 cents each.

**Sulpharsphenamine** in 0.1, 0.2, 0.3, 0.4, and 0.6 gram ampules at 20 cents.

**Sterile Double Distilled Water,** for dilution Neoarsphenamine, in 10 cc ampules at 10 cents each.

**Erysipelas Streptococcus Antitoxin,** therapeutic syringes at $3.50.

**Bacteriophage** is distributed at cost. The cost of the two c.c. vials of either B. coli, B. typhus, Hemolytic Streptococci, or Staphylococci bacteriophage is 50 cents. Injections of the Bacteriophage for the specific organism are occasionally very beneficial. Two injections of one c.c. each on successive days are usually sufficient. The Staphylococci bacteriophage is also used as a local application on open wounds caused by staphylococcus infection. For this purpose we supply the 20 c.c. vials at $1.00 each.

The following are not kept in stock, but will be ordered and supplied at cost (approximate cost given below):

**Outfits for Blanching test for diagnosis of Scarlet Fever.** Ten-test package at 50 cents, 100-test package at $1.50.

**Dick Test Outfit** (for determining susceptibility to Scarlet Fever). Ten-test package at 50 cents, 100-test package at $1.50.

**Meningitis Antitoxin** for the treatment of Cerebro-spinal meningitis, at $4.50 per syringe.

The laboratory offers free service as follows:

**Examination of specimens—**

**Tuberculosis.** Microscopic examination of sputum for the tubercle bacillus.

**Diphtheria.** Microscopic examination of swabs from suspected cases of diphtheria. A direct smear is examined when the swab is received during office hours and a diagnosis can often be made then. Otherwise a culture is made and incubated over-night and examined the following morning. Reports are sent by telegraph unless we are otherwise instructed.

**Vincent's Angina (Trench Mouth).** A direct microscopic examination of the swab is made for both the fusiform bacilli and spirochete forms of the organism (or organisms), the presence of which establishes a diagnosis. In the examination for diphtheria and
vincents, other bacteria, such as streptococci and staphylococci, are sometimes found, and in these cases they are reported present, which oftentimes differentiates between conditions known as septic sore throat and infections with the diphtheria bacillus or vincents.

**Typhoid Fever and Paratyphoid fevers.** Early diagnosis of these diseases may be made by blood cultures during the early stages of the disease. For this examination the blood may be sent in a sterile Wassermann tube. As soon as it is received the clot is put into a special culture media. Subcultures are made after twenty-four hours and a positive diagnosis may often be made after forty-eight hours. The blood serum is used to set up agglutination tests for typhoid and paratyphoid, and in the later stages of the disease a positive agglutination test establishes a diagnosis.

Cultures of urine and stools are made to detect suspected typhoid carriers and this method is occasionally useful for diagnosis where other methods fail. The use of blood culture methods are, however, more satisfactory for the diagnosis of these diseases, especially during the early stages.

**Undulant Fever.** Macroscopic agglutination tests are made for this disease as well as the Weil-Felix reaction for

**Typhus Fever** (Brill's Disease), and Rocky Mountain spotted fever.

**Syphilis.** The Wassermann test is run each day (except Sunday) on all specimens of blood received the previous afternoon.

**Gonorrhoea.** Examination of pus smears for the gonococcus. It is essential that the smears be made from the fresh pus and allowed to dry before being wrapped for mailing.

**Rabies.** Microscopic examination of the brain of the suspected rabid animal. For a satisfactory examination the head must be received before decay has destroyed the brain. It is always advisable to pack the head in ice to insure its being received in good condition. Confirmatory animal inoculation tests are made on negative brains when anyone has been bit.

**Intestinal Parasites.** Microscopic examination of the stools for the ova of hookworm, tapeworm, ascaris, and other parasites.

**Meningitis.** Microscopic examination of spinal fluids to determine the type of bacteria present. As the meningococcus lives for only a short time outside the body, cultures are generally unsatisfactory.

**Malaria.** Microscopic examination of blood smears for the malarial parasites. For this examination it is necessary to send a thin smear of blood on glass slides.

**Blood cultures** for streptococci, staphylococci, and other blood infections are made when desired by the physician, as well as other miscellaneous examinations.

For the examination of pathological tissue and urinalyses a fee is charged, $5.00 for tissue examinations and $1.00 for urines.

The sanitary analysis of water samples is made free when the sample is sent by a physician who states that the analysis is in the interest of public health. Otherwise there is a fee of $5.00.

In all cases the sample of water must be sent in one of our sterilized bottles. Your physician or health officer will be glad to assist you by getting the sample examined.

With two exceptions reports are sent only to physicians. Reports on hookworm and rabies examinations will be sent direct to the sender of the specimen.

In closing I must stress the importance of having your family im-
munized against smallpox, typhoid fever, and diphtheria. While one successful take may be sufficient to produce a lifetime immunity from smallpox, revaccination at intervals of a few years is recommended.

With typhoid vaccine three injections with intervals of from seven to ten days are required to establish immunity. The exact period of immunity cannot be established with certainty. Full immunity will not be acquired for several weeks after vaccination, and a partial immunity may last as long as five years. At present we advise general revaccination every three years, but it may be repeated at as short an interval as six months.

As almost all children between the ages of nine months and five years are susceptible to diphtheria, it is advisable to protect the child as early as possible. Perhaps no artificial immunity is ever absolute, but the value of diphtheria vaccine has been very clearly established. Three doses will immunize about 85 per cent of children, while five doses will immunize nearly 100 per cent.

Do not fail to protect your family against these three preventable diseases.

Jealousy

By FRANK H. RICHARDSON, M.D.

Of all the silly, illogical, unnecessary factors that go to make up this far-from-perfect world of ours, it would seem as if jealousy were the one that we could most easily do without. Unfortunately—and we cannot repeat this thought too often if we are to understand the workings of the mind of the child—there is nothing logical about children's emotions. So it is worse than a waste of time for us to argue with a boy or girl in the hope of getting across the idea of the uselessness or the hampering effects of jealousy. For argument presupposes a willingness to be convinced, else it stands confessed as useless; and there is no willingness to be convinced on the part of the boy or girl who has once become the victim of jealousy.

We might almost go a step further and say that the only really successful way of curing jealousy is to prevent it! This seems like an Irish bull, to be sure; and yet so potent is jealousy to cause unhappiness in the person who harbors it, and at the same time so difficult is it to eradicate it when once it has become well es-

established, that it certainly seems the part of sound common sense to prevent its getting a start, in the first place. For even if we are so unexpectedly fortunate as to be able to cure this vice itself, it is almost certain that we shall not be able to root out the evils that follow in its train.

If, then, we are to prevent the development of this unnecessary and sadly deforming characteristic in our children—for it is too late to talk about preventing it in adults; they are almost past praying for—we had best see how it is that jealousy comes in the first place. For only by discovering what causes it in our children shall we be able to create a home situation in which the ugly growth cannot take root; and it is the home situation which determines whether the child shall be a jealous, suspicious, unhappy little traveler through life, or a wholesome, happy somebody whose very presence radiates good cheer and courage.

Perhaps as common, and at the same time as frequently unsuspected, a cause of jealousy as there is consists in the mismanagement of the coming of a new baby into a home
where there are already children—worse, where there is already one child. It is not often that parents, engrossed as they are in the tasks that are inseparable from the arrival of the little newcomer, realize that they are faced all unwittingly with a problem far more serious than that of the safe conduct of the maternity case. For the older child who has not been prepared for what he cannot help considering an unwarranted intrusion into a home where there were enough already is almost certain to react with a bitter jealousy when he is suddenly called upon to share the love of mother and father with an ugly little stranger. Of course he resents all the bustle and confusion centering about his rival, as he is sure to consider the new brother or sister. And when he is asked—or rather told, and unceremoniously, too—to vacate his crib or give up some treasured article of clothing or toy for the use of the usurper, it is not any wonder if he begins to harbor thoughts that are anything but pleasant with regard to him.

To be sure, these sentiments are not always obvious, even to the careful observer. In fact, it is not at all unusual for a child to be so successful in suppressing his jealousy that he becomes unconscious of it himself. But modern psychology has called to our attention the disturbing fact that these disagreeable emotional reactions may be even more potent for harm when they are forced below the level of consciousness than they are when they are frankly recognized for what they are. Thus, many unhappinesses that make their appearance later on in life are often traceable to just such a buried resentment as this.

How should such a situation be handled, so as not to allow jealousy to start? Wise parents will realize on a little reflection how great a strain it is going to be for a little fellow to be called upon to take second place, when he has always been the center of interest to his parents. With this in mind, they will prefer to tell him about the event well in advance, making it appear in the light of an intensely interesting occurrence in which he is to play a most important part. Even a young child can be trusted to take the keenest interest in the arrival of a baby brother or sister when this is presented to him as an addition to his family—his own baby! Looking forward to this with pleasurable anticipation, he may easily suggest giving the new baby his most treasured possession, parting with which would have caused wails of outraged protest had it been approached in a less understanding spirit. Better than all, the foundation will have been laid for the sort of comradely affection and fellowship that is so good to see existing between brother and brother—and yet is so frequently missing from where we should expect to find it.

Favoritism is another serious factor in causing jealousy. Probably very few conscientious parents would willingly and consciously be guilty of this terrible wrong to one of their own children. But it is fatally easy to show a liking, if not a love, for a child who is by nature attractive and bright and happy; while it is most difficult not to evince in our manner that we are displeased with the child who is not by temperament so pleasant and easy to get along with. Yet the less attractive child may be laboring under a far greater handicap, in the form of an unrecognized fatigue or illness, or hidden emotional strain, than his more favored brother has ever been called upon to endure, and may be far more in need of loving forbearance, rather than of criti-
cal comparisons intended either to humiliate or to spur to greater activity.

Especially is it a mistake to compare an apparently lazy child with one who is more industrious, or gets better marks in school. It is so easy to take this way of trying to bring a laggard up to the pace of his more successful classmates—so easy, and so dangerous! For it never accomplishes what it is designed to do. Instead, it can easily set in train a series of undesirable consequences, not the least harmful of which is a sense of baffled hopelessness and a jealousy of the more fortunate children that is easily started, but is cured with the utmost difficulty, if indeed it ever can be corrected.

Does “spoiling” of a child cause jealousy? Yes, if his parents compare him unwisely with the children of wealthier parents, and thus encourage him to long for things that they cannot give him. But “spoiling” never comes from showing a genuine affection for one’s children—in fact, the best preventive of jealousy is the knowledge that a child is loved by his parents. This is a sustaining factor in the life of a child, whose importance cannot be overestimated. It gives him, not an exaggerated sense of his own importance, but a self-respect which is invaluable to him, both in childhood and later on in life.

In fact, one of the best ways of keeping a child from being jealous consists in letting him see that he is genuinely liked, as well as loved, by those whose opinion means most to him—his parents first, then his teacher. The home and the school are the places where jealousy sprouts, or else dies before it gets a start.

REGULAR SCHOOL ATTENDANCE

Regular school attendance is one factor of education which should be strongly emphasized. Its importance to the child and to the school should be stressed by the teacher, not only to the children, but to the parents as well.

Some of the principal causes of poor attendance are: sickness, work, weather, poverty, parental indifference, and truancy. Obviously, sickness cannot be prevented in many instances. It can be kept at a minimum, however, by proper medical inspection, cooperation between the local board of health and the schools, and a physical education program.

Parents should exhaust every known way of having farm and other work done by someone else before taking their children out of school for that purpose. Absence from school for this reason may affect the whole after life of the pupil and his relation to education.
The Bartletts Beat the Depression

By SUDIE PYATT MILLER

"JANUARY 1, 1932!"

Bessie Bartlett spoke the date, as if it were the words of a charm. New Year’s day, the beginning of another year that she and Ben had looked forward to all during the difficult year just past as the magic date when their private business depression would end, and they could live easier.

Instead, Ben had come home last night with the news that his company was reducing salaries in the entire plant another 10 per cent as an economy move to begin the year with. True, the company was not letting out any of its men, neither was it giving short time, and there were companies all over the country that had not only cut salaries, but had let out old and efficient employees and reduced the working time of those who were kept on.

This was Ben’s third cut in a year. His salary had gone down on a sliding scale from $250 a month to $140 in the months since the general business depression had made cuts in salaries necessary in large and small businesses.

One hundred and forty a month to take care of a family of six! Why, Bessie had made one hundred forty a month as a private secretary before she had married Ben, back in those days that had followed the World War. It seemed incredible now that she had once spent $140 a month on herself, when it was necessary for six people to live on that amount now.

There were many people who did not have $140 a month. Bessie reminded herself as she stirred gingerbread for dessert for their New Year dinner. She should feel thankful that Ben had a steady job, with an income of $140 a month, and that both she and Ben and the four children were well, and had remained so throughout the year that had gone before. Bessie was optimistic, and she had found that one of the best ways to keep her optimism in full bloom was to think of the people who were less fortunate than she and her little family, not of those who were more fortunate.

The gingerbread in the oven, Bessie turned her attention to the remainder of the New Year dinner. A beef stew, savory and nourishing, with potatoes, onions, and carrots, bread and butter, coffee for herself and Ben, milk for the children, and the gingerbread, was the New Year dinner menu of the Bartlett family. The food was not expensive. The whole dinner cost less than a turkey would have cost for a more elaborate meal, but Bessie knew that the food she was preparing was nourishing and that it would be filling and satisfying for the stomachs of the two healthy grown-ups who would partake of it, and the four healthy, growing youngsters who would eat full portions and come back for more.

Bessie had found that one way she could beat the depression was by planning what she called budget-saving menus for two weeks ahead, buying staple groceries in quantities, and taking advantage of the bargains offered by the local grocersmen. Planning her meals in this way, she never had any left-overs to throw away.

If she had roast loin of pork with mashed potatoes on Tuesday, on Wednesday a cottage pie would be served for the main meal, made from the left-over pork and mashed potatoes of Tuesday’s dinner.

In the early days of the business
Bessie found inexpensive, healthful, and satisfying for her family since they had to live on a reduced budget.

In breads Bessie had found, as in cakes, pies, and puddings, that if she made her own breads, using both flour and corn meal in their preparation, she could save money, feed her family better, and that the preparation of the bread took up only a small portion of her time.

The gingerbread, a deep, rich brown, had just come from the oven, and Bessie was cutting it into squares preparatory to placing it on the dessert dishes for serving, when Ben came in.

"Gee, that gingerbread smells good!"

"You bet!" Bessie laughed as she gave him a square. Ben never could refuse hot gingerbread. For that matter, what man can?

"Bessie," Ben began as he neatly disposed of a mouthful of the delicious, warm gingerbread, "I'm afraid we will have to give up this house and take a similar one with fewer conveniences than this one has, since that last cut of mine."

Slowly Bessie placed the six small dishes of hot gingerbread on the table. Give up the pink stuccoed Spanish bungalow with all of its conveniences that she had grown to feel so much as if it were home during the five years they had lived there! This was the most difficult thing the depression had brought to her to face, but if they could save $10 a month on house rent that would take care of Ben's cut in salary.

There were many vacant houses in Woodlawn, the little suburb they lived in. If Ben went to the real estate company from whom they rented the house and told them he had had another ten per cent cut in his salary, would not the company, rather than lose as old and satisfac-
tory tenants as they had been, give them a ten per cent cut in the rent of the house? If they moved out the real estate company would have to face the risk of not renting the house at all, for real estate companies did not find people clamoring to rent houses every day.

Ben shook his head when she told him of her plan.

"All right, I will go and see them," Bessie said. "It is worth it. It will cost us as much as a month's rent to move and get settled in a new place. If they will reduce our rent $5 a month, I calculate it will pay us to remain here. We will save $60 for the year in that way, and it will cost $60 to move us. We won't save the whole of your cut on the rent, but on the rent and the cost of a move we will."

(And be it here recorded that the next day, which was January 2, 1932, and a Saturday, Bessie went to the real estate company that owned their home, with her story, and the cut that she requested was graciously granted, and not only granted, but the president of the company told Bessie that they would refinish the walls of the entire interior cheerfully, as they were employing men to do some repair work while labor and materials were cheap.

As Bessie Bartlett solved the problem of housing her family, so, perhaps, other mothers might.)

After the New Year dinner, while Ben, Jr., 10, and Robert, 6, played on the floor with a hammer and saw that had been a Christmas gift, and the two little girls cut paper dolls from a fashion magazine, the father and mother put their heads together over sheets of paper covered with figures that Bessie told Robert was the family budget.

They were revising it to take care of that ten per cent cut and still allow the family plenty of nourishing, healthful food, shelter, clothing, education, amusements, care for their health, savings, and life insurance.

"Ben, you need a suit," Bessie said. "Men's suits were never cheaper, or of better grade, materials, and make than now."

"The boys need suits, too, Bessie, and that coat of yours is so old it doesn't even know there is a depression."

"True! That coat is made of good material, so is your old suit. You buy a new suit for yourself, and I'll get a coat. I'll take the best part of that old suit of yours and of my coat and make a suit for Junior and a coat for Helen. Robert and Mary can wear Junior's and Helen's outgrown suit and coat."

"What a wonderful manager you are!"

"If our clothing is warm, comfortable, and clean, and as stylish as our purses will permit, that is all that is necessary for clothing in depression days," Bessie told her husband; "but with prices for good clothing at the lowest they have been in years, and both of us needing new things, I think we should buy now."

"That balances the budget," Ben announced, as he looked up from his figures.

"We've only considered food, shelter, and clothing, dear," Bessie cried; "there are still doctor's and dentist's bills, amusement, education, and savings."

"Yes, Junior's teeth do need straightening, and Helen's tonsils should come out, but I don't see how we can manage to have the work done now, Bessie."

"We must manage to have it done. We cannot let Junior's appearance be ruined for life with those crooked teeth of his, and Helen run the risk of becoming infected from those dis-
eased tonsils, for all of the depressions in the world."

"But, Bessie, I don't see where the money is coming from. Our club dues have to be paid this month, in addition to everything else."

"That's just it! We aren't going to pay any club dues."

"No club dues?"

"No, my dear. We joined those clubs when our income was at its highest. We are not in the class of the people who belong to the club now. I am not going to have my children going without medical and dental care they need so we can belong to a select club. Of course I am going to keep up my membership in the Woman's Club, and you are going to keep up your fraternal affiliations. That social club costs more than all of the others, and we can get along fine without it."

"I figure," Bessie continued, "that we can secure books from the library. You can do some reading on business management that you have been wanting to do so long, and there are a lot of good books on child care, health, and home management I have been wanting to read. With the books, the children, our work, church, my club, and your fraternal organizations, we'll have enough to take care of both education and amusement for us."

"Right, Bessie! I didn't see how we could manage, that was all, but you have made it very plain that we can manage without the social club. Junior can have his teeth straightened and Helen's tonsils can come out on the club money. The regular amount we set aside each month for health can take care of any other ordinary sicknesses."

Bessie Bartlett presents her Depression Budget Plan to readers of The Health Bulletin at the beginning of 1932, not as a cure-all for all of the financial troubles the depression may have caused readers of The Bulletin, but as a suggestion for aid to men and women who are having to face the prospect of rearing a family on incomes reduced as the Bartlett's, and much less than they have been accustomed to.

The budget plan for taking care of the family finances is a sound one, advocated by bankers, life insurance companies, economics professors in our colleges and universities, household experts, and individuals who have tried the plan. Summed down to its fundamentals, the budget plan consists simply of planning ahead how the family or individual income will be spent, and adhering to that plan. If one once becomes accustomed to using the budget plan there will be no desire to return to the old haphazard method of spending, depression or no depression.

TRAINING CHILDREN IN HEALTH HABITS

The director of the Visiting Nurse Association of Great Barrington, Mass., in an article in Public Health Nursing, warns school nurses not to expect the impossible in the home health habits of pupils. In many poor homes toothbrushes and weekly warm tub baths for all the children may be almost impossible to achieve, and children cannot be expected to sleep with windows open when the temperature is low and bedding scarce. The nurse, she advises, should be careful during inspection not to humiliate a child or practically force him to tell an untruth in order to save himself from shame. Her aim should be to teach the children what good health habits are and to arouse in them a desire for improvement at home.—U. S. Children's Bureau.

To which we wish to echo a loud AMEN!—EDITOR THE HEALTH BULLETIN.
STATE SCHOOL DENTISTS

During the past year these dentists have made dental examinations for 40,580 children and performed 148,743 operations, consisting of cleaning teeth, extractions, fillings, and silver nitrate reductions. Mouth health lectures were delivered to approximately 200,000 men, women, and children, in schools, colleges, parent-teacher meetings, women's clubs, and civic organizations.
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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

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SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

- Prenatal Care (by Mrs. Max West)
- "Our Babies"
- Prenatal Letters (series of nine monthly letters)
- Minimum Standards of Prenatal Care
- What Builds Babies?
- Breast Feeding
- Sunlight for Babies
- Hints to North Carolina Mothers Who Want Better Babies
- Table of Heights and Weights

The Runabouts in the House of Health (pamphlet for children from 2 to 6 years of age).

- Baby's Daily Time Cards: Under 6 months; 6 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
- Diet List: 9 to 12 months; 12 to 18 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.

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The Aspirin Habit

We have often in these columns written about the vicious habit of the misuse of common drugs. We have several times particularly warned people about the detriment to health of the common habit of taking aspirin on the first appearance of any little ache or pain. Once again we come to bat in defense of helpless children particularly, who are doped and dosed with aspirin not only by their parents, but by the teachers at school, and possibly the neighbors, the cooks, the laundry women, and anybody who happens to be near by when a child complains of a headache.

It seems to us that the habit of carrying along a pocket full of aspirin tablets is just about as common as the cigarette and tobacco habit. We are reminded of the dangers of this habit in a very forceful manner in a letter received from an intelligent writer in one of the villages of North Carolina. This person writes us for information concerning the possible cause of infantile paralysis. Among other things he says:

"Can infantile paralysis be caused by the use of aspirin tablets given in excessive doses? Could such use of aspirin have any possible relation to the disease? From observation I have found that aspirin is often given freely or used regularly in nearly every home where infantile paralysis has appeared, and there have been a number of cases in this locality in the last few years. In one case recently a little girl nine years old went to school and before noon told her teacher that she had a headache. The teacher promptly gave her two five-grain aspirin tablets. After the school was closed for the day and the child was on her way home, she was paralyzed, and a neighbor had to assist her in reaching home. The girl has lately lost the use of one leg and almost lost the use of the other.

"I want to ask a second question, and that is, Could a baby that was dependent upon its mother's breast for food be poisoned by aspirin taken by the mother when a dose of five five-grain tablets is taken by her in the course of an hour or two?"

There, folks, you have clearly an unmistakably fair example of some of the results following the vicious habit of giving such a dangerous drug as aspirin promiscuously for every pain of which an individual complains. You can also see what the habit of taking medicine which is not prescribed by a competent physician after a careful examination very frequently leads to.

From more than a quarter of a century's experience in the study and practice of medicine the writer of these lines is convinced that untold harm is being done to the health of thousands of people in North Carolina every year by the ignorant and unwarranted use of drugs such as aspirin. Aspirin is one of the most abused drugs within the reach of ordinary people. It is advertised in large headlines in every daily, weekly, and monthly paper which comes to hand. What is worse, it is frequently advertised as a safe
and sure remedy for headaches, backaches, colds, and every other conceivable kind of ache and pain; and what is a thousand times worse, it is sold by every drug store, filling station operator, crossroads grocery, department store, and even peddlers on the streets and in the country to anybody who has the price. As every physician knows, it is a powerful coal-tar derivative. It is a depressant, or it would not relieve acute pain. It should only be prescribed by physicians who know the possibilities of danger accompanying its continued and excessive use. Every case of headache, backache, or any other kind of ache a human being has is caused by some specific condition, and the specific trouble causing the ache and pain should be thoroughly investigated by a competent physician before any remedy of any description is taken. If this policy were followed, the high death rate from postponable diseases, if not outright preventable diseases, could be cut in half and much intense suffering and many premature deaths could be prevented.

We hope that every reader of these lines, particularly teachers and parents, will pause and seriously ask themselves this question the next time the impulse to dose a child with a five-grain aspirin tablet is experienced: "Would it not be safest for me to have this child see a physician and find out what is the cause, rather than to give this dangerous dope?"

Such a policy would often mean the early discovery of numerous communicable diseases at a period in the onset when it might mean the difference between life and death for the individual concerned.

HEART DISEASE IN CHILDREN

Statistics showing that more children between the ages of 10 and 14 died from heart disease than from any other disease prompted Dr. Jacob M. Cahan, medical inspector of the public schools of Philadelphia, to make a survey of ten public schools with a student body of more than 10,000. Dr. Cahan has recently published the results of this study in The Journal of the American Medical Association.

Slightly less than 1 per cent of the children, or 94/100 of 1 per cent, were found to have some degree of heart involvement. Of these, nine had congenital defects and the remainder had acquired the disease. In seventy-nine cases the beginning of the trouble was traced to the rheumatic group of diseases, namely, frequent attacks of "growing pains," tonsillitis, pharyngitis, chorea or acute rheumatic fever.

Dr. Cahan points out that thorough annual health examination would in the majority of cases discover these heart defects in their inception. Once it is known that a child is developing heart disease, any focus of infection should be eradicated without delay. The author believes that school children are frequently neglected medically until something seems wrong with them or something hurts them. He urges the annual health examination as one of the best aids to checking the menace of heart disease.

What are we doing about this in North Carolina? Candor compels the answer, mostly NOTHING. It is up to the health officers, county medical societies, and physicians to protect these innocents from this useless slaughter. When found early, followed by proper regulation of exercise and rest, with treatment as needed, nearly all of these will get well; without such care most of them will continue to die of heart disease. DO YOUR DUTY!
IF a group of doctors who deal with children and their problems were to be cross-questioned as to the complaint that seems to cause concern to the most parents, they would probably agree that lack of appetite holds the palm. The statement is frequently made that most of the ailments of children are self-limited; that is to say, most of them require nothing more than a certain amount of time, and they will cure themselves. The exception to this is lack of appetite; for the longer that this is allowed to run on, the less tendency it has to right itself. The parent whose child refuses to eat had better "do something about it"; optimism is not the proper note to strike here.

The fact that there is not infrequently a certain degree of pallor present in these children has led to the use of so-called "tonics" in their treatment. When these, with iron as their chief constituent, fail to bring about a cure, it is not uncommon to see cod-liver oil resorted to, in the pathetic hope that this old-time remedy with its modern popularity may accomplish the desired result. When this in turn proves a broken reed, both doctor and parent are prone to throw up their hands in despair.

Now, lack of appetite is not nearly so difficult a matter to cure as might be thought, to hear a group of mothers bewailing their ill success with it. But, while the doctor is the one to cure it, it may as well be understood at the start that his Rx pad is not the utensil with which the cure is to be gone after. Results are obtainable; but not as a result of the ordinary stereotyped measures.

First of all, the child who will not eat should be carefully examined by the physician, in order to ascertain whether or not there is some organic cause for his lack of appetite. If there is nothing out of the way but a marked degree of underweight for his age and height, the doctor may proceed to inaugurate his treatment.

It must be understood that there is no earthly use in commencing this if all of the family are not united in their determination to carry it out. One member of a family table group can successfully negative the best efforts of all the rest at bringing about the better state of affairs aimed at; and it is not fair to a child to subject him to the attempt if it is thus foredoomed to failure.

Granted the intelligent cooperation of all who take their meals with the child, the most important thing to do is to banish from the conversation all mention of food, except for the mere necessary allusions to passing plates and helping out portions. All discussion of food likes and dislikes is to be left off, especially around the table.

The reason for this is plain to be seen. The child who has dominated the situation by the terror he can inspire in his elders by his refusal to eat will not willingly relinquish this potent weapon, so long as he finds it working. As soon as he finds that it apparently makes no difference to anyone whether he eats or not, the greatest incentive to fasting disappears.

Does this mean that we should starve him into eating? By no means; for, while this Spartan method may sometimes succeed, it frequently fails completely, for the reason that the starving or fasting child becomes weak without becoming hungry, if he goes long enough without food. Instead of this, we shall give him more meals instead of less and introduce a mid-morning luncheon, a mid-afternoon
luncheon, or even both morning and afternoon meal, in addition to the orthodox three, provided only that they do not come nearer together than two hours; and also that these extra lunches never come closer than three hours to the main meals that follow.

For instance, it would be all right to add a mid-morning luncheon at 10, after an 8 o'clock breakfast, provided the main midday meal did not come until 1. If this meal were timed for 12 o'clock, however, it would be better to omit the extra morning luncheon. Similarly, a mid-afternoon lunch at 3 would be all right to follow a 12:30 or 1 o'clock dinner, if supper were to be given at 6; but if that meal were placed at 5, the 3 o'clock luncheon would probably do harm, for it would not allow time for the development of the appetite for the supper meal.

But is this all that is required? Are there no diet lists to be prescribed? Of what use is the prescription of a diet list for the child who will not eat? Isn't this rather a cynical joke to play on a worried mother? Instead of telling what the child must, should, or may eat, it is considerably more practical to tell what he may not eat; for in this plan there is no place for the urging of required or recommended food.

Here, then, is the list of tabooed articles—not a difficult one to understand or to remember, if we notice that it includes nothing but sweets: All candies; all cakes; all pies; all added sugar, such as sugar for cereals, syrup, honey, etc.; all jellies, jams, and preserves. The only sweet permitted, if it can be called a sweet, is the simple pudding, made of custard, apple, tapioca, or bread, etc. Remember, these articles are to be denied to children who persistently refuse to eat ordinary food.

One other tabooed article may be mentioned—cream. In fact, if the milk used happens to be very rich, as it will be if it is from a Jersey or Guernsey herd, even full milk may be too rich. In this event the cream may be allowed to rise to the top of the bottle, after which one, two, or even three ounces of it should be skimmed, and set aside for the use of the adults of the family.

Is this very simple regimen all that is required? Try it and see. But remember, every point mentioned is essential; not one of them may be omitted or slighted, if the desired result is to be looked for. And one other point deserves mention. If fatigue is the cause of the lack of appetite, a cure will probably never be obtained until the cause of the fatigue is done away with. As the afternoon session of school may be the straw that is breaking the camel's back, it may be necessary for the physician to grant a certificate to have the child excused from this fatiguing factor before a cure can be brought about.

[The editor of the Bulletin will be glad to forward to the writer of this article any queries that may be made by readers regarding their experiences with this very simple method. Failures will receive as honest and careful a reading as successes; the only thing required is a frank statement of the way in which the requirements stated above have been carried out.]

TWO CHANCES

If you drink polluted water there is one chance that you get the germ—and one chance that you don't.

If you get the germ there is one chance that you become ill—and one chance that you don't.

If you get ill there is one chance that you die—and one chance that you don't.

If you die—well, you still have two chances!—Exchange.
PIT PRIVIES
HOW TO BUILD AND MAINTAIN THEM

EVERY home not provided with running water and sewers should have a fly-tight sanitary privy. Open-back surface privies are dangerous sources of disease. The germs of typhoid fever, diarrhea, and many other diseases are contained in human bowel discharges. By using open-back surface privies these germs are spread by flies, chickens, dogs, surface wash, and in many other ways to our food and drink.

Every case of typhoid fever means that the victim has drunk or eaten human fecal matter containing typhoid germs. The very thought is unesthetic and repulsive, but it can all be prevented by a simple, inexpensive pit privy. Fortunately, enlightened communities are now requiring by law substantially what Moses, the great law-giver, required nearly 3500 years ago.

The Law of Moses

"Thou shalt have a place also without the camp whither thou shalt go forth abroad:

And thou shalt have a paddle upon thy weapon; and it shall be, when thou wilt ease thyself abroad, thou shalt dig therewith, and shall turn back and cover that which cometh from thee."—Deut. 23:12-13.

The Law of North Carolina

1. "Every residence located within three hundred yards of another residence must have an improved privy of a type approved by the State Board of Health." (See Consolidated Statutes of North Carolina, Chapter 118, Article 8, Sections 7129 to 7144.)

Our State law also makes the head of the family or person in charge of an establishment responsible for the sanitary maintenance of his privy under a penalty of from $5.00 to $50.00, or imprisonment for not exceeding thirty days.

Many years experience in the construction and maintenance of tens of thousands of pit privies has developed a simple, inexpensive plan. Experience has also indicated a number of important details which should be kept in mind in building such a privy. Time and money can be saved by following these plans and suggestions closely.

Locate the privy as convenient and as accessible to the house as possible, but at least fifty feet or more from any well or spring, and on lower ground, so that possible drainage from the pit will be away from, rather than toward, a water supply.

Do everything possible to encourage the use of the privy and prevent even occasional soil pollution. Make the privy attractive. Paint it. Provide toilet paper and coat-hangers. Screening the approach with vines and shrubbery is desirable.

HOW TO BUILD A GOOD PRIVY

To prevent overturning of the privy, where exposed to strong winds, heavy stakes should be driven into the ground near the corners before starting excavation, and upon completion of the privy flexible metal strips should be attached from the stakes to the building. Do not nail the stakes to the building directly, as that will prevent settlement. Such stakes, driven according to dimensions shown on the Plan, serve also to lay out and locate the pit accurately.

The pit should be from 5 to 7 feet deep. In sandy or other soil likely to cave, the wood curbing shown on the plan should extend to the bottom of the pit. The excavated material should be spread uniformly around the top of the pit to a depth of from 6 to 8 inches, leveled and thoroughly compacted immediately under the privy sills or brick foundation. The dirt should be kept level and not barreled against the building. Where the excavated material may possibly be washed away, a drainage ditch should be cut in the ground at least 4 feet from the upper side of the privy to prevent such washing. A gravel, cinder, or other walkway should be provided from the privy door across this excavated material. Should the pit cave in, dig a new pit, level off the mound, remove the privy building, and completely fill the old pit.
One row of approximately 22 ordinary bricks laid flat and end to end entirely around the building forms a good foundation. The brick joints should be thoroughly mortared and the structure set in a bed of mortar all around to insure an even bearing and absolute fly-tightness. See Pit Plan for dimensions and method of laying brick foundation.

The sills should be 2 inches by 6 inches and creosoted to prevent rotting. If not creosoted, or set on a brick foundation, the tongue-and-groove flooring used to line the seat-box should be run horizontal on the two ends and back of the seat-box to permit of more ready replacement of sills when they rot. The flooring on the front of the seat-box should be vertical to afford better drainage.

Study the framing detail. If the frame is made correctly the rest is easy. The door should be hinged to the middle front stud, which is set flat against the weatherboarding and not to the corner stud. Make up the door approximately 24 inches wide and fit it to determine exact location of this middle stud. Provide a button on the outside of the door and a hook on the inside. Use 5" heavy T or 4" heavy strap hinges.

In fastening the seat lids use four-inch hinges with 1 1/2-inch No. 10 screws and leave a space 1/4 inch wide between the rear end of the lids and the 2" x 4" to which they are hinged. Fasten the hinges exactly parallel. Where careful, responsible adults alone expect to use the privy the lid stop or cross-piece (marked "Optional" in the plan) which prevents the seat lid from staying open may be omitted. Omission of this piece is not recommended where there are children or careless users in the family.

The four corner strips or trim on the sides should extend up to the roof and be securely nailed to the rafter to anchor the roof, as shown in the upper right-hand corner of the large drawing.

Ordinarily a metal roof is the cheapest, but shingles or composition roofing may be used. Bend down one inch of the metal roof on the two sides and nail securely. Cut a straight 31/16-inch hole in the seat-box to receive the 4-inch vent pipe. The hole in the metal roof should be in the middle of the center strip 18 inches from the lower end. The lower end of the vent pipe should be crimped and beaded, the upper end crimped only. Use roofing cement to form a good joint at the roof. If metal guttering is not available, two boards securely nailed together as a "V" trough and made water-tight with roofing cement may be used.

The ventilation feature consists of a conical sheet-metal cap attached to a slip collar which slips down over the top of the vent pipe and securely holds the 16-mesh copper screen in place over the top of the vent pipe.

CARE OF THE PRIVY

The greatest single feature in the care of a pit privy is to KEEP THE SEAT LID CLOSED AT ALL TIMES WHEN NOT IN USE. This not only prevents flies from carrying filth and disease to our food and drink, but it also prevents practically all odors from escaping into the building.

Keep the seat, floor, and ground immediately surrounding the building clean. If the seat or floor becomes soiled, scrub with boiling water and soap, or lye.

Do not allow garbage, trash, or ashes to be deposited in the privy pit. When the pit fills to within 18 inches of the top, dig a new pit near by, curb it, level off, and compact the mound, remove the privy, and fill up the old pit.

No disinfectants, lime, chemicals, or deodorants should ever be used in a privy pit. They serve no useful purpose—in fact, they hinder the process of decomposition and create a false sense of security.

Once a week sprinkle a pint of kerosene over the contents of the pit. This prevents flies, mosquitoes, and spiders from breeding, and serves as a deodorant.

Never allow chickens or animals to harbor in the privy, nor children to use it as a playhouse. Keep the door closed and latched when not in use.

Keep your own privy in good repair, clean and sanitary, use it exclusively, and encourage your neighbors and friends to do likewise. Next to running water and sewerage, a pit privy is the greatest single item of sanitation any home can have.

Similar literature on Septic Tanks, Flies, Protection of Wells, Milk, and many other health subjects may be had free of charge by addressing the STATE BOARD OF HEALTH, RALEIGH, N. C.
Safeguarding Baby's Health on the Farm

By Sudie Pyatt Miller

With planning, special care, and wise use of what equipment she has any mother can care for a young baby on the farm as easily and safeguard its health as effectively as in the most modern apartment or city home, and with more healthful surroundings for both herself and the baby.

Down on the farm with baby, ideal for baby!

A farm equipped with all modern conveniences, including an automobile to take one to and from town on shopping trips, is a much more satisfactory place in which to bring up a baby than a city home or apartment. But there are still many farm homes in North Carolina, constructed in simple style of sturdy Southern long-leaf pine, some of them before the War Between the States, and many still much as they were first erected—not even screened!

It is in homes like these that the mother with a young baby must use all of her knowledge, and what modern methods her pocketbook will permit, to safeguard baby's health on the farm.

If baby is bottle-fed the farm herd must supply the milk. Her milk is better than that from a single cow for baby. Baby's mother must see that the cows are healthy, recently tuberculin tested, that the milkman or milkwoman is cleanly, and that sanitary vessels are used for receiving the milk, and everything that comes in contact with it is kept scrupulously clean. If this is done, score one for the farm. The milk supply is grade A.

Physicians usually advise boiling the milk for a young baby, three minutes in an open saucepan, stirring constantly as it is being boiled, when there is no means of pasteurizing it.

Boiling milk on a wood-burning cookstove is not the simple matter it appears to be. A double boiler for use in boiling is about the only way it can be properly done. The milk must be stirred from the moment it is placed over the blaze until it has been removed from the fire and cooled by placing the saucepan in a pan of cold water, or a scum will form which is no aid to its digestibility.

Boiled and cooled milk makes up baby's formula, making enough for twenty-four hours.

A refrigerator for keeping baby's milk may be made from a gallon-size tin milk cooler, of the kind used in many farm homes. After the bottles are filled and corked, cotton being wrapped around each cork as an additional precaution against water entering the bottle, they may be wrapped in a clean piece of cloth, placed in the milk cooler, covered, and kept in cold water until used.

Baby will thrive on this milk if it is handled this way every day.

A thermos jug may be used for cold days, but it has the double disadvantage of having to be refilled with fresh, cold water twice in the twenty-four hours and of not keeping the milk at a constant temperature.

Kettles and buckets in the bedroom nursery and in the kitchen take care of the always necessary water, both hot and cold. Keep plenty of dry wood on hand, including a bundle of Southern "fat lightwood" splinters. In five minutes, either in the cookstove or in the fireplace in
the bedroom, water may be heated for bathing, heating baby's bottle, or other needs.

Of course, on many farms there are refrigerators and oil stoves. The oil stove is almost as quick and convenient in heating water as a gas or electric stove or heater, but this article does not deal with such conveniences as oil stoves and refrigerators on the farm. It attempts to tell how to make the simplest things serve the purpose of more modern and expensive inventions, and keep both baby and mother well.

Washed in soft water, with a good white soap, boiled in a copper boiler on the cookstove, and dried in the sun, even baby's diapers after months of constant wear come through the wash beautifully white, other little garments the same way.

On the farm ironing is one of the problems that have to be met. Diapers, bed linen, towels, underwear, everything except baby's little dresses and the slips used for pillows, may be smoothed as soon as they are taken from the line, folded and packed away in the drawers reserved for baby's things. The dresses, caps, pillowslips, and best underslips may be ironed once each week if the mother is fortunate in having a supply that will last that long.

Tubs, buckets, and other utensils used in baby's laundry may be kept together on a large bench near the pump, or whatever source of water supply there is. A wooden trough will carry all used water well away from the well, down any incline that drains toward a ditch, or whatever drainage system there is for the house location and grounds.

Keep on hand a supply of oranges or canned tomato juice, cereal, specially prepared baby food, cod-liver oil, nipples, nursing bottles, sterile absorbent cotton, and the few simple drugs used for baby: castor oil, milk of magnesia, boric acid. By trips to town and through mail orders keep at all times enough of these articles on hand for baby's needs, buying a larger quantity at the time in most cases than you would have if the drug store were within the block, instead of seven miles or more removed from the farm.

Oranges may be difficult to keep without a refrigerator. Buy a dozen at the time, keep them spread, unwrapped, on a tray in the open air. This will be found a satisfactory manner in which to buy and keep them.

During the summer, if tomatoes are grown on the farm, fresh tomato juice may be given baby, doing away with the necessity of buying oranges. The ready canned tomato juice or plain canned tomatoes do not keep well after the cans are opened.

Unscreened houses present a problem that must be dealt with by either permanent or makeshift measures. Proper screening is the only way to handle the fly problem. The things suggested here are only for use when screens are not available, or to be used in conjunction with screens.

Mosquito netting and screen wire may be used to screen the bedroom, nursery and the kitchen and diningroom. Cleanliness of the house and premises, fly-paper, poison, swatters, and covers for all food and garbage each add its quota to combatting flies. Everything used for the baby must be carefully guarded from the pests.

Make two large mosquito-netting covers for baby's crib and carriage. Wash these regularly and keep on crib and carriage to protect baby from stray flies while sleeping on the porches or in the yard.

In the matter of a physician for the baby on the farm it is wise to place the baby under the care of the
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nearest good medical doctor, and keep the baby under his care. Take baby to town to see the doctor at regular intervals, or have the doctor call at the farm to see the baby.

The State Board of Health at Raleigh is glad to give mothers advice concerning their babies at any time. Many county health departments have weekly or monthly clinics at stated points in the county. It is well for the mother with a young baby to learn where and when these clinics are held, and register her baby at the nearest one, visiting the clinic with baby regularly. There is never any charge for weighing, examinations, and advice given at these clinics.

On the hottest summer days let baby go clad in a diaper only. Other days clothe or leave unclothed according to the weather. After baby begins crawling, sun-suits made with panties opened at the bottom are much better for baby to wear than little white dresses, regardless of whether baby is a boy or girl.

A carriage for baby on the farm is not of as much service in taking baby for airings as it is in the city, but it is a great help in caring for baby, particularly if the house is large and rambling, in taking baby from one side of the house to the other, and for porch naps and sun-baths.

Paths and roads about most farms are generally too rough to use the carriage for baby to much advantage. When baby goes to walk it is usually in mother's arms. Riding in a wheelbarrow, that is well cushioned on both sides and the bottom before baby is placed in it, is a good way to give baby a ride on the farm, after baby is old enough to sit up.

Baby may be taken to the garden and left sitting in the wheelbarrow while mother gathers vegetables or does chores about the yard or garden. Given the simplest things to play with, baby will think it great fun waiting for mother to gather vegetables or do the chores.

Though surrounded with an abundance of fresh air and sunshine, many mothers on the farm do not take advantage of the sun, and give their babies regular sunbaths. Before baby can sit up, let baby take its daily sunbaths in its carriage or crib on the porch. Later when baby begins to crawl and pull up, the sunbath may be made a part of baby's playtime, as it may also be when baby has reached the "toddler" stage.

A New Mistress

The editor bows to a new mistress. Old Mrs. Angina Pectoris seemingly has come into his life and is not backward about her command and demands. She has said, Stay in bed these two days, and this is written thereon. She says to quit bouncing up stair-steps, two at a time, dozens of times a day; to quit walking that mile in the sun at noon each day, to quit chasing busses, digging in the garden regardless of heat and fatigue, to get a younger man to split the wood—in short, the dour mistress insists that we live and shove as a sedate old man, and her alternative is terse enough: Do as I say or die. And one who has felt her fingers clutching his throat knows that her warnings are not to be disregarded with impunity. Huh, what was that she said about smoking so much?

We shall probably obey, for we like the fun of living, and feel more of responsibility since it has rather
suddenly come to us that there are no big ones who may be relied upon to steer safely the ship of state and to solve the world's problems. In fact, we have recently realized that we have been thinking there were folks to look up to, who formed a superior class, who might be relied upon to do the world's thinking, and lo! we take to a realization that there are really no God-appointed and no adequate self-appointed helmsmen—at least, such as we may rely upon with the old-time confidence when we thought there were supermen, when a Vance or a Wilson was relied upon as somehow innately endowed with superior knowledge unattainable or unmatchable by us common mortals.

And now, lo! we awake to realize that the world is in the hands of the poor sticks of lads or youths of our own puny generation and even worse—of boys born just the other day, who do not even remember Silver Dock Blaine, Cleveland, nor even Bryan in his prime. We awake to realize there are no big men, and probably never were in the sense we used to imagine, and to the realization that even a poor fellow like the writer, who has been dreamily relying upon a superior group hazily portrayed to think the world through its mazes, if it is to have any effective guidance, has just as much responsibility and capability as any of them, awakening to find that the race of "big men" has vanished, and that those parading as such are the boys of a recent yesteryear.

Oh, yes, the world never saw so many great specialists, and we never had a sincerer respect for their capability—from that of Edison, Steinmetz, Ford, and other mechanical wizards, that of the great engineering experts, that of the deft-handed surgeons, the directors of immense mechanical and industrial enterprises down to that of the stalwart Negro plasterer whom we watched yield his great trowel the other day with so much vim, enthusiasm, and skill. But isn't that colored expert just about as capable of standing off and sizing up and correlating the whole world economy as any other of the several kinds of experts or specialists—whether a Morgan expert, handling his millions and directing the organization of immense enterprises, or a tariff expert of the U. S. Senate whose whole intellectual life is involved in the manifestation of his precious schedules?

Where are the men who may stand aloof and put the various twos and threes, sixes and sevens together and give the world a convincing and effective correlation of all its activities?

Mahatma Gandhi looms as a priest and prophet of a new régime, yet his vision is largely of local application; he is merely seeking a cure or a balm for one big sore on the social body of a disease-wracked world.

We are just orienting ourselves as a little fellow in a world full of the same kind, and should like to stay on a while longer, old Mrs. Angina; but writing with such a pencil, for folks who don't know what I am writing about and must read by the letter method—the printer, we mean, who hasn't the thing in nice printed words—is just about as bad as running to catch a bus.—The Chatham Record.

Now is the time to prepare for the pre-school physical examination of children who will enter school for the first time this fall. If they are examined in May and June and necessary treatment provided before school starts, they will do much better in school.
Yellow Fever in the United States No More

The four physicians who made this possible are likewise no more.

At the close of the War with Spain the Island of Cuba was released from Spanish dominion by American troops (the Spanish fleet had been destroyed in Manila Bay by Admiral Dewey), and the Spanish fleet in hiding in Santiago Bay, in an attempt to make an escape, was destroyed by the American fleet in command of Admiral Schley, and during the temporary occupation of Cuba, Governor General Wood, himself a physician, appointed a commission, composed of Drs. Walter Reed, Jesse Lazear, James Carroll, and Aristides Agramonte, the latter a Cuban, to do researches into the transmission of yellow fever.

This commission began its work in 1900 and by allowing mosquitoes to bite a yellow fever patient and then bite themselves and other army volunteers, proved the now accepted fact that yellow fever was transmitted from one person to another through an intermediary host known as the stegomyia mosquito (female).

These four doctors, with the urge of being helpful to the human race which is in the heart of every true physician, went the limit in this investigation. They first proved, by sleeping in a screened room with yellow fever patients, then after death of the yellow fever patients sleeping in the same bed without change of bed clothing where the yellow fever patients had been treated and where they died, beyond a reason of a doubt that the disease was not transmitted through clothing. Then the final test referred to above was made, proving that the disease was transmitted by the female stegomyia.

Carroll had a very violent case of yellow fever and very nearly died from the disease. He only lived a few years after these experiments and his life was thought to have been shortened by many years on account of the fever. Lazear died September 25, 1900, during the research, from yellow fever transmitted by an infected mosquito. Reed lived several years longer than the others. Agramonte, who was immune because of a previous attack of yellow fever, died August 7, 1931, in New Orleans, at the age of 63.

These four men who made the supreme sacrifice for the benefit of humanity, which even in the short time since 1900 has saved many hundreds of thousands of lives and made possible the building of the Panama Canal, where again General Wood was in command of the sanitary forces, were army surgeons with the small salary that always attaches to an army surgeon. Our government did nothing to compensate them for this wonderful discovery and when Reed died Congress quibbled over the small appropriation of $100 a month to his wife during her lifetime. That is the usual appreciation shown by the United States for men of medicine who have rendered great service and enabled our government to save many millions of dollars, to say nothing of the human lives mentioned above. Frequently other countries are more appreciative of such work.

Our government did honor Walter Reed by naming the Veterans Hospital and diagnostic clinic in Washington City for him; however, that honor has a terrible emptiness when you compare it with the quibbling over giving $100 a month to his widow after he had paid the supreme sacrifice.

And with the passing of Aristides Agramonte the four members of this yellow fever commission who rendered such an incomparable service to humanity are no more.
### Mortality Statistics

<table>
<thead>
<tr>
<th>Causes of Death</th>
<th>1930</th>
<th>1931*</th>
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</thead>
<tbody>
<tr>
<td>Typhoid fever</td>
<td>152</td>
<td>155</td>
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<tr>
<td>Undulant fever</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Paratyphoid fever</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Typhus fever</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Malaria</td>
<td>46</td>
<td>38</td>
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<tr>
<td>Smallpox</td>
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<tr>
<td>Measles</td>
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<td>Scarlet fever</td>
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<td>64</td>
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<tr>
<td>Whooping cough</td>
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<tr>
<td>Diphtheria</td>
<td>275</td>
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<tr>
<td>Influenza</td>
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<td>Mumps</td>
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<td>Acute poliomyelitis and acute polioencephalitis</td>
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<tr>
<td>Lethargic or epidemic encephalitis</td>
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<td>Epidemic cerebrospinal meningitis</td>
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<td>Chickenpox</td>
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<td>Milk sickness</td>
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<tr>
<td>Dengue</td>
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<tr>
<td>Anthrax</td>
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<tr>
<td>Rabies</td>
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<tr>
<td>Tuberculosis of the respiratory system</td>
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<tr>
<td>Tuberculosis (all other forms)</td>
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<td>182</td>
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<tr>
<td>Pellagra</td>
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<tr>
<td>Diarrhea and enteritis (under two years)</td>
<td>1,112</td>
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<tr>
<td>Septic sore throat</td>
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<td>Tularaemia</td>
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<tr>
<td>Syphilis</td>
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<td>Infant mortality (under one year)</td>
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<td>Maternal mortality</td>
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<td>Deaths under two years of age (total)</td>
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<tr>
<td>Bronchopneumonia</td>
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<td>Lobar pneumonia</td>
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<td>Aeroplane fatalities</td>
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<td>Automobile fatalities</td>
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<td>Automobile and train collisions</td>
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<td>Railroad accidents</td>
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<tr>
<td>Conflagration and accidental burns</td>
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<td>227</td>
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<tr>
<td>Accidental traumatism by firearms</td>
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<tr>
<td>Violent deaths, nature (acc., suicide, hom.) unknown</td>
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<td>Accidental drowning</td>
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<td>Homicide (total)</td>
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<td>329</td>
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<tr>
<td>Suicide (total)</td>
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<td>305</td>
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<tr>
<td>Lightning</td>
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<td>34</td>
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* 1931 provisional.
MILK FOR HEALTH

More milk for the people of North Carolina means better health. It means that happiness and prosperity could supplant misery and poverty in more than a quarter million rural homes. A good milk cow for the tenant farmer, white and black, would be better for his children than a Government bonus. By doubling the consumption of milk the pellagra death rate could be reduced by half, diseases of nutrition and tuberculosis greatly reduced, the infant death rate lowered, and the welfare of the people promoted in every way.
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FREE HEALTH LITERATURE

The State Board of Health publishes monthly The Health Bulletin,
which will be sent free to any citizen requesting it. The Board also has
available for distribution without charge special literature on the follow-
ing subjects. Ask for any in which you may be interested.

Adenoids and Tonsils ......................................................... Hookworm Disease
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Constipation ............................................................ Smallpox
Chickenpox .............................................................. Teeth
Diphtheria ................................................................. Tuberculosis
Dont-Spit Placards ....................................................... Tuberculosis Placards
Eyes ................................................................. Typhoid Fever
Flies ................................................................. Typhoid Placards
Fly Placards ............................................................. Venereal Diseases
German Measles ......................................................... Water Supplies
.................. ......................................................... Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent
free to any citizen of the State on request to the State Board of Health,
Raleigh, N. C.

Prenatal Care (by Mrs. Max West)
“Our Babies”
Prenatal Letters (series of nine
monthly letters)
Minimum Standards of Prenatal Care
What Builds Babies?
Breast Feeding
Sunlight for Babies
Hints to North Carolina Mothers Who
Want Better Babies
Table of Heights and Weights

The Runabouts in the House of Health
(pamphlet for children from 2 to 6
years of age).
Baby’s Daily Time Cards: Under 5
months; 5 to 6 months; 7, 8, and 9
months; 10, 11, and 12 months; 1
year to 18 months; 19 months to 2
years.
Diet List: 9 to 12 months; 12 to 15
months; 15 to 24 months; 2 to 3 years;
3 to 6 years.

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State-Wide Milk-For-Health Campaign

The food question is becoming acute in some homes. Diminishing incomes and unemployment make it a real problem. Many are attempting to solve it by reducing or eliminating the best single food known to man — MILK. There is grave health danger in that. In North Carolina we use entirely too little milk and dairy products already. Ours is less than half the average-milk consumption in the United States. Result, too much pellagra, malnutrition, bad teeth, tuberculosis, repeaters in our schools, and general inefficiency among adults, and not enough men and women with robust, radiating, vigorous, vibrant health and vitality.

As a result of this situation, and largely at the suggestion of Governor O. Max Gardner, the State Board of Health is cooperating with the Governor in undertaking a State-wide Milk-for-Health Campaign. The object is to spread the gospel of the value and importance of milk and dairy products as food, and more especially as health food and as the best and cheapest food that can be used at times like this.

In addition to Governor Gardner, an Advisory Council consisting of Dr. Jas. M. Parrott, State Health Officer, W. A. Graham, Commissioner of Agriculture, Mrs. W. T. Bost, Commissioner of Public Welfare, Dr. E. C. Brooks, president of N. C. State College, and Dr. A. T. Allen, State Superintendent of Public Instruction, has been formed to assist, promote, and direct this State-wide Milk-for-Health Campaign. Plans have been formulated calling for county units, the executive committees of which will consist in each county of the county health officer, county farm demonstration agent, county home demonstration agent, county superintendent of schools, county welfare officers, milk inspectors, and sanitary inspectors.

With these as a local executive committee contacting the State advisory committee through the State Board of Health, it is planned that each local executive committee will call an organization meeting prompt-
ly, to which will be invited representa­tive citizens from all existing organizations in the county interested in health and the general public welfare. Among these should be representa­tives of such organized groups as:

- Anti-Tuberculosis Association;
- Boy Scouts;
- Camp-Fire Girls;
- Chamber of Commerce;
- City Officials;
- Dairymen's Organizations;
- Dental Association;
- Girl Scouts;
- Grange;
- Medical Association;
- Men's Clubs;
- Merchants' Association;
- Ministerial Union;
- Nurses' Association;
- Parent-Teacher Association;
- Press;
- Red Cross;
- Salvation Army;
- Schools;
- Welfare Organizations;
- Woman's Clubs;
- Y. M. C. A.;
- Y. W. C. A.

At this organization meeting the aims, methods, and results of the Milk-for-Health Campaign will be fully explained and discussed, after which the actual work will be mapped out and assigned to com­mittees, consisting of the best possible workers in each line of work.

The usual committees appointed in Milk-for-Health Campaigns are:

1. School Activities:
   (a) Essay contest committee.
   (b) Poster contest committee.
   (c) Milk-rhyme committee.
2. Finance.
4. Publicity and publication.
5. Exhibits and show windows.
6. Transportation.

Complete suggested plans for the activities and functioning of each committee will be furnished by the State Board of Health.

Records in the past indicate that the increase in milk consumption as a result of such campaigns ranges from 10 to 30 per cent, depending largely upon the vigor with which the campaign is pushed. While it may seem at first thought that it might not be possible to accomplish such an increase just at this time, yet it should be borne in mind that milk consumption at present is abnormally low, and that it should be easier to increase an abnormally low consumption than to increase a milk consumption that is already high.

Let us all put our shoulders to the wheel and put this thing across. It can be done. It must be done!

"HEALTH ABOUNDING"

Ordinarily when a man or woman is well and able to be "up and about," or when a child makes fair or average growth, we are inclined to be content; but such a state is not always evidence of an excellence of nutritional condition. There is a vast difference between not being sick, and robust, abounding, vigorous, vibrating health. In the child this difference in health often means the difference between a bright, happy child who often leads his classes and the ordinary pupil or even the repeater. In the adult this difference in health often means the difference between success and failure, between a profit and loss. On the one hand life is well worth living, on the other it may be bare, dull, drab, and monotonous.

Recent dietary studies along this line indicate that when the ordinary amount of lime is included in the diet we often find normal, average, passable health; but if the lime intake in the diet is increased to the maximum, the best results follow. It would seem, therefore, that care should be taken to include in our diet those articles which are rich in assimilable lime.
State-Wide Milk Essay Contest

To promote general interest in the adequate use of milk in the diet it is suggested that essays on milk and its proper use form a part of the school activity. To this end class essay writing competitions may be held; competitions may also be held between winners in the same grades in a town or county. It is suggested that the essay competition be held following the intensive Milk-for-Health week.

To further encourage competition in this activity Governor O. Max Gardner offers as State prizes two silver cups, one to be awarded for the best essay written by a graded school pupil, and the other for the best essay written by a high school pupil.

The rules for the State essay contest follow:

1. All essays shall be plainly written or typed on one side only of 8½ x 11" paper.

2. The name, address, age, and grade of the pupil submitting the essay, together with the name of the teacher, school, and county, shall appear on the back of each sheet submitted.

3. The wording of the material submitted must be original with the pupil, although the ideas and information may be obtained from any source.

4. All essays submitted for State competition shall be received at the office of the State Board of Health not later than noon, April 25, 1932.

5. Not more than five competing essays from graded school pupils and five essays from high school pupils shall be submitted from any one county.

6. All essays shall be submitted through the local county Milk-for-Health Campaign Committee, and no essays will be considered coming from teachers or pupils direct, unless there is no local county committee in the county from which such essays originate.

7. No essays will be returned unless postage for that purpose is enclosed.

8. Essays shall not exceed 300 words in length.

The following titles are suggested, but contestants may select their own title, provided the theme deals with any phase of the food value of milk, its care and production:

- The Food Value of Milk and Dairy Products.
- Milk in the Diet of the Athlete.
- The Dairy Cow—An Aid to Health.
- The Use of Milk in the Home.
- The Diary of a Bottle of Milk.
- An Interview With My Doctor.
- The Story of Milk.

In awarding prizes for milk essays the State judges will consider the information, originality, freedom of expression, clear-cut sentences, and paragraph unity, as well as technicalities such as spelling, punctuation, capitalization, grammar, penmanship or typing, proper margin, paragraph indentation, and general neatness.

The people who have achieved, who have become large, strong, vigorous people, who have reduced their infant mortality, who have the best trades in the world, who have an appreciation of art, literature, and music, and who are progressive in science, and in every activity of the human intellect, are the people who have used milk and its products liberally.—Dr. McCollum of Johns Hopkins University.

Insist on Grade A milk and see that the milk delivery truck shows the permit number. Those are your guarantees of purity.
Prize Posters

By way of teaching and creating lasting interest in the use of milk for health, it is urged that drawing competitive milk posters by school children form a part of the school activities. To increase interest there should be competition between schools, with suitable prizes offered. As a basis for State prizes, Dr. James M. Parrott, State Health Officer, has offered two beautiful silver cups for the best milk posters, one for the best poster drawn by any boy or girl in any graded school in the State, and the other for the best poster drawn by any high school pupil in the State. Not more than five posters from each group may be submitted from any one county.

Poster-making is creative work. Its object is to convey ideas so quickly and so forcefully that they will catch the attention of the reader and induce him to action. Therefore, the first essential is an idea or message. Milk-for-Health presents a good basis for a message. Milk-for-Health posters should be made attractive. It is not wise to attempt to teach health by showing the opposite of health. When health is portrayed on a poster it should be made so attractive, radiating joy and happiness, that both the maker of the poster and the reader will wish to endeavor to imitate this likeness. The teacher may wish to get the pupils to suggest how health looks when illustrated. Some of these attributes are as follows: Smooth skin, glossy hair, sparkling eyes, smiling expression, gracefulness, happiness, energy for work and play, eagerness for study, sturdy appearance.

How, then, can we illustrate Milk-for-Health? Since the children must first have an idea, the teachers as a rule find it advisable to question them and obtain from them statements regarding Milk-for-Health.

After these have been listed, it is usually a good plan to take the statements one by one and ask the children to simplify and shorten them, that they may be suitable for use as legends on posters. Brevity and forcefulness are fundamental.

The following legends have been selected from Milk-for-Health posters submitted by school children. Many others will suggest themselves:

- Long live the cow.
- Athletes need milk.
- (Boy with football or bat.) Get wise. Use milk.
- Milk makes muscle.
- (Athlete.)
- Milk for lunch.
- (Child with bottle of milk.)
- A quart a day keeps the children at play.
- Milk—Economy—Health. Use milk.
- A milk drive.
- We had our milk. We did not.
- Milk builds teeth and bone.
- The key to health.
- Milk makes kids healthy.
- Milk wins.
- Fresh milk for the rising son.
- Milk for health.
- Gas for cars. Milk for kids.
- Station C-O-W broadcasting health.
- Wise scouts drink milk.
- Milk, a high-power food.
- Drink milk and live long.

Having decided on a suitable idea, it is well to consider its presentation. The child cannot express anything pictorially without first having a vision or a concept. His thoughts will center around his own experiences, and through these he gets his concept and ideas. The teacher should, therefore, be sure that the children have a clear-cut idea before having them attempt to present it pictorially. Many
teachers find it expedient to have the children present a rough sketch before working on their poster paper.

Both pictures and lettering may be made of flat one-toned paper, which are cut and pasted on contrasting foundation paper. This makes a very simple poster.

The use of two or more tones of the same color or a combination of colors represents advanced steps of the same plan of paper cutting.

In some of the more remote localities materials for paper cutting are not available. Magazine cut-outs may be used in this case; and, when possible, the lettering may also be cut out. The lettering, like the picture, should be simple in design, so that it may be quickly read.

Charcoal makes an effective medium for posters, but special care is necessary to prevent its smearing. Pen and ink sketching is frequently used. Colored crayons or water-color paints are well adapted to poster work.

It should be borne in mind that neither color nor design will make the desired impression unless there is a real message told in a clear-cut, simple way. The picture and the printed message should say the same thing, thus giving unity of thought. Experience in a large number of contests has shown that the judges invariably select as prize-winners those posters which are simple as to design, harmonious as to color, truthful and forceful as to message.

Rules Governing Poster Designs

1. All posters competing for the Dr. Parrott cup shall be either 14 x 22" or 22 x 28". They shall be in the office of the State Board of Health not later than noon, April 25, 1932.

2. The poster should attract attention by telling its story quickly and effectively. Only one story should be told in each poster. Avoid dividing interest by having a poster tell more than one story.

3. The poster must make the reader wish to obey its message.

4. The story told by the poster must be based on facts. It must not be overstated or make unfair comparisons.

5. The poster must be simple and interesting and as beautiful as possible. The only lettering on the poster should be that contained in the legend, and this should be as brief as possible. Objects and letters should be drawn with the idea of being seen at a distance. Small details should be avoided.

6. It is usually more effective to use only one medium in making a poster, as cut-out paper, paint, ink, crayon, or pencil, but never all of them on the same poster. To have several mediums gives the impression of disorder rather than unity of thought and expression. When possible the lettering should be done with the same medium as the picture itself. This is not always practicable, however, because of lack of suitable materials.

7. All posters shall be submitted through the local county Milk-for-Health Campaign Committee, and no posters will be considered coming from teachers or pupils direct, unless there is no local county committee in the county from which such posters originate.

8. No posters will be returned unless postage for that purpose is enclosed.

9. Signature.—The name, address, county, age, grade, teacher, and school should be written on the back of each poster. It is very important to have all these carefully given.

In the United States as a whole there is about one cow for every five people, while we in North Carolina have but one cow for every ten people, and in Eastern Carolina there is only one cow for every 24 people. Manifestly we need more cows and more milk and less cotton and tobacco.

The ideal food must be quick to digest, easy to assimilate, and rich in nutrition. Milk is such a food.
State-Wide Milk Rhyme Contest

To further the interest in milk education and in milk for health campaigns, two silver cups are offered as State prizes for the best milk-rhyme. Dr. A. T. Allen, Superintendent of Public Instruction, is offering a silver cup for the best milk-rhyme furnished by any pupil in the graded schools of the State, while Dr. E. C. Brooks, president of N. C. State College, offers a silver cup for the best milk-rhyme furnished by any high school pupil of the State.

It is strongly urged that milk-rhymes be offered the local newspapers, daily or weekly, to stimulate enthusiasm in the contest and interest in the campaign. This should begin as early as possible, and may continue at least as long as the campaign lasts.

The following rules will govern in conducting the State-wide milk-rhyme contest:

1. Any student in any graded school in the State may furnish any number of milk-rhymes in competition for the graded school cup, and any high school student in the State may furnish any number of milk-rhymes in competition for the high school cup.

2. Each milk-rhyme shall be plainly written or typed on one side of an 8½x11-inch sheet, with the author's name, address, age, and grade, and the name of the teacher, school, and county plainly written or typed on the back.

3. The general theme of all rhymes shall be milk for health or the value of milk as a food.

4. All milk-rhymes shall be original.

5. Milk-rhymes shall not exceed six lines.

6. All milk-rhymes shall be in the office of the State Board of Health, Raleigh, not later than noon, April 25, 1932.

7. All milk-rhymes shall be submitted through the local county Milk-for-Health Campaign Committee, and no rhymes will be considered coming from teachers or pupils direct, unless there is no local county committee in the county from which such rhymes originate.

8. No milk rhymes will be returned unless postage for that purpose is enclosed.

Milk-rhymes will be judged on the following points: (1) Bringing out the idea; (2) Originality; (3) Literary value; (4) Neatness.

The following milk-rhymes are submitted as indicating what has been done along this line in other similar contests and Milk-for-Health campaigns:

Johnny was a skinny kid,
As skinny as a crow,
But now he's drinking milk each day,
And you should see him grow.

—Boise, Idaho.

Here's to the cows, full long may they live!
Here's to the rich, creamy milk that they give!
May we drink it, and sip it, and swallow it down
'Til Knoxville's a healthy milk-fed town.

—Knoxville, Tennessee.

To Insure Pure Milk Use Only
Grade A—Look for Permit Number on Closed Car.

Be sure you are using sufficient milk for the protection of your family. They should have at least a pint per day for adults and a quart per day for children under sixteen.
Milk As a Part of the School Lunch

By Miss Susan M. Burson, Supervisor, Home Economics Education, Raleigh

In the lunchrooms of schools milk as a beverage and combined with other foods should be a part of every menu. The meal at school can be an excellent opportunity for training children in good habits of eating. Unlike the other meals of the child's day, it is eaten during the hours which are set apart for education. The child's mind is in a receptive condition, and every precaution taken to adapt the lunch to his physical and mental needs is likely to teach a silent but effective lesson in food and nutrition. Every time a child buys food he gets with it an idea about food. If he gets a wholesome, satisfying product, served in a sanitary, attractive way, he is likely to get a helpful idea about food and its care.

Milk, served as a beverage, requires the greatest watchfulness on the part of those in charge of the lunch-room and health officers. There must be arrangements for keeping it cold in order to be sweet and palatable; the half-pint bottles in which it comes from the dairy, with straws for drinking it, constitute the most sanitary method of dispensing it.

Milk can be incorporated into many other dishes; for example:

- **Cream soups**: tomato, potato, celery, pea, bean, spinach, asparagus, corn, peanut butter.
- **Creamed dishes**: potatoes, carrots, peas, cabbage, onions, eggs, dried beef.
- **Desserts**: custards, junket, puddings, gelatin dishes, ice cream.
- **Beverages**: milk, cocoa.

Many children are prejudiced against milk or milk dishes, or have not cultivated a taste for them, and because of this special efforts must in many cases be made to assist patrons of the lunch-room in wise selection of lunches.

The home economics teacher, or others in charge of the lunch-room, should accept this as an educational opportunity and through various devices and methods encourage consideration of wise choosing of lunches. Through the cooperation of teachers, choosing the school lunch can be included in each grade as a part of the health program.

Other methods are here suggested:
1. Use of posters and cartoons in the lunch-room and on bulletin-boards.
2. Suggested menus on bulletin-board.
4. Serving balanced plate lunches which include milk or a milk dish.
5. Using colored glasses or dishes to serve foods needing featuring.
6. Using bits of color to emphasize certain foods, as a tiny heart on the milk bottle on Valentine's Day, or parsley on creamed potatoes.
7. Promotional exhibits, such as white rats fed on different diets.
8. Health plays on chapel programs by various grades or home economics department. (National Dairy Council, 221 North LaSalle St., Chicago.)
9. Articles in the school paper.
10. Talks to parents at meetings, such as Parent-Teacher Association, Woman's Club, etc.

Outline for Club Program

Suggestions for Parent-Teacher Association, Woman's Club, Grange, or other organized groups cooperating with Milk-for-Health Campaign:
1. The Story of Our Milk Supply. By a Dairyman or Health Officer.
2. Spending the Food Dollar to Include Milk—The Economical Food. By a Home Economics Teacher or Home Demonstration Agent.
4. Sponsoring and Financing a Milk-for-Growth Demonstration. (Such a demonstration should last for six weeks or longer; cooperation of physicians should be enlisted to assist in determining underweights.)
The School Cow

By Ernest A. Branch, D.D.S., State Board of Health

When Mrs. Parker Poole, first-grade teacher in the Benvenue School, Nash County, rented a cow she knew she was solving a great health problem, and a social problem as well as a behavior problem.

Health is of vital importance in any school, and especially was this true in the first grade of her school, because twenty out of thirty-seven of the children were underweight. Their little bodies were undernourished. Their teeth were breaking down, decaying, and some said "rotting." Of course, we do not like to use this term in connection with our mouths, but nevertheless that is just what was taking place. Milk is not going to restore lost tooth structure, but the teacher knows that children during the first-grade age are growing more rapidly than they will again, so far as developing teeth are concerned. At this age there are thirty-two teeth of the permanent set developing unseen in the little jaws. These are in addition to the first teeth, twenty in number, or those that mother sees in the child's mouth. This makes a total of fifty-two teeth.

The teeth are composed of lime or calcium in the main, and we are told that there is more available calcium in dairy products to make teeth and bone than in any other source. Every child should have at least a quart of milk every day to develop good teeth and bone. This much milk contains sufficient lime for the daily body requirements. Oh, yes! Vegetables contain lime, too, but if you fed the daily requirement of lime in vegetables alone, the child's stomach could not hold it.

The Benvenue School rented a cow, made arrangements with a family living near to keep the cow and send the milk to school each morning in bottles for the children, to be served with the mid-morning lunch. At the end of the school year the underweights were reduced from twenty to two, and one of these had gained two pounds, the other four pounds.

With the defects corrected by physicians and dentists, well, strong children practicing good health habits, and everybody working and playing, her school problems were largely solved. Grade repeaters were reduced in number, weights increased, as well as health teaching greatly furthered by the first-grade cow.

Relative Fuel Value of Milk as Compared With Other Foods
Emergency Nutrition

By Henry C. Sherman, Columbia University

EXPERTS differ in some details of their views on the feeding of children. But the differences are rather in emphasis than in essentials. Some emphasize more strongly the dominant place of the few most important foods, while others give more emphasis to the doctrine of diversification of the child's diet.

Such differences pale into insignificance when we are faced with the statement on the high authority of Miss Grace Abbott that great numbers of children all over the country are now living in such destitution as cannot but leave them weakened and injured for life.

With needs so urgent, with so many people so near our doors suffering so severely, it is a time for those who have to really share their means with those who have not. Perfunctory giving is better than none, but not sufficient. There is need for perfunctory givers to rise to the plane of generosity, and for those who have already learned to give generously to raise their giving now, during this emergency, into the realm of sacrifice. A little temporary sacrifice on the part of the more fortunate now can well make the difference between a lifetime of weakness and misery and a lifetime of usefulness and self-respecting Americanism for many a child.

Adequate relief and reasonable security will not be permanently denied. People will give as they come to realize the real need.

Meantime what is the relief worker to advise, or the intelligent but destitute mother to do, in such times and places as there simply is not money at hand to feed a child according to even the more economical of adequate standards?

When and while standards cannot be maintained, where and how can retrenchment be made in the feeding of the child with least danger of inflicting a lasting injury?

The guiding principle should, I think, be to provide those nutritional essentials of which a shortage tends to permanent injury, and to do this (while necessary) even at the cost of a sacrifice of other features of the dietary which are normally desirable, but not absolutely essential. During the acute emergency all available sources of economical food should be utilized, but money need not be spent in diversifying the diet merely for the sake of variety. Let no one be misled by the extravagant phrase, "deadly monotony." No deaths are ever caused by monotony of diet if the diet, however simple and cheap, provides the actually necessary nutrients; while shortages of these nutrients do cause all too many deaths, if not directly, then by lowering the resistance to disease.

The food problem of the unemployment emergency presents itself primarily in the form of the question, What best to do with an inadequate amount of money?

Advice may, therefore, perhaps best be given in terms of the spending of such money as is at hand. One suggestion which seems to have been widely useful, first formulated, I think, by Miss Lucy Gillett, is:

"Divide the food money into fifths: One-fifth, more or less, for vegetables and fruits; One-fifth, or more, for milk and cheese; One-fifth, or less, for meats, fish, and eggs; One-fifth, or more, for bread and cereals; One-fifth, or less, for fats, sugar, and other groceries."

It will be noted that this does not propose invariable division into fifths, but indicates the direction which variation may wisely take—one-fifth or more for some groups; one-fifth or less for others.

Miss Gillett tells me that her experience indicates that approximate di-
vision of the food money into fifths works well at fairly comfortable levels of expenditure; but that in the food budget of the typical low-income family it is necessary to use more than one-fifth, often one-third, of the food money for milk in order to provide the amount of milk that the children of such a family actually need.

When shortage of money forces expenditure for food to an abnormally low level, more than one-fifth (perhaps one-third) should therefore be spent for milk in some form; and the suggestion of one-fifth for fruit and vegetables should, if possible, be maintained, but with selection probably limited to the cheaper sorts so as to get the most food value for the money; at least one-fifth (of the reduced expenditure) may well go for breadstuffs and cheap form of cereal, since a penny spent here will go farthest to meet the actual pangs of hunger; the greater part of the retrenchment should fall upon the other two-fifths of the above grouping. One can do without meats and sweets, and most of the sweetened and shortened products of the bakery, and most of the miscellaneous foods bought in the grocery, if one gets enough milk in some form and of some fruit or vegetable to provide the absolutely essential mineral elements and vitamins, and if to these foods enough breadstuffs be added to prevent actual weakness from hunger. Almost always the other foods are less economical in meeting these absolute nutritional needs.

Thus, if forced below reasonable standards to bare essentials, we may, in the light of our present knowledge of nutrition, most wisely meet the emergency by concentrating our attention upon efforts to provide these three essential groups of foods: (1) milk and its products, (2) fruit and/or vegetables, (3) bread and other cheap sources of calories.

Let retrenchment of expenditure take the form, first, of foregoing the purchase of the foods of other groups, and next of selecting the cheaper or cheapest forms or articles within each of the three groups just mentioned as essential. This may involve some shocks to prejudices and even to what in normal times we rightly regard as standards; but we are dealing here with the question of meeting a dire emergency. From certain standpoints two forms or kinds of milk may seem worlds apart; but any kind of milk is nutritionally more like any other kind of milk than is any other food. A crisp green vegetable or a juicy fruit may seem much preferable to a potato; but with expenditure forced to a sufficiently low level, the cheapest vegetable to be had can carry the nutritional responsibility for the whole group of fruits and vegetables during an emergency period.

If there are times and places of such dire destitution that sacrifices
must be made even among the three bare essentials of bread, milk, and some fruit or vegetable, each in the cheapest available form, what then?

Shall obvious hunger and a starved appearance lead to the crowding out of milk by bread because a penny spent for bread goes farther to still the pangs of hunger? To go too far in this direction is to incur the even greater tragedy of the lifelong injuries which result from the "hidden hunger" of the mineral and vitamin deficiencies. "Milk builds bone and muscle better than any other food." And more than this, milk is both the cheapest and the surest protection from the nutritional deficiencies which open the way to diseases and lifelong injuries to health, happiness, and working efficiency.

"The dietary should be built around bread and milk." The lower the level of expenditure, the more one must forego other foods and concentrate effort upon providing these two, supplemented by a little of some inexpensive fruit or vegetable.

This is the teaching of our present knowledge of nutrition reduced to its barest terms for the meeting of a real emergency—an emergency such as we must believe and resolve shall not last long nor recur often, but during which there may be need for a time and in some places to face frankly the fact that reasonable standards are temporarily out of reach, and that while the tragedy lasts one must guide, with what wisdom one may, the expenditure of in that the children affected may be adequate funds for food in such ways brought through without lifelong injuries, so that even if body weights are subnormal for a time, there may still be a basis of sound bone and lean tissue to permit of complete nutritional rehabilitation with the coming of better days.

(From Child Health Bulletin, Vol. VII, No. 6, November, 1931.)

MILK LITERATURE

Milk campaign speakers, teachers, essay contestants, and many others will need authoritative literature and information on milk. Some good material may be obtained free, but naturally for the best and most comprehensive literature a nominal charge is made. The following short list is suggested:


2. From The National Dairy Council, 221 N. LaSalle St., Chicago, Ill., may be purchased the following:

3. "Milk and More Milk," 4-page leaflet by the State Board of Health. Free from your County Milk Campaign Committee, consisting of your County Health Officer, Farm Demonstration Agent, Home Demonstration Agent, County Superintendent of Schools, and Welfare Officer.


5. "Health Educational Material," a 32-page catalog of health education material, including Milk Posters, Milk Booklets and Leaflets, Milk Plays, Milk Stories, Slides and Films by The National Dairy Council, 221 N. LaSalle Street, Chicago, Ill., or may be used as reference by seeing any member of the County Milk Campaign Committee.
LIME (a form of calcium) is one of the most important minerals in our food.

Lime has much to do with our muscles and their ability to contract. It has to do with the rhythmic beat of our hearts and the coagulation of our blood, with the response of our nerves to stimuli, and many other complex functions, including retention of iron in the body and coordination of other mineral elements in the body. Lime forms a great portion of our tooth and bone structure. One of the most important recent findings regarding lime in our diet indicates that diets containing large quantities of lime result not only in somewhat earlier maturity, but at the same time diets rich in lime greatly extend the active, productive portion of life which lies between maturity and the appearance of old age. Hence, for early maturity and the best chances for a long, efficient, healthful life, we should choose foods containing plenty of readily assimilable lime.

Prof. H. C. Sherman of Columbia University states that the average American diet is more often deficient in lime than in any other single chemical element. If lime is not supplied for our body processes, the lime is taken from our teeth and bones. This is one reason why so many people have such bad teeth, or none at all. There is a hint for all persons desiring good teeth. This is of special importance to prospective and nursing mothers, as well as growing children.

Fortunately, milk is one of our greatest sources of lime. Believe it or not, but there is more lime in milk than there is in lime water. The accompanying illustration indicates the relative amounts of lime in several of the well-known food articles. Since the average American diet is so likely to be deficient in lime, and since milk is so rich in lime, it behooves all of us North Carolinians to increase our present low milk consumption to at least a pint per day for adults and a quart per day for children under sixteen.

Although milk and dairy products are by far the best sources of lime, vegetables, particularly such green leafy vegetables as spinach, turnip greens, collards, cabbage, lettuce, carrots, tomatoes, and fruits, contain much lime and other valuable dietary essentials and should be included in liberal quantities in the diet every day.

Have you had your lime today?

Milk repairs the body. Give milk to the sick.

Milk contains large quantities of vitamins, particularly vitamin A and B—that is, those having to do with growth, general health, and resistance to disease, especially pellagra, neuritis, and diseases of the respiratory tract.
Milk and Longevity

If you delve into history you will find that certain races have been more vigorous and long-lived than have other people. If you go further and search the cause of this phenomenon you will ascertain that the food of the more virile stock has invariably been superior to that of the less robust and the less healthy. The modern science of nutrition has provided a reason, for, due to brilliant research of the last two decades, it is now well known that what we eat or do not eat has a definite effect on our health and well-being as well as on our tendency to live long.

Although science has confirmed this fact, the idea is not new, for human experience has shown that it has been so almost from the dawn of history. As pointed out by Prof. E. V. McCollum of Johns Hopkins University, the pastoral peoples of the world who have had possession of many dairy animals and whose diet has consisted largely of the products of those animals have always displayed the finest physical development. They have done so "without exception," says Professor McCollum.

The dominant and aggressive peoples of the world have always been those whose nutrition has been of the best. It is related of David that he was carrying ten cheeses for the nourishment of his cohorts when he met and conquered the redoubtable Goliath. The conquerors have always been users of dairy products in abundance, and not of grasses and grains, nor of meat. The beef-eaters, so called, of England have also been drinkers of milk. The Scandinavian countries, where the span of life is so much greater than ours, have always been noted as dairy countries, and the same is true of Holland, another country where the average life is longer.

Ask any scientist what is the national drink of the United States today, and in spite of the reputed popularity of various forbidden beverages, he will answer, Milk. There has been a tremendous increase in the consumption of milk and the use of dairy products in this country during the last decade, and this has unquestionably been one of the factors in adding to the marked increase in our span of life.

That the right food can actually extend life has been demonstrated by a series of brilliant and interesting investigations conducted by Prof. Henry C. Sherman of Columbia University in New York City. For nearly

*From "The Most Nearly Perfect Food," by Crumbine and Tobey, published by the Williams & Wilkins Company, Baltimore. Price, $2.50.
ten years in his laboratories feeding experiments have been under way on that well-known laboratory animal, the white rat. While a rat, as Dr. L. Emmett Holt once remarked, is not a baby, and probably never will be, the results of these studies unquestionably also hold good for human beings. The life of the white rat is relatively short and his nutritional characteristics resemble those of man, so that studies on these docile rodents offer material of real scientific value.

When Professor Sherman began these experiments in 1919 he tried feeding his animals on various foodstuffs, but every single article of diet failed to nourish until milk was tried. An adequate fare was eventually determined to be one containing five-sixths powdered whole wheat and one-sixth powdered milk, with a little salt, and plenty of distilled water. Rats would grow and reproduce on this fare and in the next ten years more than twenty-one generations of them were raised on it.

Now for a difference between an adequate and the best possible diet. When the proportion of milk in these carefully regulated diets was increased some startling results were obtained. By doubling the amount of whole-milk powder in the diet of his rats Professor Sherman found that they grew more rapidly, gained more weight in proportion to the food consumed, attained to greater sizes, matured earlier, were able to reproduce for longer periods, had greater success in rearing their young, and, finally, the offspring themselves grew more efficiently. These evidences of improved nutrition were confirmed by repeated experiments, so that in 1928 Professor Sherman could report to the National Academy of Sciences: "We have recently completed a somewhat extensive experiment in which the influence of a single change in the food supply upon the longevity of rats of identical heredity, maintained under conditions uniform in all other respects, appears to have been fully demonstrated."

In this important study about 400 rats were kept in approximately equal numbers on the two different diets. The result was that the group getting the higher proportion of whole-milk powder showed a longevity exactly 10 per cent better than the group getting only half as much milk, and this applied to both males and females.

Translated into human experience, this notable study indicates that six years at least could probably be added to the span of human life by means of optimum nutrition. This prolongation of life is significant enough, but even more momentous is the fact brought out by these tests that the prime of life is extended in both directions by means of a favorable diet. Not only is there earlier maturity, but old age is deferred in the same individuals. These results confirm those of Professor McCollum, who has pointed out that the onset of senility may be postponed by correct nutrition.

Along with our daily milk (a pint for adults, a quart for children under sixteen) we should add at least one green leafy vegetable, such as collards, kale, spinach, turnip greens, some fruit and bread or cereal, and not too much fatback, corn bread, or molasses.

Lindbergh, Gene Tunney, Richard Byrd, Nurmi, and practically all great men, were heavy milk drinkers. Milk is a prominent article of diet in our hospitals and on the training tables of our athletes.

When man made friends with the cow he took the first step forward in human nutrition.

Milk is the best and cheapest single food.

Milk is not a beverage. It is a food.
The day is just about here when otherwise intelligent and rational human beings will no longer tolerate the presence of diseases which can be safely prevented through the use of simple vaccines and serums.

* * * *

In these days of panics and hard times and discontent about everything and criticism of everybody, few people stop moaning long enough to realize that, in our country at least, human life has never been valued higher, and that genuine protection and safety from disease was never experienced in greater degree in any period of the world's history.

* * * *

If there is any parent or teacher reader of the Health Bulletin who is not reading carefully the series of mental hygiene articles by Dr. Frank Howard Richardson appearing each month, we regret it, because they are missing a valuable feature. Suppose you turn right now before you forget it and read his contribution in this issue on the subject of “Lying.” You will not forget the picture he draws.

* * * *

For genuine sentiment which literally pulls the heartstrings, as different from mere sentimentality as pure gold is from pewter, read “A Father's Confession,” by Dr. Bundesen, in this issue. Its peculiar appeal is to the fathers of young children and to physicians who share their responsibility in such matters. Last year in our State 237 “Little Boy Blues” or their little sisters left their little toy dogs or dolls never to come back to them, because their fathers forgot to have them immunized against diphtheria.
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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN,
which will be sent free to any citizen requesting it. The Board also has
available for distribution without charge special literature on the following
subjects. Ask for any in which you may be interested.

Adenoids and Tonsils
Cancer
Constipation
Chickenpox
Diphtheria
Don't Split Placards
Eyes
Flies
Fly Placards
German Measles
Hookworm Disease
Infantile Paralysis
Influenza
Malaria
Measles
Pellagra
Prenatal Care
Residential Sewage
Sanitary Privies
Scarlet Fever
Smallpox
Teeth
Tuberculosis
Tuberculosis Placards
Typhoid Fever
Typhoid Placards
Venerable Diseases
Water Supplies
Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent
free to any citizen of the State on request to the State Board of Health,
Raleigh, N. C.

Prenatal Care (by Mrs. Max West)
“Our Babies”
Prenatal Letters (series of nine
monthly letters)
Minimum Standards of Prenatal Care
What Builds Babies?
Breast Feeding
Sunlight for Babies
Hints to North Carolina Mothers Who
Want Better Babies
Table of Heights and Weights

The Runabouts in the House of Health
(pamphlet for children from 2 to 6
years of age).
Baby’s Daily Time Cards: Under 6
months; 6 to 12 months: 1, 2, and 3
months; 12 to 24 months: 1 year to 2 years;
2 years.
Diet List: 9 to 12 months; 12 to 18
months; 15 to 24 months; 2 to 3 years;
3 to 6 years.

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THE State Board of Health is undertaking to secure the immunization against typhoid fever, smallpox, and diphtheria for more people this spring and summer than ever before. During this present month of April, while the parent-teacher associations and the school authorities throughout the State are busy with their pre-school round-up of children preparatory to entering the schools next fall for the first time, the Board is urging especial attention to the immunization against diphtheria.

In every county where a parent-teacher association is, active efforts are being made to get out all of the young children on a certain day. Many of them are being brought to the schools on the same bus in the afternoon after the close of school. In many instances the committees from the parent-teacher associations are assuming the responsibility for getting these children out to the schoolhouse by private conveyance.

It is hoped that every child who is to enter school this fall for the first time in the counties having organized parent-teacher associations or whole-time health departments will be immunized against diphtheria and smallpox at least, as well as having all physical handicaps removed. By physical handicaps it is meant that children having diseased throats, deficient vision, or decayed teeth, or who are undernourished or suffering from such infections as hookworm or malaria, may have all these conditions removed through the necessary medical or surgical or dental treatment.

By beginning on the child just entering school for the first time, the problem is not too large to handle. The important thing is to see that every child entering school for the first time this year is physically able to carry on the school work which the State is providing for all children in the future. The Department of Education reports that more than one-third of the total number of children enrolled in the public schools of North Carolina each year for the last few years have been grade repeaters. That is, they have repeated their grades because they were mentally or physically incapacitated to such an extent as to prevent them from successfully completing each year's work. Such being the case, all such children have to repeat one or more grades. Naturally this costs the State at least one-third more to conduct the public schools than it otherwise would if every child could go on from grade to grade as outlined in the course. Naturally, all of these children do not fail because of physical conditions; but a large proportion of them do. Many of them lose time from school on account of contracting such diseases as measles and whooping cough, which, at present, are not easily prevented; but many more of them do not master their subjects on account of having to contend with the remediable handicaps aforementioned.

This work cannot and should not be undertaken in a haphazard manner. Unless there is organized effort behind it, it cannot be successful, except in sporadic instances in widely separated communities or counties. It requires constant attention to detail.
and persistent hard work to accomplish so much for the first-grade children. No plan should be undertaken in any county without first obtaining the endorsement of the county medical society and the dentists. If proper diagnosis and treatment is to follow the inspection of all these children by the nurses, the health officer, and by volunteer physicians, the duty will fall right squarely on the shoulders of the practicing physicians, surgeons, and dentists of the State. Therefore they should be agreeable to any plan undertaken, from the beginning on through.

To encourage the immunization of all the people in the State against typhoid fever, and particularly the children against diphtheria, this spring, up to June 30, the State Board of Health is offering to supply free advertising placards affording notice to the public of any special vaccination days or clinics in a county where free typhoid vaccine or diphtheria toxin-antitoxin or toxoid will be given. It is offering to provide free typhoid vaccine, and diphtheria vaccine at as low cost as possible, to the counties; and it is further offering, when the county commissioners of the county will agree to pay the sum of 25 cents to each physician for the complete immunization of every person, to reimburse the county for one-half of this sum. Certain contracts have to be signed covering the details of this proposition before it can be effective in any county, and the contract has to be signed by the board of county commissioners. Furthermore, this offer is only for children under ten years of age. But the State Board of Health will cheerfully furnish advertising material and records to any county, as well as free typhoid vaccine to any county undertaking special immunization work.

In some counties the past year the physicians themselves obtained this material and did much work in groups. The typhoid vaccine is always free and the diphtheria preventive is obtainable at a low cost, and the medical society assumed responsibility for dividing the county up among the doctors, each serving his own practice and collecting this 25 cents directly out of each patient. This works very satisfactorily, and there is no contract to sign by anybody. If this could be generally carried out in the State, it would be the most satisfactory solution of the problem. Think what it would mean to a family having small children to have each one immunized against diphtheria for the sum of 25 cents. In cases where the people are indifferent to their children’s needs, on account of ignorance or extreme poverty, it is the duty of the county to see that the children are protected.

There was a slight rise in the number of deaths from typhoid fever last year over the preceding year, indicating that constant vigilance is necessary if this disease is to be controlled and kept under control. There are enough carriers in the State, known and unknown, to make the danger constant if there were no other dangers from travelers who might bring the infection in.

There was a material reduction in diphtheria deaths last year, but the rate is still high. Three doses of toxin-antitoxin have been proved to afford immunity to diphtheria in about eighty-five out of each hundred children to whom it is given. Five doses of toxin-antitoxin given to all susceptible children is known to run this immunity up to ninety-five out of each one hundred taking the treatment. Two doses of toxoid, which is a newer preparation, but has to be given at a little longer interval, is said to immunize about ninety-five out of each hundred.

We want to make it clear here, therefore, that there are a few children thought to be about five out of each hundred susceptible children, who will sometimes take diphtheria regardless of all efforts at immunity. This accounts for an occasional case of diphtheria being reported in a child who has previously had the preventive treatment. Ninety-five out of each hundred, however, are assured of protection. This is about as near perfect
as any human invention or discovery can usually be expected to operate. Anyhow, the general observance throughout the State of the vaccine treatment against typhoid, diphtheria, and smallpox would mean ultimately total eradication of these three diseases from the State.

State-Wide Effort to Eradicate Diphtheria

BEGINNING with the pre-school round-up, sponsored by the State Board of Health, many of the local health departments of the State are carrying on, under the auspices of the Parent-Teacher Association, a concerted effort to immunize such a large number of children against diphtheria this spring that the disease may not any more be a major public health problem. In connection with the pre-school round-up work, the State Board of Health, under the direction of Dr. Jno. H. Hamilton, State epidemiologist, is conducting a widespread immunization campaign. The State Board of Health is contributing a limited quantity of toxin-antitoxin or toxoid free of charge to the counties, and it is also offering a limited amount of money, when the proper contract is signed by the county commissioners, to help compensate the doctors agreeing to help in this work. That includes practically all the practicing physicians in the State.

Not long ago we made inquiry of the health officers of a few of the largest cities in the State concerning the number of cases of diphtheria which they had in 1931 in their respective cities, and how many deaths, and number of such deaths who were residents of the cities concerned. We received prompt replies from all but one of the city health officers. A synopsis of the replies is herewith given in the order in which the replies were received:

Rocky Mount.—Dr. Roy Norton, superintendent of health of Rocky Mount, reported that there were fifty-four cases of diphtheria reported to his office. One of the cases being reported, however, resided in the district outside of Rocky Mount. There were two deaths in Rocky Mount, both occurring in one of the local hospitals and both nonresident patients, brought to the hospital too late for proper treatment. In both cases the doctor at home was called too late to save the lives of these two children. There was no resident diphtheria death during 1931.

Durham.—Dr. J. H. Epperson, superintendent of health of Durham, states that a total of forty-eight cases of the disease occurred within the city of Durham, forty-seven being white children and only one colored. Of the forty-seven white cases occurring, forty-three of this number were under 6 years of age, while the remaining four were above 6. The one colored case which was reported was a child under 6 years of age. During the year four deaths occurred out of the forty-eight cases reported. Three of the deaths were white children and one was colored. It is very singular to note that the only colored case reported resulted fatally. Dr. Epperson is of the opinion that other colored cases had occurred, but were not seen by a physician, and therefore not reported.

Winston-Salem.—Dr. R. L. Carlton, city health officer, reports that in 1931 there were one hundred and twenty-four cases of diphtheria, with four deaths. Dr. Carlton says that a goodly percentage of these cases were carriers found principally in schools, as the health department was endeavoring to discover those children in rooms where they had been exposed. Dr. Carlton reports that seven hundred and ninety-five persons were given diphtheria protective treatments in the offices of the city health department during
the year. That department also gave the Schick test to thirteen hundred school children and three doses of toxin-antitoxin to the four hundred who reacted positively to the test. Dr. Carlton's estimate is that 50 per cent of the city's pre-school children and 75 to 80 per cent of the elementary school children in school are protected against diphtheria. Dr. Carlton states that in addition to the foregoing hundreds of persons given the protective treatment by the health department, there must have been a number fully as large given protective treatments by physicians of the city in the course of their private practice. The health department distributed the vaccines and antitoxins to the physicians of the city. Dr. Carlton states that his department has adopted the policy of giving toxoid to all children who come to the immunization clinics younger than 6 years, and toxin-antitoxin to all those above 6 years.

Raleigh.—Dr. A. C. Bulla, city health officer of Raleigh, reports that there were forty-five cases and one death in the city of Raleigh last year. Dr. Bulla does not say how many of these cases were nonresident, if any, but judging from the immense number of immunizing treatments which have been given to Raleigh children during the last four or five years by the physicians of the city and by Dr. Bulla’s department, it is probable that a few of these cases were nonresidents.

Asheville.—Dr. Dan E. Sevier, city health officer of Asheville, reports that last year there were thirty-one cases of diphtheria in that city. Thirty of them were local and one was imported. There was one death, and that child was brought into the hospital in Asheville too late for satisfactory treatment to be instituted. For several years there has been a great many immunizations against diphtheria given by the city health department of Asheville and by the physicians of that city. This record for a city the size of Asheville would indicate that they have been remarkably free from the disease during the past year. Dr. Sevier and the city of Asheville are to be congratulated on this record.

Wilmington.—Dr. A. H. Elliot, city health officer of Wilmington, reports that there were forty cases of diphtheria in Wilmington last year, seven of the cases being from the county outside of the city and five of the cases being from entirely outside of New Hanover County. Therefore, the total resident city and county cases were thirty-five, and there was a total of three deaths, one of them being a nonresident death. It may be again stated that Wilmington has had a great number of immunizing treatments given during the last few years, both by the city health department and by the physicians of that city.

Charlotte.—Dr. W. A. McPhaul, city health officer of Charlotte, reports that they had twenty-six cases of diphtheria in Charlotte, with three deaths. One of the deaths was a nonresident brought there from an adjoining county for treatment in the hospital, with the same old story—the doctor called too late for satisfactory treatment to be given in order to save the child’s life. Dr. McPhaul states that ten cases in addition to the foregoing were quarantined as carriers. The Charlotte City Health Department has also given a large number of immunization treatments during the last few years. The medical profession has also, in the routine of their private practice, provided immunization for an additional large number of children. The number of cases indicates that Charlotte has been, like Asheville, remarkably free from virulent diphtheria during 1931.

There were reported during the year to the State Board of Health a total of two hundred and thirty-seven deaths from diphtheria from the State at large, and three thousand one hundred and fifty-six cases. Let us hope that all of these figures will be materially reduced during 1932.
A Father's Confession

By HERMAN N. BUNDESEN, M.D., Commissioner of Health, Chicago

ARE you asleep, Billy Boy? ... Yes, little son of mine, the Sandman has come and closed those tired little eyes and taken you to the Land of Dreams ... and I mustn't wake you now.

But I just had to come to your bedside and talk to you. Maybe you wouldn't understand me now, even if you were awake; but some day you will look back over the years and then you will know. So, I'll kneel here, holding your soft, sweet, little, chubby fingers, open my heart to you, and tell how I feel before it's too late.

Just a bit ago, while listening to the radio, I heard Eugene Field's beautiful poem, called "Little Boy Blue." It told of Boy Blue taking leave of his toy soldier and toy dog—just as I have seen you do so many times—saying, "Now, don't you go 'til I come back, and don't you make any noise!"

But, before "Little Boy Blue" could come back to his toy soldier and toy dog something terrible happened to him, and they have never seen him again, although they still wait patiently just where he put them—true to their trust, but missing him and wondering why he doesn't come back.

And then I thought of you, my little treasure ... just as Boy Blue's father did of his own little boy ... and, as my eyes grew dim, my guilty conscience told me that I hadn't been just the kind of daddy I should be—had I, son?

Last night I was annoyed because you came home late for supper, because you wiped your dirty hands on a clean towel, because you whistled at the table, and because you interrupted me while I was talking to mother. And later, I scolded you because you tracked your muddy feet through the house, and because you didn't hang up your little coat.

You remember how angry I was the other day when you took my new saw to build a warm house for the little stray pup you'd adopted, and left the saw out to rust in the rain. As long as I live I'll never forget the tears in your eyes when I made you turn the poor little dog away. What a poor sport I was!

Yet, in spite of it all, you just keep on "lovin'" your daddy. God bless you for that!

Yes, and tonight I was at it again, wasn't I? For, as I was figuring up an expense account that wouldn't come right, you stole softly into the room, and I, upset at being disturbed, spoke harshly to you. There was a hurt look in your eyes, but you didn't go back. You were too fine a lad to do that to your dad. You rushed over to me, threw your arms around my neck, gave me, oh! such a wonderful hug, pressed those sweet little lips to my cheek and whispered lovingly, "Good night, Daddy dear."

In a moment you had left me—your little feet going pitter-patter down the hall to bed.

It was then that a terrible, sickening feeling overtook me and I began to see myself as I really was, complaining of the little boyish things that you and every other little, regular fellow does, and through it all neglecting the big things that count for so much.

I don't know just what it was that snuffed out "Little Boy Blue," son, but it doesn't really matter what. Likely it was diphtheria, for, when Eugene Field lost his own little one and wrote about "Little Boy Blue," that sickness was all around him.

And as I thought further about diphtheria, a sort of tight feeling came into my throat, my heart choked with the thought that you might be next, sonny. I began to realize that I had done far worse by you than in any of these petty, fault-
finding ways. I had failed to safeguard your very life!—carelessly neglecting to protect you from becoming a "diphtheria Boy Blue."

What worries me most right now is that even today diphtheria takes away many a Little Boy Blue. Diphtheria is still the greatest enemy of little children, though we know all about how to prevent it; that all this is needless, for just two little harmless doses of toxoid, given when babies are six months old or over, will protect nearly every one of them.

What if diphtheria had struck you, Billy Boy, before that beautiful poem awakened my sleeping conscience! Oh, I can see now, dear little pal, that while I’ve been so busy with my own work, my reading, my writing—yes, even with my pleasures—I’ve almost forgotten my duty to you.

But tomorrow it’s going to be different, for I’ll have you protected from the disease which probably took “Little Boy Blue” away from his daddy and mother and left his faithful little toys standing lonely, rusting and covered with dust.

From now on I’ll be more than “just your dad.” I’ll be a chum to you, lad! There will be less of me given to my work and more of me invested in my boy. I’ll find time to talk to you and take walks with you. We’ll go to the circus and lots of places—won’t we, Billy? And besides all this, I’m doing my part to keep you with mother and me and save you from all needless danger.

So, don’t live apart from me, Don’t keep your heart from me, For we’re needing each other, son.

—Chicago Health Bulletin.

Time to Say Goodbye to Some Diseases

NORTH CAROLINA should say goodbye to smallpox, diphtheria, and typhoid fever forever. Smallpox already has his suitcase packed, his hat under his arm, and is backing out into our fine surfaced highways ready to climb aboard his old covered wagon to start for Ohio and California and a few other states where the ants are still permitted to do business in the hackneyed name of personal liberty. He found such a thoroughly vaccinated population here last year that he was only able to inoculate sixty-three people out of our three and a quarter millions with his deadly virus, and only two of these died. Not enough business to justify continuance, so he is moving out. But, dear reader, be not deceived. He is only going on a visit. His length of absence will depend on how well we remember him and what he has cost us in the past, and how earnestly we want him to stay away. We can invite him back at any time by becoming lax about our vaccination requirements. A few

years neglect of vaccination and he will return at sixty miles an hour.

Now, the case of typhoid and diphtheria is different, in that we still tolerate their presence, so much so that last year 3,156 people invited diphtheria into their homes, and 237 of them died. Nine hundred and ninety-one families had typhoid to contend with, and 155 people died. Steady progress toward the control of both typhoid and diphtheria has been made. In fact, we are rather proud of our record in typhoid elimination; but definite protection against both being available, with approximately 95 per cent protection afforded all who are immunized, we want to send both diseases on their way. It can be done and will be done just as soon as immunization against typhoid and diphtheria is practiced to the same extent throughout the State as smallpox vaccination is now. Every family should cooperate with the physicians and health departments in eradicating these three killers from within the confines of North Carolina.
Much of the advice and counsel given to parents is of necessity rather hazy and indefinite, for the very good reason that we actually know so little of the processes of the mind of the child. But when it comes to the question of lying or truthfulness, most parents—most young parents, that is—feel that here at least is a subject upon which there are no two ways of thinking and acting. Of course, every parent must insist upon an absolute, undeviating truthfulness in all the affairs of the child's life.

Unfortunately, this matter of truthfulness and unvarying accuracy is one of the least understood and most puzzling of all that have to do with the welfare of the child, both present and future. As a matter of fact, insisting upon getting things is about as poor a way of getting them as can be imagined, so far as permanent results are concerned. What many of us parents call "insisting" is apt to be dubbed by our candid friends as little better than "nagging," and no one advocates nagging as a means of developing anything but a pronounced dislike of the nagger, as well as of the things he nags us to do.

Further than this, truth-telling is by no means the simple, clear-cut matter that the copy-books would have us believe. As a matter of fact, telling the absolute truth is at times quite as difficult as drawing a perfectly straight line, constructing a perfect circle, or writing a perfect hand. True, it is something to be learned, just as proficiency in drawing or penmanship is to be striven for and at last attained—by some of us! We can hardly conceive of a parent who would punish a little child for refusing to draw a perfectly straight line or an unswerving circle, or for failing to sign his name correctly, say, at the age of four. Yet many a parent self-righteously—or let's be kind enough to say mistakenly—punishes that same child because he has failed at this early age to be able to tell an unswervingly straight tale.

But perhaps you say, "That's different. Anyone can tell the difference between truth and falsehood, and can tell the truth rather than a lie, if he wants to." Let's see about that. The next time Mrs. So-and-So asks if you can do this piece of committee work, or make that call, or be at home on such and such a night, let's scrutinize the reply she receives. Are you really so overworked, or is that quickly-thought-of engagement so pressing, or whatever the excuse thought up may be so accurate that you can turn to your child who has been listening and justify what you have said as the absolute truth? Let's stop and be sure that our own hands are guiltless before we start throwing that first stone in condemnation.

Perhaps there was as good a reason for little Harold's slight divergence from the actual unvarnished truth that you punished him for so severely as there was for this little society white lie that we have been speaking of. And, worse still, perhaps he derived some justification in his own mind for the slight liberties he took with truth from the fact that he had overheard father or mother at the telephone! But let's not think of these disagreeable things. Being a parent is a tough enough job in actual daily living without forcing ourselves to sit down and scrutinize our own actions; or the first thing we know We shall be handing the rod to our children, in our utter honesty, and asking them in simple justice to punish us—maybe!

Most of us can remember, if we try very hard, occasions in our own lives where fear of some unpleasant result has been the motivating impulse back of some departure from the truth, either in the dim and dis-
tant past or just recently. If we will make ourselves remember vividly the strongly impelling power of that fear—whether it was a fear of physical pain or the no less insistent fear of embarrassment or loss of prestige—we shall deal a little more leniently with the child whose lie is the direct result of his fear of our displeasure, whether that displeasure takes the form of the brutal physical punishment or the more refined but no less cruel form of humiliation inflicted. Many of us who would scorn such a confessedly ignorant and out-of-date measure as corporal punishment do not hesitate to resort to other methods which are even more unfair and ineffective.

The imaginative lie is sometimes easy to diagnose; in which case some parents condone it for what it is, a mere flight of fancy; while others, sticklers for a youthful exactness that most of us no longer allow to trammel our own recitals of personal experiences, insist upon exacting condign punishment. A much more effective way of handling this sometimes puzzling manifestation of precocious fiction-construction was practiced by a wise mother whose child will some day be cashing large checks from editors who clamor for gripping adventure stories. Instead of whipping, shaming, or otherwise holding up to disapproval this engaging little rascal of hers, this wise mother used to join in with him, following the recital's every point with flattering attention. Then, when he had finished his improvisation, she would continue the story, but with even more marked and daring digressions from the paths of strict truthfulness than he had allowed himself. The first time she did this his eyes grew wide with wonder, and he was about to remonstrate with her for her liberties with the truth. But then he saw her eyes begin to twinkle, and it suddenly came over him that here was not an exercise in truth-telling at all, but a delightful game of imagination, with the two players taking turns to see which could tell the most amusing story, while the other listened admiringly. This at once removed the temptation to exaggerate in order to "put himself across"—for mother never failed to let him see that she knew she was listening to fable, not fact. Then, when he really wanted to tell of an actual occurrence, he found that it was useful to have some way of letting folks know the difference between fiction and fact. Here was a real constructive attack upon a problem. This child was never humiliated by being called a liar or story-teller; and yet he came by actual experience to realize and appreciate the difference between fact and fancy in narration—a difference with a value that some of us adults have never come fully to sense.

After all, there is one way in which all of us may give our children the very best lessons in truthfulness under all circumstances that can possibly be obtained. Instructions as to how these lessons may be made available are easily given, though it is not always quite so easy to follow them out. The only thing necessary is for us parents to make sure that at all times, under all circumstances, and under whatsoever provocation, we shall always tell the absolute truth. Simple, isn't it? And of course for those of us, the vast majority of us, who always follow this simple rule of conduct, the matter of having perfectly truthful children thus boils down to a very easy matter. For a few of us, however, this may not be quite so easy. But then, of course, none of us will be so unreasonable and actually unjust as to exact from our children compliance with a higher code of conduct than we are willing to subscribe to and practice ourselves. The whole matter of dealing with children so as to produce unswerving truthfulness is thus solved. The only objection to this is the slightly embarrassing fact that some folks may be so unfair as to judge our own truthfulness by the brand our children exhibit; and that would at times have its drawbacks.
Pick-Ups

By SUDIE PYATT MILLER

She Did Not Heed
The Doctor's Diagnosis

Sitting in a hotel lobby recently, Pick-Ups heard a woman talking:

"I have a girl friend," she said, "who has just gone to a tuberculosis sanatorium. Six months ago she had an examination, and the doctors told her at that time that she had tuberculosis and should go to a sanatorium. She did not go when the doctor advised, but went home thinking possibly the doctor's diagnosis was wrong.

"When she was admitted to the sanatorium this week, doctors told her that the trouble had spread in her lungs. She has it in her throat, now, and her chances of recovery are very small."

Pick-Ups listened quietly to the woman's conversation.

"If she had gone to the sanatorium six months ago, in all probability she would be well along the road to recovery now. Believe me, if a doctor ever tells me that I have tuberculosis I am going to a sanatorium, and I am not going to lose any time doing it."

The Keynotes of Recovery In Tuberculosis

Pick-Ups thought, This woman has touched the keynotes of recovery in tuberculosis: early discovery of the disease, obedience on the patient's part to the doctor's diagnosis, and prompt treatment in a sanatorium, or home care and treatment that approximates that given in the best sanatoriums.

Too many people when told that they have tuberculosis like to kid themselves into believing—and hoping—that they have not the disease, play around on the borderline between acceptance or non-acceptance of the doctor's diagnosis. By doing this they only allow already serious disease to become more so, leaving themselves a prey to fear, hoping that the doctor's diagnosis is not true, yet knowing in their innermost selves that it is.

They delay action until disease has gained such headway that recovery, if ever gained, comes slowly after heartbreaking months of curing and waiting.

There is just one thing to do if a person fears that he has tuberculosis—go to a competent physician, have a thorough physical examination. If the doctor discovers tuberculosis and advises sanatorium treatment, do not stall around, hoping that you have not got the disease, and that you will get well by some miracle, other than rest, good food, fresh air, and proper medical care.

Go immediately to the sanatorium, and follow the instructions of the sanatorium doctors and nurses, and trust to God for the outcome.

Following this program, success is more than likely to crown the efforts of the tuberculosis sufferer.

Why Can't We Really Play With Our Children?

All mothers—and some fathers—who read this will say, "But I do play with my children."

Play, that is real play, and not a species of petting and caressing, is not indulged in to any great extent by the average parent after the child has passed from babyhood into the pre-school years. The pre-school child, if the mother is overburdened with work and younger children, often comes up short on even the petting and caressing play, not to speak of real play.

During the holidays of the year just gone Pick-Ups with her own little one, just turned her first birthday, but already walking and as wide-awake and as happy a youngster as ever lived, and the two pre-school youngsters, a girl of five and a boy of three of her cousin, donned
coats, sweaters, gloves, and caps, and went for a long, happy walk.

The midday meal was over, and the Littlest One had had her nap. The winter sun was at its highest point in the heavens, and the rays reaching earthward were comfortingly warm, and very healthful for the Littlest One and the Pre-School Ones.

We Walk, We Ride
And Are Carried

The Littlest One ran along on chubby little legs, down the winding bypaths we took across the fields, until the chubby little legs grew tired. Then she raised hands to mother to be taken in mother's arms and carried.

The boy of three and the girl of five ran hither and thither all about the fields. They found a pecan tree from which all the nuts had not been gathered, a little further on a persimmon tree, with fresh, ripe fruit lying on the ground. Then there were rocks with which one's pockets could be filled, and later taken to the big branch that ran just below the house and thrown into the water from the bank, making a great big splash that was most satisfying.

The Littlest One was not left out of all of this. She reached for nuts until both small hands were filled, threw the nuts away in favor of a persimmon that looked temptingly red, and was provocatively soft, and it tasted mighty good when she put it to small red lips, before mother took it away.

We Go Home
Tired and Happy

The last rock dropped with a great splash into the stream, pockets full of nuts, faces smeared with persimmons, cheeks red from the exercise, we turned toward home as the winter sun moved down the westward sky toward the close of the winter day.

How much happier the youngsters were than if we had remained indoors all of the afternoon, forcing them to play about the floor, or holding them on the laps of the most adoring mothers, grandmothers, and aunts, petting and caressing them!

Out in the country where God's sky is blue above and the fresh air is all around, children often fail to get the sunshine and fresh air they need because they are kept indoors too much, particularly during the winter months.

Keep every child out of doors a part of every day when the weather will permit from the time it is a very small baby. When it becomes old enough to toddle about, and on until the child is old enough to go to school, let it do its playing out of doors when the weather is at all suitable, summer and winter.

President Hoover says:
"The ideal to which we should strive is that there shall be no child in America—
"That has not been born under proper conditions;
"That does not live in hygienic surroundings;
"That does not have prompt and efficient medical attention and an annual examination;
"That does not receive primary instruction in the elements of hygiene and good health;
"That ever suffers from undernourishment;
"That has not the complete birthright of a sound mind in a sound body;
"That has not the encouragement to express in fullest measure the spirit within, which is the final endowment of every human being."

A Valuable Factory

Whoever owns a cow owns one of the most economical manufacturing plants known to either science or industry. And the beauty about this manufacturing plant is that any farmer can own one, as well as grow the raw materials it uses. The farmer who does not have a good cow is as badly off as the farmer who has to go to the store to buy his axe handles and singletrees.—Upton G. Wilson, Winston-Salem Journal.
May Day--National Child Health Day

For several years it has become a custom to celebrate May 1st as Child Health Day. By formal resolution signed by the President of the United States May 1, 1928, Congress has formally designated May Day annually as National Child Health Day. The American Child Health Association and about all the state and national health agencies have approved the idea.

The most important feature of the plan is "to initiate definite programs" for the entire year. Otherwise the enterprise would simply be one more "Day," visualized in the minds of most people as "Nuisance Day."

The American Child Health Association is the official national sponsor for this annual celebration.

The keynote for the observance of Child Health Day this year is, "Support your community child health program; it protects your home."

In the language of Mrs. Breckenridge, one of the staff officers of the association, the general purpose of May Day, 1932, is:

"To focus the spirit of this year—which is a spirit of unselfishness, of sharing, of responsibility towards our neighbor—upon the needs of children, in order that—

"Each child may be sheltered in its own home and share secure family life during 1932;"

"Each child may have the essential food elements in each day's diet during 1932;"

"Each child may have an adequate amount of clean and safe milk in 1932;"

"Each child may have plenty of sunshine, sleep, rest, and recreation;"

"Each infant in 1932 may be born healthy, of a healthy mother who will live to love her child and take care of her family."

Last year, following the presidential proclamation calling attention to the observance of this day, the governors of forty-six states issued proclamations calling on their people to observe the day with appropriate programs.

The chairman of May Day activities in each state is generally the director of the Division of Child Health in the State Department of Health. All of the other departments of the State Government concerned with the child, such as Education, Welfare, Labor, and Agriculture, assume some of the responsibility for the observance of Child Health Day as a state-wide enterprise.

It is to be hoped that committees in every county of the State and in every individual community will be selected in ample time to carry out thoroughly the idea of May Day. Some of the things that such committees should make it their business to do may be enumerated as follows:

1. To provide remedial medical or dental service to all children needing such attention. This should include dental treatment when needed, surgical treatment for the removal of diseased tonsils, medical treatment for the correction of such things as visual defects, deficient hearing, and weak hearts.

2. Particular attention to nutrition, the establishment of correct food habits of children, and to see that fresh, safe milk is provided for every child in the State who does not at present obtain this essential food.

3. An attempt to procure 100 per cent immunization against smallpox, diphtheria, and typhoid fever of all school children and pre-school children.

The effective execution of such a program will go a long way toward a reduction in the grade repeaters of the schools of the State and promote immensely a happier, healthier childhood among North Carolina children.
Important New Books on Child Health

The Century Company of New York and London has recently issued three important books on child health. The books are publications of the White House Conference on Child Health and Protection.

   An attractively bound book of 275 pages, which sells for $2.50.
   This is an exhaustive report of the Medical and Dental Service of the Conference. The report undertakes to provide a reasonably accurate picture of the use of preventive measures among preschool children residing in rural areas of forty-two states, and three-fourths of all cities of over 50,000 population. It is an attempt to find out to what extent the health of the children of the United States is being protected. It is a valuable addition to the literature of the preschool child.

   This report of the Subcommittee on Orthopedics and Body Mechanics of the White House Conference contains 164 pages, printed on good paper. The price is $1.50. This report is the result of a thorough investigation into the relation of poor or good posture to physical fitness. The committee defines body mechanics as "The mechanical correlation of the various systems of the body with special reference to the skeletal, muscular, and visceral systems."
   One of the startling statements in the book, and one easily proved literally true by intelligent observation, is the following: "Only a trifling percentage of children or adults acquire good body mechanics naturally. It is time for all of us to realize that every child should be taught to hold his body correctly, just as we now take it for granted he needs to be taught the far less important duty of holding his knife and fork correctly." The report presents evidence to show that improvement in posture is associated with improvement in health and efficiency.
   This book should be in every school library.

   This book has the same uniform binding of the others, is attractively printed, contains 146 pages, and the price is $1.50.
   This report, just published in the series of books sponsored by the White House Conference on Child Health and Protection, considers the important question, Should the medical practitioner attempt to give advice when difficulties threaten the satisfactory development of personality in a child under his care? The report is a challenge to pediatricians and family doctors.
   Although the report does not urge all doctors to attempt to become expert in the fields of psychology and psychiatry, it states the opinion that adequate physical care of the child cannot be given without attention to whatever intellectual and emotional difficulties may be present, and concludes that when trouble arises and the individual child is in distress, a well-informed and alert physician is the obvious adviser. "Unwillingness of doctors at large to acquire the ability to deal wisely with problems involving personality of the child," says the report, "may lead to transfer of this field to formal organizations or to individuals without medical experience."

One of our rural readers sends us the following voluntary statement. It is typical of a large number that we receive regularly. Such comments encourage us and help us to keep up our efforts in behalf of the public health. The comment follows:

"I have been a reader of THE HEALTH BULLETIN since I was a school girl, and I have enjoyed it. It has helped me in many ways with my little girl, who is fifteen months old."
Pre-School Examinations in Wayne County

Dr. F. M. Register, health officer of Wayne County, informs us that this year he is paying especial attention to the Negro schools, doing more medical inspection in those schools than in the white schools. During the past school year he completed the work thoroughly in the white schools of his county. Dr. Register says that they are having fine success in getting the parents of the children in the Negro schools to be present when their children are having the medical inspection. Dr. Register says further that in his opinion it is better to inspect one child with the parents present than ten children with parents absent. This is an important point which all school physicians and nurses should put into practice when possible.

The Wayne County Department of Public Schools, under the superintendency of Mr. Culbertson and Miss Lelia Cobb, the supervisor of rural schools, is giving Dr. Register fine cooperation in his pre-school work. The following is a copy of the letter which Miss Cobb has sent out to all the principals of the schools in Wayne County. As will be seen from Miss Cobb's letter, they have gone into this matter in a serious and thorough manner, and results should be all that could be expected. Following is Miss Cobb's letter:

"Acting under your suggestion and advice, the Health Department will this year hold its Pre-school Clinics in February and March, before the busiest season for farmers. The date for each school is given below. Please inform your teachers and the parents in your community of these dates.

"This year, as never before, it will be necessary to advertise these pre-school clinics, and we are urging you and your teachers to go into the homes, churches, Sunday schools, community and parent-teachers' meetings and tell the people the necessity for bringing their children out for these examinations and for having remedial attention following the examination. No child in the county should be kept from school on account of remediable ailments.

"It is vitally necessary to begin this work at once and to carry on an unremitting campaign from now until the day on which the clinic will be held in your school. Do all in your power to get the mother, father, or some responsible adult, to accompany the child in order to give an intelligent history, and to take intelligently the recommendations of the health authorities. Be sure to impress upon parents the necessity for smallpox vaccination before school entrance, and that this vaccinating will not be done in the clinics without parents' permission.

"Urge your teachers to make preparation to take care of the parents and children in such a way as will leave a lasting good impression on both, and so stimulate early entrance next year.

"Dr. Register will speak to the mothers and fathers in the auditorium just before the clinic begins, and it is suggested that a few children from each grade give a 15-minute health auditorium program following his talk.

"Careful planning beforehand will be necessary if the clinics are to be carried on with dispatch. Please do not wait until the doctor and nurse arrive to get ready for them. The following suggestions have been made by the health officer, and we urge you to carry them out as nearly as possible:

"1. There must be a quiet, light room for examinations.

"2. In this room there must be three chairs, three tables, three waste-baskets lined with newspaper.

"3. There must be a waiting-room for parents. The auditorium can well be used for this.

"4. There must be a quiet room, or a corner of the waiting-room, with table, chair, pen and ink, for taking histories.

"5. There must be some adult present to take histories. A few members of the P.T. A. or the Community Club should be asked to serve in this capacity."
Increasing Milk Production in North Carolina

By J. A. AREY, Dairy Extension Specialist, Raleigh

The consumption of milk per person in North Carolina is only about one-half pint per day. The consumption of other dairy products, such as butter, cheese, and ice cream, is also low, when compared with the national average. Nutrition specialists tell us that this low consumption should be greatly increased. However, such will not likely take place until the cow population of this State is increased, especially in the eastern part of the State. At present there is only about one milk cow for each ten people in the State. In 41 of the Coastal Plain counties the ratio is one cow to 24 people.

Because of the shortage of cows in the State as a whole, and especially in the eastern half of the State, it is evident that a greater desire for milk and its products must be created before much of an increase in the number of cows will take place. This can best be accomplished by persistent teaching concerning the value and necessity of milk and its products in human diet, and especially in the diet of children.

This work can be done through the schools, health departments, civic organizations, and all other development agencies that may be available.

There are two methods by which the cow population of this State can be increased. First, by importing cows from other sections where there is a surplus, and second, by properly raising all the good heifer calves.

The first method is slow and not always satisfactory, since it is often difficult to secure good healthy cows at a reasonable cost. Because of this, farmers who depend largely upon imported cows for their milk supply often find themselves without milk or with only a very limited supply. This is especially true of the farmer who keeps only one or two cows to supply milk and butter for the family.

In order to make any material increase in the number of milk cows in this State, or any section of it, and do it in a reasonable length of time at a minimum cost, more attention must be given to the proper development of the heifer calves and the use of good herd sires.

BOOK REVIEW

Dr. Leon Felderman's book, "The Human Voice—Its Care and Development" (Henry Holt & Company, New York), will not only be of intense interest to singers and to public speakers, but to the ordinary individual who perhaps will be not so much interested in "clear tones" and "breath control" as he will be in the large amount of information regarding physiology of the ear, nose, and throat which the book contains—information stripped as far as possible of technical terms and written in readily understandable language. There is so much in the book that is of value to the lay reader that is really not covered by the title. The chapter on "Cancer" is excellent, and is as true generally as it is with specific regard to the throat and upper air passages. Dr. Felderman in his chapter on "Quacks—Nostrums" warns the public against the "pseudo-medico who earns his livelihood without any basic knowledge of the human anatomical structure, whether in health or disease," and describes a quack as "usually a person with a setter's nose for human frailties and who knows how to play upon the weaknesses of mankind at the psychological moment."

The book covers a lot of ground and Dr. Felderman makes it all interesting. According to him, "To know disease and its manifold manifestations is the royal road to health and happiness. Suspicion of disease does not necessarily make an individual neurotic; on the contrary, it gives him a chance to combat it in time with sound, authoritative medical advice." —M. B.
Dear Reader: Please write your own caption for this picture. The Editor would prefer to take up the occupation of painting lilies rather than to select adjectives to describe this kind of perfection. But he expects to die battling for the right of every future North Carolina baby to be born just as healthy as this one.
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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

- Adenoids and Tonsils
- Cancer
- Constipation
- Chickenpox
- Diphtheria
- Don't Spit Placards
- Eyes
- Fills
- Fly Placards
- German Measles
- Hookworm Disease
- Infantile Paralysis
- Influenza
- Malaria
- Measles
- Pelagia
- Residential Sewage
- Disposal Plants
- Sanitary Privies
- Scarlet Fever
- Smallpox
- Teeth
- Tuberculosis
- Tuberculosis Placards
- Typhoid Fever
- Typhoid Placards
- Venerable Diseases
- Water Supplies
- Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N.C.

- Prenatal Care (by Mrs. Max West) "Our Babies"
- Prenatal Letters (series of nine monthly letters)
- Minimum Standards of Prenatal Care
- What Builds Babies?
- Breast Feeding
- Sunlight for Babies
- Hints to North Carolina Mothers Who Want Better Babies
- Table of Heights and Weights
- Baby's Daily Time Cards: Under 5 months; 5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 10 months; 10 months to 2 years.
- Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.

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Dr. Park Advises Diphtheria Immunization During First Year

Dr. Park advises that immunization against diphtheria "certainly should be done before the end of the first year." Doctor Park is the most reliable authority in the world on diphtheria immunization, and physicians and health officers everywhere have great respect for his opinion.

The State Board of Health hopes that every baby born in North Carolina during the next few years may be immunized against diphtheria before the end of the first year of life. In this way and in this way only may diphtheria be completely eradicated from this State.

For the hundred thousand children who will enter school at six years of age for the first time this fall, a large majority of whom are not protected, it is earnestly urged that all of them be immunized between now and July first, so that the protection afforded may be assured before school opens.

Doctor Sidbury and all other pediatricians in North Carolina are insisting that at present the most practical plan of diphtheria control is to require immunization before a child shall be admitted to school, in exactly the same way that smallpox vaccination is now required in all large towns and cities, and about one-half the counties. Doctor Park's interesting letter follows:

"Deaths from diphtheria begin to occur frequently after children reach the age of six months. During the second and third years the mortality is very high; after that it gradually lessens. It is very important, therefore, that mothers have their infants immunized as soon after six months as possible. This certainly should be done before the first year. In children who are over one year it should of course be done. Although immunity is given to nearly one hundred per cent, those who wish to be certain of the immunity of their children should have a Schick test done some six months after immunization. I think you are doing a fine thing in requiring vaccination against diphtheria before being admitted to the public schools. This certainly will help to have the immunization done during the first year as well as later."

It is well to repeat here that in North Carolina during 1931 there were 3,156 cases of diphtheria reported, and of these 237 died. Nearly all this illness and suffering and nearly every one of these deaths could have been prevented. The State Board of Health is doing its utmost this spring to have every child in the State immunized against diphtheria. It would be a fine thing if every father and every physician of the State could bear in mind the importance of this matter. The fathers should ask themselves this question, "Have I needlessly imperiled my child's life by delaying to have it immunized against diphtheria?" The physicians could mentally inquire of themselves, "Am I looking after the health of John Smith's children like he thinks I am unless I urge immunization against diphtheria?"

To fathers and physicians, "Let your conscience be your guide."
During the months of May and June the School Health Service of the State Board of Health will be able to lend the services of an experienced nurse to any county having no full-time health officer, for the purpose of aiding the local board of health and the physicians to carry out a special program of immunization against typhoid, diphtheria, and smallpox.

The campaign should be organized on a county-wide basis. The county boards of health and the local physicians should arrange for a program of clinics covering each county.

The State Board of Health nurse will assist in making preliminary arrangements and with the educational work and in many other details. The State Board of Health will also provide special literature and the Laboratory will furnish the vaccine for typhoid and smallpox free of charge and for diphtheria at cost (15 cents for each complete treatment).

A nurse will be assigned to the counties in the order in which applications for her services are received.

The State Board of Health is sponsoring a State-wide campaign to last all summer in an effort to get an immunized population. It will provide any assistance within its power to all sections, but counties having no health organization providing neither full-time health officer, nurse, nor sanitary inspector need the special assistance of the nurses much worse than other more favored counties. There are fifty-one counties at present which have no kind of full-time health service. The need is great in all of them for special efforts in order to get the people immunized.

Following is a list of twenty-four counties which we will gladly assist if the physicians and county boards of health will arrange for such a campaign immediately:

Alamance  Hertford
Alexander  Hyde
Ashe    Jackson
Avery  Macon
Bertie  Madison
Cherokee  Mitchell
Chowan  McDowell
Clay  Pamlico
Davie  Stanly
Gates  Swain
Graham  Tyrrell
Greene  Yancey

ONE COPY HEALTH BULLETIN TO EACH FAMILY

The State Board of Health will send a copy of The Health Bulletin free of charge once each month to any family in the State who will write and request it. The Board, however, is having to economize in every way possible, and owing to drastic reductions in printing allotment, the Editor of The Bulletin wishes to urge every individual who is receiving a copy not desired to notify the State Board of Health at once to discontinue. If any family is receiving more than one copy, information to that effect would be greatly appreciated.

A few days ago some friend who forgot to sign his name sent in a postal card which is herewith quoted in the hope that his suggestion will be followed by everyone in future:

"Your Health Bulletin contains a lot of valuable information. No doubt several of the bulletins are sent to same family, as different teachers are always sending in names of their pupils, and no doubt a good many do not have the proper address. I think each one that receives a copy should send you a card with proper address, and one to a family. I think this would save a lot of expense."
Patent Medicine Gets Another Big Victim

On March 31 the Associated Press sent out an article from New York City to the newspapers of the country, announcing the death of a Pittsburgh steel millionaire as the direct result of messing with a dangerous patent medicine. It is presumed that he was doing his own prescribing, probably acting on the recommendation of somebody who had heard of somebody else who had been benefited by such and such a patent medicine.

The purpose of quoting this story here is to illustrate again the point that we have made in these columns many times before, and that is that the patent medicine industry and the quacks and cults of every kind do not make their money out of poor folks exclusively. We often hear the statement that education is the only satisfactory method to deal with such matters. An incident like the one recorded by the Associated Press and published below tends to discourage such an optimistic view. It is true that education of the proper kind, and thorough enough, would seem to convince people that the only sound advice on such things as health and disease can only come from men and women who have devoted long years to study and training in scientific medicine. It has been our observation that many people who are well educated along certain special lines seem to live in total ignorance when it comes to the ability to discriminate between quacks and scientific men and between the false and true in the things which most vitally affect their very lives.

The story carried in the Associated Press dispatches is herewith quoted, headline and all. Read it, and then the next time you feel tempted to go to a department store or to the corner grocery to purchase a bottle of so-called medicine that somebody on the golf links or at your club has recommended for "rheumatism" or what not, stop and seriously think several times before proceeding further, and perhaps you will arrive at the sensible conclusion that it would be best for you to consult a competent physician.

"MEDICINE IS FATAL TO STEEL OFFICIAL"

"New York, March 31—(AP)—A patent medicine containing radium, taken two years ago to cure an ailing arm which kept him from playing golf, today caused the death of Eben M. Byers, Pittsburgh steel man and 1906 national amateur golf champion.

"According to members of his family, Byers started taking the medicine two years ago. As he continued its use he showed signs of radium poisoning and a year ago faced the prospect of lingering death.

"He placed himself under the charge of Dr. Joseph Wheelwright, of New York, who called in Dr. Frederick Flynn of Columbia University, a specialist on use and effects of radium, and other experts, but to no avail."

EXPERIMENT WITH TOXOID IN DETROIT

Sometime ago the city health department of Detroit published a description of the use of toxoid in immunizing against diphtheria in that city. They reported that two doses of toxoid given at intervals of three weeks apart, using one cubic centimeter for each dose, established complete immunity to all but three out of a total of two hundred and two children given the toxoid. Using the Schick test to check against immunity, they found that by the end of the sixth month after the last dose was given all but three of the children, as stated above, were found to be completely immune. We pass this information along to the whole-time officers, physicians, and parents, all of whom should be interested in the question of immunity against diphtheria.
Smallpox Disappearing

In North Carolina last year there were only sixty-three cases of smallpox reported to the State Board of Health, and only two deaths occurred from the dirty disease. Only ten years ago—in 1921, to be exact—there were 2,513 cases reported, with 21 deaths. At that time smallpox had ceased to be regarded as much of a public health problem. But for the previous half century it was a major problem that caused a large number of deaths each year. Just thirty years ago this spring the disease killed more than fifty people in one county alone and left pock marks on the faces of many fine people which are visible today. It spread death and destruction throughout a large area of this State equal to the ravages of a cyclone.

Children today want to know what happened. Many young physicians practicing medicine today never have seen a case of smallpox. Why is it not a menace today? There is just one answer. The disease did not disappear of its own accord nor through the “will of Providence.” This generation of Tar Heels are a pretty thoroughly vaccinated lot. When the State-wide reliance on quarantine was abolished twenty years ago intelligent people realized that science in this State was willing to practice what it preached, and that meant a successful vaccination against the disease is the one and only sure protection. The school authorities took the doctors and the health authorities at their word and decreed that “From now on school children are going to be successfully vaccinated against smallpox before they may be enrolled.” It took time to get the practice established generally, and much credit should be given the really progressive cities and towns and counties which began to make the vaccination requirement many years ago. Credit is also due the State Board of Health for providing free vaccine through the Laboratory and to the physicians and health officers all over the State for their immunizing work. Come to think of it, there is honestly no reason why a disease which can be controlled through vaccination or inoculation should ever be permitted to occur again.

GREENSBORO HEALTH OFFICER URGES IMMUNIZATION

Doctor C. C. Hudson, health officer of Greensboro, urges upon parents what he terms “an individual health service by your physician for your child.” He has prepared a special letter which he sends to the parents of every baby born in Greensboro when the baby reaches the age of six months. For the purpose of urging parents everywhere to adopt this or some other equally effective plan, we herewith quote Dr. Hudson’s letter:

“Your baby is now six months old.
“We suggest that you have your family physician give your baby three doses of toxin-antitoxin or toxoid to protect it against diphtheria before it is eight months old.

“Have your physician vaccinate your child for smallpox before it is three years old.

“Measles is preventable. Call your physician as soon as your child is exposed to measles.

“Whooping cough is dangerous, especially for children under three years of age. Call a physician at once if your baby shows any symptoms of whooping cough, or is exposed to it.

“Have your physician give your child a thorough physical examination during its fourth year. Have him correct all defects which he may find at this examination.

“Your child is your most valuable possession. You should care for it as such.”
Our Duty to the School Child*

By J. Buren Sidbury, M.D.

We are assembled here tonight, and during these three days of your conference in Wilmington, to advise and counsel with each other on one of the most vital problems of the day, that of intelligent care of the mental as well as the physical side of the child—the man and woman of tomorrow.

A perusal of the resolutions adopted by the National Congress of Parents and Teachers at Hot Springs in May, 1931, will certainly impress one with the stupendousness of the task as well as the many angles of attack. My remarks tonight will be limited to Point V of The Children's Charter, which I will quote here:

"Point V. Claims the right of every child to: Health protection in his home, in the school he attends, and in the community in which he lives.

"This health protection calls for (as stated in the charter):

"Periodical health examinations; care of specialists and hospital treatment where needed; regular dental examination and care of teeth; protective and preventive measures against communicable disease; the insuring of pure food, pure milk, pure water. It implies, supplementary to the services of the private physician and dentist: school health service; the summer round-up (examination and correction of defects of young children before entering school); parents, school, and public health authorities equipped with the knowledge and the facilities of modern protective health measures."

Your organization is wielding a potent influence in the education of the child. You can spread the propaganda of physical defects and preventive medicine much more effectively than can the doctor. His field of endeavor is often misinterpreted. Your advice will be listened to without prejudice and more willingly followed.

When I think of the rapid growth of your organization I cannot but think of how little attention was paid to the child fifteen years ago when I began the practice of pediatrics. At that time there were three physicians in North Carolina who were limiting their work to diseases of children. There were two in Charlotte and one in Raleigh. Since then the number of physicians doing pediatrics in North Carolina has increased to thirty-five or forty.

At that time there was only one hospital in North Carolina which catered to and treated only infants and children, and this was only open three months in the summer, at Saluda. Since then there has been established in North Carolina the North Carolina Orthopedic Hospital at Gastonia; The Junior League, Charlotte; Children's Clinic, High Point; Sternberger Hospital, Greensboro; The Diagnostic Clinic, Black Mountain; and the Marion Sprunt Hospital for Women and Children at Wilmington, and The Babies' Hospital at Wrightsville, besides other hospitals with children's wards attached.

With the establishment of these institutions has come education of the mothers as to the proper care and treatment of infants and children. The infant death rate will bear testimony of the worth of the educational campaign carried out by each of these institutions.

The mothers are not only instructed as to the proper care of sick infants, but are also instructed in the more important subject, that of the proper care and treatment of her baby when it is well.

At The Babies' Hospital, Wrightsville Beach, is given a post-graduate course to graduate nurses interested in pediatric nursing. The nurse goes back to her community with a bet-
ter knowledge of how to care for sick as well as well infants. She returns to her community a definite asset to the mothers and a great help to the doctor.

I wish to pause here long enough to emphasize your diphtheria preventive work. We of Wilmington proudly boast of the fact that the first Schick test and the first dose of toxin-antitoxin given in North Carolina was given here. We know that diphtheria is a disease of our own choosing, as is smallpox and typhoid fever.

If a child in our State dies of diphtheria it is nearly always due to carelessness or ignorance. Diphtheria is a preventable disease, and need have no place in our midst. There are two methods used in active immunization against diphtheria. The older or original method advocated by Dr. Schick consists of three to five injections of toxin-antitoxin at weekly intervals. The second or more recent method of Ramon consists of two or three injections of toxoid at three weeks intervals. This gives an immunity in 3-6 weeks and a percentage of immunity as high as 80-95%, while the toxin-antitoxin requires 6-8 weeks to give immunity and gives 80-90% immunity. The toxoid is more adapted to infants and pre-school children because it gives fewer reactions in this age group than in older children and adults.

Every child who has had the preventive treatment for diphtheria should have a Schick test done 6-12 months later to determine whether he or she has become immune; otherwise there may exist a sense of false security of being immune when such immunity does not exist. If the Schick test shows positive, then another series of immunization treatment should be given and later a re-Schick given to determine the result. As a rule, when immunity has been once established it is lasting. The treatment should be given as early as the ninth month. Seventy-five to eighty-five per cent of pre-school children are susceptible, as shown by a positive Schick test.

Here I wish to suggest that this organization recommend to our State

Let's strive to secure the right of every North Carolina child to have just such preparation before entering school for the first time as this Wake County nurse is extending to this boy.

Health Officer, Dr. J. M. Parrott, who speaks to us tomorrow night, that our State require a successful vaccination against diphtheria as well as smallpox as a requisite to admission to our public schools.

Why should we recommend this? May I ask your attention to our mortality rate from diphtheria and some other communicable and infectious diseases:

<table>
<thead>
<tr>
<th>Disease</th>
<th>1915 Deaths</th>
<th>1929 Deaths</th>
<th>Rate 1915</th>
<th>Rate 1929</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>525</td>
<td>275</td>
<td>22.1</td>
<td>8.6</td>
</tr>
<tr>
<td>Measles</td>
<td>13</td>
<td>2</td>
<td>.5</td>
<td>.06</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>274</td>
<td>303</td>
<td>11.5</td>
<td>9.5</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>30</td>
<td>41</td>
<td>1.2</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Eighty-five per cent of deaths from diphtheria occur before six years of age. This emphasizes the importance of early immunization.

This result, though far from what we want it to be, has been brought
A North Carolina physician in his office is giving this child a thorough examination before entering school. It is needless to say that the boy has already been successfully immunized against diphtheria, typhoid, and smallpox.

about by our constant campaign against diphtheria. A more vigorous campaign will eliminate the disease, and this recommendation will go far toward bringing this about.

Our State and county health officers are continuously preaching this doctrine of preventive medicine, and also the physician, but I feel that neither of these agencies can be so effective in reaching the masses as the Parent-Teacher Association. I commend your organization for this and all other educational propaganda that you are so successfully putting across to the people. Not only are you doing this with diphtheria, but in New Hanover and other counties of the State, with the aid of the local health departments and the North Carolina State Sanatorium, the same kind of work is being done with tuberculosis. We no longer look upon tuberculosis as an incurable disease. Now we know that tuberculosis can be diagnosed early and very simply with the aid of the tuberculin test and the X-ray. The tuberculin test, which is done exactly as is the Schick test, gives a positive test long before the X-ray and physical findings are present. This gives us the danger signal sufficiently early to institute effective treatment. Testing the child is often the means of locating adults who are infected but not suspected, and are found to be the contact of the child. One case in question demonstrates this exceptionally well. An infant 13 months old was brought to me with a diagnosis of brain tumor. The infant was given a lumbar puncture, fluid withdrawn from the spinal canal, and a tuberculin test was done. The test was strikingly positive for tuberculosis, and tubercle bacilli were found in the spinal fluid. The father was examined, although he insisted that he was quite well. He was found to have active pulmonary tuberculosis. This was demonstrated by X-ray and the finding of tubercle bacilli in his sputum. He was sent to the North Carolina State Sanatorium and cured. He is now back at his job and supporting his family. The baby died—the father was saved.

**PROGRESS IN INFANT FEEDING IN WILMINGTON IN THE PAST 15 YEARS**

Fifteen years ago a large number of artificially fed babies in Wilmington were fed on "Eagle Brand Condensed Milk," and, as the usual mother would say, "by directions on the can." Wilmington was not different from the remainder of the State.

The first step in the right direction here was made by Mrs. I. C. Hanna, visiting nurse for the King's Daughters, in cooperation with the local Board of Health and the Sorosis. Through these agencies a milk station was established in the basement of the courthouse. In conjunction with this, a baby clinic was started. While the milk station was located in the courthouse, the late Miss Pinner, our public health nurse, and later Miss Columbia Munds, made milk formulas for sick infants only upon order of a physician. During Miss Munds' leadership she interested the late Dr. James Sprunt, who by his financial assistance made it possible for us to have an ideal and most sanitary milk station at the James Walker Memorial Hospital, where the work was carried on with
perfect satisfaction and great good to the community. There the work grew by leaps and bounds until finally the demands became so great that the Wilmington Ice Cream Company, through Mr. E. L. White, came to our rescue and produced lactic acid milk on a commercial scale, which encouraged the use of lactic acid milk in the feeding of well as sick infants and children. Today hundreds of quarts of lactic acid milk and acidophilous milk is being consumed daily in Wilmington and the surrounding counties.

Our decline in death rate speaks for the effectiveness of our efforts along this line.

**Diarrhea Death Rate**

*Under 2 years of age*

<table>
<thead>
<tr>
<th></th>
<th>1915</th>
<th>1930</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>1,730</td>
<td>1,112</td>
</tr>
<tr>
<td>Rate</td>
<td>72.9</td>
<td>35.0</td>
</tr>
</tbody>
</table>

**Physical Defects**

We are told that 20-25 per cent of all school children are under normal weight for their age and that 70 per cent of all school children have more or less physical defects. This, I think, must impress all of us with the stupendousness of the task in hand. To meet this condition, we must assume our responsibility for the pre-school child. If these conditions are discovered and remedied in this age period, much permanent good can be accomplished. How shall we proceed with this undertaking? It can only be accomplished by periodic physical examination of the well child from infancy to adolescence.

First. Children with physical defects must be examined and their defects remedied if we expect the greatest good to the child.

Second. If we expect the school dollar to yield its maximum return we must see that the school child is physically fit to undertake the task imposed upon him. To accomplish this, regular visits to the dentist as well as the family doctor are necessary.

It has been shown that some 20 per cent of all children in school are repeaters. It has been estimated that it cost New Hanover County $88,955.70 in 1925 for duplicate teaching—"teaching repeaters." All of these repeaters have some physical handicap, which may be remedied. Now, if this $88,955.70 had been spent on a health program, remedying the defects of these children, and giving efficient medical inspection of schools, all of which could have been well done with less than half this amount, we would have accomplished some permanent good to the individual child as well as lessened the amount necessary to spend each year to teach repeaters. Our dollar would give us much greater education value than now exists.

Interest in the care and treatment of the child has spread by geometrical progression in the past ten or fifteen years. And to the Parent-Teacher Association should be given a great share of this credit. Your association is reaching out into every community and definite organizations and teamwork is being perfected under efficient leadership. There can be but one answer to this united effort: Education of parents to their responsibility to the child; to see that all defects are remedied; to see that the child is protected from all communicable diseases that can be so treated; to see that the child gets a square deal in this world when such lies within their power.

Emerson says, "No child should be admitted, even to the kindergarten, until every effort has been made to bring him up to normal weight. When the maimed child is not given such care during the pre-school period, the added strain of school life makes it increasingly difficult to regain the ground lost, and he risks danger of falling farther and farther below his normal standard of growth and health."

It will be only through systematic periodic health examinations that our incidence of disease will be reduced, our span of life lengthened, and tuberculosis, heart disease, and kidney disease of adults reduced to the minimum.
THE Parenthood Institute movement, under one name or another, is a most interesting development in recent American life. From a very small beginning a few years ago it has spread like any new thing that meets a widespread demand and that furnishes a satisfactory solution to any obvious problem. And the problem confronting parents who would do their duty to themselves and to their children is becoming recognized as a very real one.

Just what is the problem that the Parenthood Institute meets in such a satisfactory manner? It is the need of parents everywhere for something better than the old catch-as-catch-can methods, the old trial and error (mostly error!) system, that have characterized parenthood from time immemorial down to the present. Recognized as inadequate by parents here and there all through the ages, this recognition has become much more general of recent years. The resourcefulness of the American mind has at last found a way out.

How does a Parenthood Institute attempt to solve the difficulty? By assembling in some one convenient place a number of experts in child psychology, pedagogy, child hygiene, domestic science, public health, and the rest of the branches of science that are recognized as contributing each its quota to the success of home-making; and gathering a student body of parents to listen to them, ask them questions, and take away some practical bits of that oldest and newest of all the arts—child culture.

The difficulty connected with this movement has been primarily one of expense. Travel and living costs of the experts, lecture fees, advertising, hall hire, etc., have made these institutions pretty costly affairs, even though they have been worth what they cost, and much more.

It remained for the little town of Black Mountain, in Western North Carolina, to work out a method of giving parents and teachers the advantages of this new service without the usual expense. The plan is so simple and practical that it is here brought to the attention of others interested, in some detail, in the hope that many other localities may work out some similar service for those who need it and will welcome it.

Black Mountain has long been visited by people from all over the South who bring their children here during the oppressive summer months. In fact, all of this mountainous region has a well-earned reputation as a health resort for children, both sick and well.

When the resources of this little community were canvassed, it was recognized at once that there was not money enough available to make a Parenthood Institute feasible. On the other hand, it was at once evident that within a radius of two miles were three rich sources of speaker material, in the three South-wide summer assemblies, or chautauquas, whose platforms are supplied by speakers of national and international note. So that during the summer it might be possible to secure speakers on many subjects of importance to parents, without the expense that would have been necessary to bring such speakers here.

In addition, there were in this region three excellent secondary schools and a number of well-run summer camps, for boys as well as for girls. All of these were staffed with experts in adolescent problems. And within a few miles was the city of Asheville, with a big summer normal school, as well as all sorts of interesting folks to be found by anyone who cares to go in search of them. In addition, a summer Children's Clinic had been in operation here for a number of years past, in which a group of doctors interested in children attempted to solve the difficulties of children, both sick and well.
for even so-called well children sometimes baffle the wisest of parents with their difficulties.

Here, then, was a potential "faculty" for teaching anything that might be desired in a school for parents. But how were these experts to be secured, when there were no funds with which to pay them? The answer was simple; and it would apply equally well in other situations.

A program was laid out, picking from this wealth of experts a group of speakers and subjects covering some of the most important ground in which parents should be instructed. These experts were then approached, told frankly of the attempt that was being made, and asked to contribute of their time, with no financial offer at all. Hardly one of them refused, except for some absolutely unavoidable reason. The moving picture theater was donated for the morning sessions, at which time, of course, it was unoccupied. The playground facilities of the Children's Clinic, and the town recreation ground, were made available for "parking" the children of those who attended. The newspapers, both local and throughout the State, contributed generously all the space that was desired.

The State Department of Health, the State Congress of Parents and Teachers, the County Department of Education, the local Woman's Club, all contributed all that was asked of them. A nominal registration fee of $2 was asked, but was waived whenever and wherever its imposition would have proved a burden, as it did in a great many instances. So the first session of the Southern Parenthood Institute was held in 1929 and was regarded as a successful and worthwhile piece of constructive educational work.

It may help other localities who are interested in doing this sort of educational work for parents, if a brief outline is given of some of the topics chosen: The Care of Children's Teeth; Wise Use of Vacation Time; Economic Value of a Baby; Protective Inoculations; Sunshine for Babies; Teaching Religion to Boys; Fatigue in the School Child; Some Obligations of Parenthood; Before the Baby Comes; What the School Expects from the Parent; Acute Diseases of Childhood; Laboratory Tests in Childhood; Self-Government for the Adolescent; Handling the Nervous Child; How Character Comes; How Much of All This Shall We Parents Believe?

It can easily be seen that such a program as this could probably be duplicated in many places if a small group of folks intensely interested in improving the local brand of parenthood were to become interested in such a project.

Many improvements have been made in subsequent years, and the present season, it is anticipated, will make a big advance in the character of the work done and the number who will attend. The program, not yet completed, will soon be available, and can be obtained by addressing the Southern Parenthood Institute, Black Mountain, N. C. The dates are Tuesday, Wednesday, and Thursday, July 5, 6, and 7.

**SCHOOL CHILDREN HEALTHIER**

"A comparison of our present-day elementary schools with those of only a few decades ago will show a much younger age group completing the elementary course. This is probably not due solely to better trained personnel and school system, but may, in many instances, be due in considerable part to the fact that preventive medicine has taken its place in the school program. Attendance is more regular, the children are in better physical condition, and consequently there is less loss of time from school work due to illness."—Health News, U. S. Public Health Service.
A Going As of a Donn Byrne

It was Gray, who in his "Elegy Written in a Country Church Yard," indited:

"Full many a gem of purest ray serene,
The dark unfathomed caves of ocean bear,
Full many a flower is born to blush unseen
And waste its fragrance on the desert air."

Which reminds one of the brief news item coming down from the hills of Burke County. A girl born in extreme poverty and reared by a widowed mother fought bravely during the twenty-three years of her life against three entrenched and traditional enemies: ignorance, adversity, and disease. Having by her own efforts trampled ignorance underfoot, attaining high school and college training, she had won to the place where she could gain a competence as a teacher and protect her mother in her old age.

But tuberculosis followed her wherever she went, and a few days ago it claimed Velva Brittain as she stood on the very threshold of life. The young woman, despite the ravage of the dread disease, had made a remarkable record as a student and teacher. As a writer she had shown equal promise, and one of her articles had been recently published in a periodical of national circulation. But the story of her struggles against ignorance, poverty, and disease has few parallels in the annals of Tar Heel womanhood. Working one season and going to school the next, denying herself almost the very necessities of life to gain an education, Miss Brittain attracted the attention of educators and philanthropists who finally came to her aid and helped her enter N. C. C. W. at Greensboro.

Casually, it would appear that Miss Brittain's sacrifice was in vain. Dead at 23. Dead without having put adversity underfoot, without having felt the thrill of life's broader adventures and the taste of victory on the lips, even though here was genius that may have captivated a continent and won the praise of thousands. Yet who shall say that the sacrifices made in the name of a high ideal are ever in vain or null and void? Will not the inspiration of heroic sacrifice made by the noble women of our land sting and burn the hearts of red-blooded men and women into the doing of kindly deeds and the helping of struggling souls? Will not the beauty of such a presence as that of a girl with burning ideals make the world a better place to live, if it were only that she has lived?—Winston-Salem Journal.

THE MINISTRY OF PAIN

For one who has suffered much, it may be difficult to understand that there is anything good in pain. Pain rightfully regarded is one of the greatest blessings to erring mortals. If the hand could be thrust into the fire without feeling pain, if no pain were produced by cutting the tissues, what would be the result? We would neglect to care for the body, and disfigurement, crippling, or death would soon follow.

Pain is a divine voice leading us away from wrong, telling us of the right, and giving us warning of danger.

While pain is not an arbitrary infliction, but the natural consequence of wrong-doing, the basic principle of God's method of disciplining and dealing with man is expressed by St. Paul:

"Whatsoever a man soweth, that shall he also reap." The idea that God inflicts pain, or that pain is in any sense an arbitrary or retributive punishment, is wrong. It is Nature speaking to us and bidding us give thought for our bodies, which are the temples of God.

—Good Health.
A School Nurse's Day

One of the veteran school nurses in our service, who has been in the school work constantly for nearly fourteen years in the department of School Health Service, sends in, under the above heading, a description of one day's work, which we publish below.

The nurses in this service have worked in nearly every county in North Carolina since 1919. They have been instrumental in improving the sanitary conditions of hundreds of schoolhouses. They have made personal contacts with more than a million school children in the State. They have proclaimed day and night the advantages to the children of establishing good health habits while young, and of the removal of all physical defects which interfere with their growth and development. They have encouraged a public health sense all through the State, and there can be no question but that their pioneering in this service will mean that the incoming generation of citizens of North Carolina will be infinitely better prepared to cope with the problems confronting them than the present generation have been able to do.

“Thursday, February 26, 1932:

6:45 a.m., arose.
7:30 a.m., breakfast.
8:30 a.m., arrived at school, about 8 miles distant.

From that hour until about 3:00 p.m., with about ten minutes for lunch, was constantly busy with examinations of the children, except for writing up notification cards while children were at lunch. Examined 135 children.

3:00 p.m., had conference with teacher of dull first grade section.
3:30 to 4:30, spent with principal and janitor, making sanitary survey of two buildings, inspecting sewage plant and water supply, etc. Did not finish.

4:45, in car for headquarters at county-seat.
5:00 p.m., to courthouse for conference with county superintendent. Met principal large school, gave cards and instructions about preparing for my visit, etc.

6:00 p.m., arrived at boarding-house.
7:30 to 8:30 p.m., counting cards, totaling defects and writing notification slips to parents.

During sleeping hours I spent most of the time instructing teachers, children, janitors, etc. I often wake with the usual day's routine of talk on my mental lips.

“How is this for 24 hours?”

The Value of a Milk Cow

Says Dr. R. F. Yarborough, county health officer of Franklin County:

“The Milk-for-Health Campaign has shown that milk is the best and most economical food a farmer can produce. It is certain that the interest in more cows and better cows, more milk and better milk, has been stimulated, and the increase in milk cows will be the result.

“That the value of the milk cow is about the best investment a farmer can make can be easily demonstrated. A one-gallon-per-day cow can be purchased for $40. Mr. W. T. Moss, one of Franklin County's most progressive farmers, and chairman of the Board of Commissioners, and of the Board of Health, says that the upkeep of a cow should not exceed $5 per month.

“Placing the value of milk at 40 cents a gallon, a gallon of milk per day for a year would amount to $146. Deducting the original cost of the cow, $40, and upkeep for twelve months at $5 per month, $60, would show a profit of 46 per cent, or $46. This does not include the value of manure or the increase of a calf at least every two years. At the end of twelve months the cow has paid for herself and made a clear profit of 46 per cent.”
Governor's Proclamation

Whereas the President of the United States, in accordance with an Act of Congress of May 18, 1928, requesting him to thereafter proclaim May 1st every year as Child Health Day, has proclaimed May 1st, 1932, as Child Health Day, and called upon all Governors of the States of the Union to make such a proclamation to their people; and

Whereas Point Five of the “Children’s Charter” claims the right of every child to protection in his home, in the school he attends, and in the community in which he lives; and

Whereas the responsibility for the welfare of children is recognized today as a community responsibility as well as an individual duty;

Therefore, I, O. Max Gardner, Governor of North Carolina, do hereby proclaim Monday, May 2, 1932, as Child Health Day, to be observed in conjunction with other States of the Union; and

I urge that all the agencies of the State adopt as their program this year the American Child Health Association theme, “Support Your Community Child Health Program—It Protects Your Home,” and the State Board of Health program this spring to get all children immunized against diphtheria, typhoid, and smallpox.

In testimony whereof, I have hereto set my hand and caused to be affixed the Great Seal of North Carolina,

Done at the Capitol in Raleigh, this 8th day of April, 1932.

O. MAX GARDNER, Governor.

SCHOOL CHILDREN OF PERSON COUNTY MORE THAN 90 PER CENT IMMUNE TO DIPHTHERIA

Person County Health Department has a personnel of one full-time nurse, a sanitary inspector, and an office clerk. In the report of the department for the first quarter, the statement is made that during the month of February the school children of that county were given the Schick test, and approximately 91 per cent of the school children are immune to diphtheria. The editor had the privilege of visiting one of the largest schools in that county on the 17th day of March in the interest of the milk-for-health campaign. There were about four hundred pupils present, and on direct examination it was ascertained that more than 90 per cent of these pupils had been immunized during the last three years against diphtheria, smallpox, and typhoid fever. This school was situated in a strictly farming section about twelve miles from the county-seat.

Person County is largely a rural county. The population is about twenty-two thousand, more than a third of whom are Negroes.

If this report can be equaled in any other rural school of like size in North Carolina, we would like to have a report on it. The report states that the people in Person County know the value of diphtheria immunization. The statement is made that in 1929 there were twenty-seven cases of diphtheria and five deaths in the county. In 1931 there were nine cases and one death. But they have not had a case of diphtheria among the school children since the spring of 1929. Two-thirds of the population take typhoid vaccine every three years.

We submit the foregoing as direct evidence that health department work in any county in North Carolina can be made particularly effective in controlling the communicable diseases where intelligent and energetic efforts are put forth, as would seem to be the case in Person County.
We are indebted to Dr. J. Buren Sidbury, pediatrician of Wilmington, for the photograph of these beautiful children. Dr. Sidbury writes that "This is the type of children that Wilmington and Wrightsville Beach put out." Bring on your prizes! If any family in North Carolina can boast of a healthier, happier looking group of immunized, protected children, we should like to see them.
JUDGES IN THE MILK-FOR-HEALTH CONTESTS

In this group are shown ten of the fifteen judges who will select the winners in the State milk rhyme, poster, and essay contests, held in connection with the recent Milk-for-Health Campaign, as they start their work. On the two trucks in the foreground are shown some of the posters submitted in the contest. The judges, reading from left to right, top row, are Dr. A. C. Bulla, Wake County Health Officer, Raleigh; Miss Nancy O. Devers, Supervisor of Elementary Instruction, State Department of Public Instruction; Miss Ida Isabel Potent, Professor of Art, Meredith College; Miss Susan A. Fulghum, Inspector of Elementary Schools, State Department of Public Instruction; Dr. M. V. Ziegler, Surgeon of the United States Public Health Service. Bottom row: Miss Susan M. Parson, State Superintendent of Home Economics Education, State Department of Public Instruction; Mrs. Jane S. McKimmon, Assistant Director of Extension, Home Demonstration; Mrs. W. T. Bost, Commissioner of Board of Charities and Public Welfare; Miss Hattie S. Parrott, Supervisor of Elementary Instruction, State Department of Public Instruction, and Miss Ellen Brewer, Professor of Home Economics, Meredith College. The contest judges not shown above are Mrs. Ruth Huntington Moore, Miss Juanita McDougald, Miss Nannie Smith, Dr. George M. Cooper, and Dr. E. A. Branch. The results of the judges' decision will be announced later.
FREE HEALTH LITERATURE

The State Board of Health publishes monthly The Health Bulletin, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

- Adenoids and Tonsils
- Cancer
- Constipation
- Chickenpox
- Diphtheria
- Don't Spit Placards
- Eyes
- Files
- Fly Placards
- German Measles
- Hookworm Disease
- Infantile Paralysis
- Influenza
- Malaria
- Measles
- Pellagra
- Residential Sewage
- Sanitary Privies
- Scarlet Fever
- Smallpox
- Teeth
- Tuberculosis
- Tuberculosis Placards
- Typhoid Fever
- Typhoid Placards
- Venereal Diseases
- Water Supplies
- Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

- Prenatal Care (by Mrs. Max West) "Our Babies"
- Prenatal Letters (series of nine monthly letters)
- Minimum Standards of Prenatal Care
- What Builds Babies?
- Breast Feeding
- Sunlight for Babies
- Hints to North Carolina Mothers Who Want Better Babies

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Immunization Policies

[Extract from Annual Report of the State Health Officer, Dr. James M. Parrott, to the Conjoint Session of the State Board of Health and the North Carolina Medical Society, Winston-Salem, April 20, 1932.]

The State Health Department has certain conceptions of its duty in the field of immunization and I think its ideas may be fairly stated as follows:

1. It is the responsibility of health departments to make every reasonable effort to control communicable diseases within their jurisdiction. The health department should be very cautious in transferring any part of its immunization program to any private agency without having first satisfied itself as to the completeness, effectiveness and ability of such agency to properly discharge the immunization program. To a thinking man, in my opinion, it is definitely the part of wisdom as well as the solemn duty which it cannot shirk and of which it should ever be mindful, of every health department, both State and local, to reserve unto itself the right to pass judgment upon the effectiveness of any immunization service carried on by any unofficial agency over which it has no control.

2. The method of procedure, except as prescribed by laws, rules and regulations, should be wisely left largely to the discretion of local communities, and whenever communicable diseases are confined to or clearly will not spread beyond the jurisdiction of the local health service; and that the State Department of Health should assume full responsibility of control, either directly or through local agencies, when such communicable diseases have actually become, or will probably become inter-county. The health department should be very cautious in transferring any part of its immunization program to any private agency without having first satisfied itself as to the completeness, effectiveness and ability of such agency to properly discharge the immunization program. To a thinking man, in my opinion, it is definitely the part of wisdom as well as the solemn duty which it cannot shirk and of which it should ever be mindful, of every health department, both State and local, to reserve unto itself the right to pass judgment upon the effectiveness of any immunization service carried on by any unofficial agency over which it has no control.

To assume any other attitude than this is unsound health policy, unwise attitude for public protection, and would be in effect a surrender to others, whether it be professional or otherwise, of a vital function. When a private agency relieves the health department of the responsibility for the control of communicable diseases by immunization, or in any way, it should be done with the definite understanding of the situation and with the further knowledge that the health department does not forfeit its right to use immunization methods whenever indicated or necessary for the purpose of preventing or controlling communicable diseases when and if the non-health agency fails to perform its assumed function of immunization with that thoroughness and permanence which makes for effective work, or when it is clear before the assumption of responsibility for immunization by other agency than the public health service, it is foredoomed to defeat by the plan, method, or inability of the agency to carry on the service.

For purposes of clarification I think the matter can be fairly stated in this way: When in the management of communicable diseases doctors, if and when mindful of the public health, should direct and that the health officer should aid the doctor as the doctor may desire, or the public weal demand. When in the exercise of immunizations for the purpose of controlling communicable diseases, such control being distinctly and definitely a public
health function, the health service should lead and the physician should aid. However, the physician in justice to himself and the people cannot avoid his clear duty to press immunization of the children of his patrons. It has been my experience that but few doctors fail to recognize their public responsibility, and with this idea in view it is my conception that whenever a local medical fraternity desires to do so and definitely expresses such purpose and will clearly state in unmistakable terms its wish to handle local immunization, thoroughly and completely, for their communities, that they exercise this function. But when the physicians do not do so or do not indicate their desire to do so, the public health service in the discharge of its solemn and clear obligation, must assume and will assume that function.

I hope that there may be no misunderstanding about immunization or misinterpretation of the above stated attitude. The State Health Department is very desirous of regarding the wishes of the doctors of North Carolina, and of following their leadership when they properly and fairly assert it. When they do not do so, the health department must act. I am now mindful to say in this connection that if our doctors do not regard the above-stated policy as the proper and wise one, the State Board of Health will be very pleased to discuss the matter in detail for the constructive purpose of reaching some satisfactory solution.

Deaths From Typhoid Increasing

It will be recalled by some of our readers that we published in the February issue of The Health Bulletin some comparative mortality statistics for 1930 and 1931. At that time we published the fact that there occurred in 1931 three more deaths from typhoid than had occurred in 1930. While this was just a slight increase over the previous year and, on account of increasing population, the rate practically remained the same, yet it was indicative of an unhealthy situation. In the first place, it was the first year in a number of years that we failed to record a decrease in the number as well as the rate. It is with some misgivings, therefore, that we have to announce some comparative figures in the number of deaths for the first quarter of this year as compared to the same period in 1931 and in 1930. In 1920, during the first three months of the year, there were only four deaths reported to the State Board of Health from typhoid. During the same period in 1931 twelve deaths were reported, and in 1932, for the same three months period, thirty-one deaths have already been reported.

Like the ancient watchman on the tower, we desire to sound a warning, which we hope will be heeded throughout the length and breadth of North Carolina, that this increase indicates the possibility of a more widespread appearance of typhoid, with a larger number of deaths, this year than in any year in our recent history. Every health officer and county physician in the State should be on guard all the time. The water supply, not only for all the municipalities but for the farms and country residences, should be closely scrutinized. The milk supply should be safe, and every precaution exercised, and above all else the vaccination against typhoid should be utilized by the masses of the people everywhere. All of the physicians and the health officers can render a distinct service by making a special effort to locate and isolate as many of the carriers of typhoid as it is possible to find. These carriers are undoubtedly responsible for many cases of typhoid. Unless every effort is forthcoming throughout the State from now on we may lose our proud standing enjoyed the last few years in having a very low typhoid death rate.
"Spring Tonics" in Wild Greens

By CHARLOTTE HILTON GREEN

THIS is the time of year when most of us seem to have a touch of spring fever, and in other days—and unfortunately, too often today—people thought they must have a "spring tonic." The body does need a spring tonic, but it should be procured in the market, store, or byways and fields, and not in the drug store.

At this time of year, after a too heavy winter diet of meat, breads, and potatoes and sweets, our body tissues are crying for the calcium, lime, iron, and vitamins which we get from greens.

Calcium, the bone builder and tooth protector, is necessary to the body, and outside of milk, its chief source is in certain leafy greens, for among vegetable foods only the leaf is rich in calcium. It is the green food which the cow eats and stores up and passes on in the milk that is of such value to us.

We all know what a scourge scurvy was in the past. No war, siege, crusade, famine, or long sailing voyage but left a trail of scurvy in its wake. And yet the people found cures—miraculously it seemed to them then—found them through various experimentations, and usually these cures were the eating of some kind of greens, or infusions of greens, which contained, as we now know, the antiscorbutic vitamin C.

The Indians long ago found many cures for scurvy, one of them being a tea made of the bark and needies of the pine tree (which contained vitamin C). When Jacques Cartier, the French explorer, was wintering on the Saint Lawrence, his crew suffered serious loss from scurvy. Friendly Indians taught them this native cure.

In 1630, Governor Winthrop of the Massachusetts Bay Colony, writing to his wife, who was leaving England to join him, advised her to be "sure to have a gallon of scurvy-grass and to drink a little five or six mornings together." Scurvy-grass, then and back in the Middle Ages, was a popular name for water-cress.

More recently, during the World War, at Kut-el-Amara, in Mesopotamia, when fresh food supplies gave out there were more than 1,050 cases of scurvy among the besieged British Indian troops. From the neighboring plains herbs, leaves, and green plants were gathered and cooked and fed to the soldiers, who were cured. It was simply a quick and efficient way of serving them sufficient vitamin C.

Professor Sherman, an outstanding chemist of Columbia University, says that during the late war wounds were found to heal more slowly where there was a deficiency of vitamin C in the diet.

So essential is this vitamin C that every man, woman, and child needs it continuously—as it is not stored in the body—to keep the body, and particularly the teeth, in good condition. The teeth are affected by its deficiency sooner than any other part of the body.

The present generation is overlooking much of this vitamin C—and also vitamins A and B—which are served, free for the picking, in the wild greens in our fields and byways.

Although Southerners eat more broad-leaved greens than do the people in other sections of our country, still even here they have never been eaten to the extent in which they are consumed in the Orient. The American is noted as a consumer of what McCollum, of Johns Hopkins, calls the "meat, bread, potato, and sweet diet;" the Oriental is noted for a rice and leafy vegetable diet.

We of the western world are interested with the gallant fight the Chinese are making against the Japanese invaders. And we are surprised at the resistance of the Chinese. And this quality of endurance is largely built up on a broad-leaved greens diet. We
are too prone to think of the Chinese as a rice eater. He is—but, he is equally a leafy-vegetable eater. In many parts of the over-populated Orient the farms are no more than garden patches. Land is too scarce for stock-raising, and the foods grown are not those dictated by taste, but those which will best sustain life—the broad-leaved vegetables. For to the Chinese, life is an intense struggle for a mere existence. The leaves of many plants have valuable dietary qualities, and judging from the endurance of these eastern people, and from their tooth-perfection, this leafy diet must be a satisfactory one. McCollum lists their diet as one of the outstanding diets in the world.

We in America would never be content to live on a leafy diet, but we should include the broad-leaved greens more regularly and more generously in our meals; for after milk they rank highest as what McCollum calls “protective foods.” As such, we should have a liberal helping of cooked greens once a day, and salads twice a day, one of which should be raw.

Out of sheer necessity, primitive people made a greater use of native food supplies. Man was the hunter and warrior, so woman had to assume most of the responsibility for the care and feeding of her young; hence, she early became familiar with such food resources as roots, berries, seeds, fruits, nuts, leaves, tubers, and plants. This division of labor was responsible for a somewhat well-balanced diet. Man, the hunter, provided the meats; woman, the gardener and seeker in the fields, furnished the fruits and vegetables.

Casimir Funk, one of the co-discoverers of vitamins, says: “The vitamin discovery came at the right time, at a time when our nutrition had drifted farther and farther from the natural and fresh foods of our ancestors. It came as a result of the instinct of self-preservation.”

We are prone to think of spinach as something recent dietitians are foisting upon mankind, and are rather surprised to find that earlier peoples had it. Cortez, when conquering Mexico, found the Indians using the green leaves of a plant as a spinach. Moreover, our more immediate ancestors had a surprising number of substitutes for spinach, salads, and asparagus. Many of these substitutes are still found growing wild in our fields and byways.

Water-cress, which is related to the dandelion family, has long been used as a salad; it is said that Zenophon strongly recommended it to the Persians some three hundred years before Christ. Highly appreciated in Europe of the Middle Ages and later, it was grown for winter and spring salads. Water-cress is one of the leafy vegetables richest in vitamin C, and eaten raw, as it must be to preserve this vitamin, it has a delicious tang. Water-cress plants can be moved into one’s garden—we had several plants brought in with a load of top-soil—and guarding them carefully by cutting back the leaves there is a constant supply of fresh, tender cress throughout the summer. Used as a garnish the leaves are attractive and delicious, with eggs, meat, fish, or fowl; as a salad, and as a sandwich filling between thin slices of bread and butter. Chopped fine, the leaves add flavor and zest to fowl stuffing and soups.

One of our best known and best liked wild greens is the cowslip, also known as marsh marigold and meadow bright. Asa Gray, the dean of American botanists, says it has long been used as a potherb in Spring, when coming into flower. In the South the flower buds used to be used as a substitute for capers.

The evening primrose was formerly cultivated in English gardens for its edible roots, which are wholesome and nutritious when boiled. The young shoots can be used as salads, are sweet, somewhat resembling parsnips. To give a zest to jaded spring appetites add a few leaves of wood sorrel to the salad, which will give a pleasant acid tang. It is common in all temperate regions and is likely to be found
in every garden. The peasants of France and Iceland have long used its leaves.

Pursland, which Europeans also considered as a "scurvy-plant," has long been considered but little inferior to asparagus. In Spring and Summer, in Europe, the young shoots and leaves are used as salads, as greens, and in soups, and to be pickled.

The chickweed found in every garden as a weed has remarkable dietary qualities, and is an excellent and wholesome green, resembling spinach when boiled. "Tis a simple matter when weeding the garden, to keep the chickweed separate for cooking, and both the garden and the family will profit thereby.

Pigweed can be eaten raw or cooked as a green. Our American Indians ate it both ways; the tender shoots of milkweed, prepared like asparagus, are eaten by the French Canadians; and nipplewort, chicory, mallows, dandelions, and mustard are all good and wholesome when cooked as greens.

More and more are doctors and dietitians recognizing the values of the broad-leaved greens, wild or domestic. They contain the essential calcium, lime, iron, and vitamins A, B, and especially C—and a slight amount of the very important vitamin D, which is also called the sunshine vitamin, as it is also formed in the body by exposing it directly to the sun's rays. Hence, in the early spring, after a winter in which the body has had little of the direct rays of the sun, one might gather either wild or garden greens, in a low-backed, sleeveless dress, and with bare legs. For the vitamin D which we get chiefly out of cod liver oil can also be formed in the body by exposing it to direct sunlight.

Deficiency in this vitamin D causes rickets, soft bones, poor teeth, and it is suspected, lung infection. Vitamin D is lacking in most foods, but is found in cod liver oil, in fish liver, oils and eggs, egg yolks, and a slight amount in green vegetables.

Vitamins A, B, and C are found in much greater amounts in green-leaved vegetables. Vitamin A builds up resistance to colds and other respiratory infections, and promotes growth; vitamin B improves the appetite, aids elimination, growth, builds up resistance to fatigue, helps nervousness, and in school children is an asset in overcoming slowness in learning.

Or vitamin C Professor Sherman, authority on vitamins, says: "The absence of scurvy does not necessarily mean that the body is receiving sufficient amounts of vitamin C; its deficiency is often responsible for irritation, lack of stamina, retardation of growth, and less resistance to infectious diseases."

Salads and greens are filling and therefore discourage overeating; they encourage thorough chewing, which is good for the teeth; and they are bulky and the non-digestible part is not irritating to the alimentary tract and aids elimination.

If then we are to acknowledge the wisdom of a cooked green once a day, and a salad twice a day—one of which should be raw—the housewife is going to be put to it for variety, and after once utilizing these "wild greens" she will find them a welcome addition. If they are cooked in a heavy, closed vessel, with only water from the final rinsing which clings to the leaves, many of the vitamins, except C, which is largely destroyed by cooking, may be saved.

Most of these greens, after boiling, are chopped fine, and unless cooked with meat, as is our southern fashion, are seasoned with butter, pepper, and salt, and vinegar or lemon juice. Minced hard boiled egg, onion, and a dash of hot red peppers also add to the flavor. For variety, add various sauces or salad dressings.

Let us then go to the garden or fields for greens for our spring tonics!

A Motorist's Resolve

When I am driving on a street
Where little folks I'm apt to meet
Who dash across in thoughtless play,
I'll try to drive in just the way
That I would drive if mine were there
Upon that crowded thoroughfare.

—Los Angeles Times.
Big Iowa Cancer Quack Exposed

THE American Medical Association was sued for one-half million dollars by a cancer quack doing business at Muscatine, Iowa. The case was tried in the Federal courts at Davenport, Iowa, and the trial lasted for four weeks. The jury rendered a verdict in favor of the American Medical Association. The Clip Sheet of Hygeia, published by the American Medical Association, has presented in its May issue an interesting summary of the trial and some of the circumstances leading up to it, which we publish below.

In view of the fact that North Carolina is afflicted at this time with a rather large number of quacks operating on the credulity of the people, this item ought to be interesting to a great many people in this State other than physicians. Raleigh and the surrounding section supports, presumably in ease and affluence, at least two rather notorious quacks who make a living at the expense of people afflicted with cancer, and from a larger number who have simple sores which they morbidly fear are cancers. One of these quacks advertises daily in one of the largest daily papers of the State and the other has been repeatedly shown up in the courts, but somehow both of them have so far avoided a penitentiary sentence.

The most despicable type of human vulture is undoubtedly the cancer quack. We would advise our subscribers to carefully read the sketch written by Dr. Cramp of the American Medical Association, published below, and then to resolve to try to assist the new State Medical Examining Board to clean house and rid the State of North Carolina of some of the most blatant of these quacks.

The article follows:

A radio station, a magazine, and printed catalogues are fertile mediums for a quack's use in advertising, to lure hundreds of cancer sufferers to his "institute." A promoter of an alleged cancer cure, Norman Baker, of Muscatine, Iowa, recently sued the American Medical Association for half a million dollars in damages for so-called libelous statements made in Hygeia and in The Journal of the American Medical Association.

The case came to trial in the Federal District Court in Davenport, Iowa, and was heard before Federal Judge Gunnar H. Nordbye of Minnesota. The trial lasted four weeks. Testimony was offered by the American Medical Association through physicians and by scores of depositions, and much testimony was also presented by Baker. The jury returned a verdict for the American Medical Association on March 3. Dr. Arthur J. Cramp writes of "Norman Baker vs. The American Medical Association" in Hygeia.

Baker's previous enterprises had been commercial rather than medical, for he sold cigars, radio sets, storage batteries, flour, coffee, canned fruit, silverware, brooms, alarm clocks, overcoats, mattresses, automobile tires, typewriters, and other things. He even gave a course in oil painting in ten lessons by mail, although he admitted that he could not paint.

His exploits as a "cancer curer" were far more profitable before the appearance of the editorial exposing him in publications of the American Medical Association. Baker claimed that his profits fell from $75,000 for the month of June, 1930, to only $7,000 in January, 1932, following the publication of the editorials.

The cancer cure consisted of hypodermic injections which Baker claimed made the cancer soften and pass away. So insidious were his methods that the American Medical Association was able to put in evidence between twenty-five and thirty death certificates of patients who died at the Baker Institute, and many of these same persons and others who died shortly after leaving the Institute, Baker advised as being "cured of cancer."
Laziness

By Frank Howard Richardson, M.D., F.A.C.P.

ONE of the strange things about the way we poor humans do our thinking has to do with our eagerness to make a diagnosis—whether or not the diagnosis means anything at all to us after we have made it! Tell the man with a pain in one of his joints that he has arthritis (which is the Greek work for inflammation in the joint), and he stops worrying; whereas if his doctor were to tell him he had only an inflamed joint he would feel that he was being cheated out of his rights. The woman who would be outraged if her doctor told her that her headache was a pain in the head is perfectly convinced that all is well when she is gravely informed that her trouble is cephalalgia—which is the scientific term for a pain in the head!

Of course it is plain to be seen that a diagnosis is nothing but a name; and giving a disease a name is a far cry from curing it. To be sure, it is important to make a diagnosis—but only if we understand what to do for the condition that we have diagnosed, and only if our diagnosis is correct.

Now one of the commonest diagnoses made by parents and teachers in the cases of boys or girls who are having trouble is, laziness. "That boy is lazy, that's all that's the matter with him," or "Simply a case of pure, unadulterated laziness," says the exasperated father, or the outraged teacher, not realizing that all he has done is to give a name to a condition, without in any way solving the problem. For in the first place, laziness is not a diagnosis at all—it is simply another name for the thing that has troubled the parent or the teacher; and in the second place we know of no specific for laziness.

Even the classical, extreme example of laziness, hookworm disease, remained incurable until we quit calling it laziness and made a diagnosis that told us something about the cause behind the symptom. Then, when we found the cause we were able to find a cure for it.

But, you say, is there no such thing as sheer, unadulterated laziness, aside from the medical laziness that follows in the train of hookworm infestation? Perhaps there is; but in the vast majority of boys or girls who have been diagnosed as lazy, a wiser student of behavior would have found a truer name, and one that would have been suggestive of a cure.

For if there is one characteristic that is exactly opposed to child nature, it is laziness, inactivity, sitting round doing nothing. That is an adult weakness; it is not the thing that we need expect in a normal, well child, as many a distracted parent can testify at the end of a long Saturday afternoon.

The child who is accused of being lazy is, nine times out of ten, the child whose interest has not been aroused in his task. If you don't believe this, take the most extreme case of "laziness" you can think of and offer him a chance to do something that he is interested in—and you will witness a transformation that will startle you. Take the fellow who is too lazy to do his arithmetic, and offer him a trip to an airport, and see if he is too lazy to accept, and to walk your legs off after he gets there. Playing baseball is not a lazy man's job—good baseball, that is; and yet many a boy who is too lazy to write a composition that would have meant twenty minutes' work at a desk, will gladly and joyously slave for hours on the diamond. True, some boys are said to be too lazy to play baseball; but in their cases, you may be sure that the difficulty is not laziness, but simply a lack of interest in baseball. They are "lazy" because they are not interested.

Does this mean that we shall excuse a boy or girl from any task that does not arouse interest? By no means. It does mean, however, that no parent or teacher has done justice to the problem presented by a so-called lazy
boy or girl until he has determined why that lack of interest exists, and has done all that lies in his power to create a genuine interest in the things that have to be done. The uninspired teacher says, "This has got to be done whether you like it or not"; and the list of failures, left-backs, disturbers of the school peace, and general school problems that mark the wake of such a teacher, is nothing less than appalling.

What does the real teacher do—the one whose pupils rise up for years after to call him (or more often it is "her") blessed? The inspired teacher, to whom each difficult boy or girl is a stimulating problem to be solved, tries to find in each study or task an element that will awaken the interest that she knows lies dormant in every human being, if only it can be located and aroused. In one boy it may be ambition to succeed as a contractor that can be touched, to arouse his interest in arithmetic. In a girl who has never liked English, the necessary enthusiasm may be created by praise from a teacher she loves. Whatever is necessary to transform lack of interest into effort, she will find. That teacher succeeds. The other teacher calls all these uninterested boys and girls "lazy," and so excuses himself, or herself, for failing to arouse them to success.

Parents fall into the same two classes—those who diagnose "laziness" in their sons or daughters, and those who try to arouse their interest in what has to be done. Making beds or cleaning up lawns or doing geography may be dull grinding tasks—or they may be fascinating adventures. The difference is all in the interest that attaches to them. And the parent and the teacher are the ones whose job it is to arouse interest. Let's remember this when we are tempted to explain or to excuse our lack of success with our boys and girls. "Laziness" is not an explanation, it's just an alibi. Blame, punishment, shaming, will not cure it. Honest thought and effort on the part of parents and teachers will go a long way toward curing it.

**RICH IN HEALTH**

State Health Officer Parrott, speaking before the State Medical Society in Winston-Salem, sounds a cheering note. Health conditions in the State are excellent. North Carolina now has the lowest death rate, with the possible exception of one State, of all the states east of the Mississippi.

This splendid record is all the more remarkable and commendable when it is considered that the State Health Board is now working under a great financial handicap—the State appropriation has dropped from $486,000 in 1929, to $263,647 now available. Were it not for assistance from philanthropic organizations, says Dr. Parrott, "we would be compelled to fold our tents and solemnly and shamefully slip away."

The State health officer is everlastingly right when he tells the people "Good health is a debt eternal to the next generation . . ." and . . . It is imperative that the children of today suffer not a bit in body and mind if they meet with success, the problems which we transmit to them."

"Health is wealth," says the old axiom. It is more. It is energy, optimism, contentment—the indescribable feeling of physical and mental well-being which can come only where there is health. At this particular time, when there is so much of stress and strain, poverty and worry, it is, indeed, a cheering note to hear the State is rich—rich in treasure money cannot buy—health.—Greensboro Rec-ord.
Radio Program

By Fred Coffman, Radio Station WPTF, Raleigh

[Knock at door.]

Coffman: Come in. Why, how do you do, Miss Jones! Won't you have a chair?

Jones: Thank you, I believe I will.

Coffman: What can I do for you today?

Jones: Well, Mr. Coffman, there are a few questions I'd like to ask you, if you don't mind.

Coffman: That is fine! I'll answer them if I can, and if they are too difficult to answer at once, I'll investigate your questions and mail the replies to you later. You know we receive hundreds of questions here at the State Board of Health from people all over the State, and it is always a pleasure to furnish them with any information possible. What is your first question?

Jones: During the recent Milk-for-Health Campaign we heard a lot about Grade-A Milk, and when I purchase milk from a dairy I usually see Grade-A printed on the cap of the milk bottle. Can you tell me what constitutes Grade-A milk?

Coffman: Yes. Grade-A milk is milk that has been produced according to all the sanitary requirements set forth in what is known as the Standard Milk Ordinance that has been adopted by more than sixty cities in North Carolina. Among other things, this ordinance states that the dairy barns shall have a certain amount of light and ventilation; also that they shall have concrete floors which drain easily, and that the walls and ceilings shall be whitewashed at least once a year. There is always a separate milk house to which the milk is removed as soon as it has been obtained from the cows. Certain requirements are set forth for the sterilization of all utensils. The milkers must have health certificates from a licensed physician showing that they are free from any infections. Also their hands must be sterilized along with the cow's udders just prior to milking. The milk must be cooled within one hour after milking to 50 degrees Fahrenheit, or less, and maintained at or below that temperature until delivery. When tested the milk shall show not more than 50,000 bacteria in one cubic centimeter, which is about 1/48 of a cubic inch. Of course there are other sanitary requirements too numerous to mention, but briefly Grade-A milk is the purest milk which we can obtain, and we always know that it has been produced according to certain definite high sanitary requirements.

Jones: Well, then, what is Grade-B milk?

Coffman: Well, Miss Jones, Grade-B milk is milk the average bacterial count of which at no time prior to delivery exceeds 200,000 per cubic centimeter, and which is produced upon dairy farms conforming with all the items of sanitation required for Grade-A raw milk, except that the cooling temperature shall be changed to 70 degrees Fahrenheit. In other words the only difference between Grade-A and Grade-B milk is the larger bacterial count of Grade-B milk, and the higher temperature at which the Grade-B milk is delivered.

Jones: Now, something else. Every time I go in a cafe I see posted in a conspicuous place a placard about 8 by 10 inches in size, printed in blue, with the name, "State Board of Health" and a large capital "A." Has that card any special significance?

Coffman: Indeed it has! If you have seen only letters "A" on these certificates you have been eating in the very best restaurants. There are cafes which display certificates with the capital letter "B" printed in green, or the capital letter "C" printed in red. The sanitary inspectors from the State Board of Health inspect these cafes throughout the State once a year and give them a rating according to a pre-
pared score sheet. This rating is based, of course, on the sanitary conditions found at the time of inspection and covers proper illumination, ventilation, screening, cleanliness of building, table linen, and utensils, a safe and adequate water supply, and proper sewage disposals. Also all servants are required to have health certificates and much stress is laid upon the grade of the milk supply. It is possible to score 100 points. If the score is above 90 a grade A certificate is granted, if from 80 to 90 a grade B certificate, and if from 70 to 80 a grade C certificate. A café is not permitted to operate with a rating less than C. Incidentally, hotels are scored and rated in a similar manner, with the exception that more items are taken into consideration. The State law requires that the certificate be posted in a conspicuous place so that all customers can see just what type of café they are patronizing.

JONES: Do you grade hot-dog stands, too?

COFFMAN: No, that is one of the unfortunate things about our State law. It does not give the State Board of Health jurisdiction over any eating place that does not have seating arrangements to accommodate twelve persons at any one time. Consequently, many of our wayside eating places are very insanitary and if actually rated according to the café scoring system would be forced to close. So I would advise you to be careful where you buy your hot-dogs!

JONES: Just one other question, and then I must go!

COFFMAN: No hurry, Miss Jones. Take your time and ask as many questions as you want to ask.

JONES: The other day I noticed the water in Raleigh looked dirty when it was poured into a glass. Does the State Board of Health ever do anything about such matters as these?

COFFMAN: Yes, we require every public water supply in the State to send in samples monthly to the State Laboratory of Hygiene, which are tested for various items such as sediment, color, turbidity, odor, etc. Also such samples are tested for various bacteria. From these reports we can tell if the supply contains pollution and to a great extent if the water supply is being handled properly. If any trouble is found, such as you mention, every cooperation is given the municipality by sending one of our engineers to the plant in an effort to eliminate the pollution, or remedy any bad condition of the water at the earliest possible date. In addition we have one of our engineers inspect each water supply at least once a year.

JONES: Thank you very much, Mr. Coffman! I surely appreciate your kindness in answering my questions, and now I think I'll go out and get a glass of Grade-A milk in a Grade-A restaurant.

COFFMAN: It has been a pleasure to talk to you. I hope I've answered your questions satisfactorily. Come back when you have any questions concerning sanitation that are troubling you. Good-bye, Miss Jones.

BOOK REVIEW

A new publication of the White House Conference on Child Health and Protection has just been issued by the Century Company, New York. The title of the book is "Nutrition Service in the Field—Child Health Centers: A Survey." The price is $2.00, postpaid.

"This volume presents the findings and recommendations of two subcommittees of the Committee on Medical Care for Children of the White House Conference on Child Health and Protection.

"According to the most conservative estimate, over six million of our forty-five million children are malnourished, or one in every six or seven. The subcommittee on Nutrition says that the retarded growth, lowered resistance, and frequent minor ailments of these children, and the prospect that they will break prematurely under the strain of adult life call aloud for a remedial program. We are slowly learning that a steady day-by-day building for good nutrition in all children is still more important."
Orange County is greatly handicapped by not having a County Health Department, but nevertheless some progress is being made in health improvement in the county.

Nine Pre-school Clinics have been held this spring in an effort to get little beginners ready socially and physically to enter school next fall. Many of these little children were found with serious physical defects. Some of the remedial work has already been done and more of it is in progress.

Miss Katherine Livingston, nurse from the State Health Department, has just completed an examination of all children in the elementary schools, both white and colored. Miss Livingston's report of defects found is as follows:

- No. children examined: 2,586
- No. suspicious cases diseased tonsils or adenoids: 1,162
- No. cases defective teeth: 686
- No. cases defective hearing: 11
- No. cases defective nutrition: 478
- No. cases defective vision: 297

The State Adenoid and Tonsil Clinics which have been such a benefit to this and other counties without Health Departments have been discontinued. Recognizing the handicap this will be to Orange County the Durham specialists have kindly consented to do this work at a reduced rate for those children who cannot pay the regulation fee. Applications are coming into the county office to have this work done and it is hoped that at least a third of the 1,100 children with tonsil-adenoid defects can have these defects removed in the next two or three months. The State Health Department is allowing Miss Livingston to stay on to help round up the work and the county is thoroughly appreciative of the valuable service she is rendering.

The State Health Department is also aiding in getting the small children immunized against diphtheria. Diphtheria has given the county schools more concern this year than any of the communicable diseases. Dr. Chas. R. Bugg, child health specialist of Raleigh, said in a recent address: "In North Carolina last year there were more than 3,100 cases of diphtheria and 237 deaths. It is a disease subject now to 100 per cent immunization. It should be completely eradicated, but by letting up for two or three years it could very well claim as many children as it did a few years ago. That is why it is necessary to keep up the fight being conducted by the State Board of Health against diphtheria especially, and also typhoid and other preventable diseases."

The Orange County doctors, Dr. Hardy of Durham, Dr. Thompson and Dr. Tyson of Alamance County, and Dr. Robert Warren of Caswell County, have given freely of their services in carrying on this Spring Health Program and the county is very grateful to them for their help and interest.

Later in the summer it is hoped the county will sponsor county-wide vaccination and immunization against typhoid fever, smallpox, and diphtheria.

Cancer Is Often a Curable Disease IF—

Immediate attention is given to any lump, especially in the breast.

Immediate attention is given to any sore that does not heal, especially on the skin, lip, tongue, or anywhere in the mouth.

Immediate attention is given to an irregular bleeding or discharge of blood, pus, or mucus from the vagina or rectum.

Immediate attention is given to symptoms of indigestion with loss of weight.

The word immediate is the most important part of this message.

—Brooklyn (Mass.) Health Bulletin.
Economy and the Public Health

[Editorial from Journal American Medical Association]

At the present time this country is witnessing retrenchment in almost every field of human activity. The new policies are in part enforced by the exigencies of the financial situation; in no small measure they represent a return to programs of sane expenditures where orgies of unnecessary outlay had previously prevailed. The movement for economy has begun to invade the domain of governmental activities in states as well as in the Federal bureaus. It is, of course, proper that they should lead the way back to the practice of living within our national means.

There may be an unfortunate fallacy, however, in the attempt to apply the pruning shears to all branches of governmental function. This applies notably to the services concerned with the public health. It sometimes happens that in times of stress the health of our people tends to suffer more than it may during periods of opulence. Hardly any one would argue that either the Nation or a State has ever been unduly extravagant in expenditures for governmental hygiene. In fact, the most effective agencies in this field are even now scarcely well developed. Public opinion has not yet thoroughly grasped the usefulness of conservation through public hygiene and the fact that its cost to the taxpayer is saved many times over by the prevention of disease and death. The gains made in the elimination or curbing of such diseases as typhoid, yellow fever, malaria, smallpox, and diphtheria—of the records of which the American medical profession may well be proud—must not be lost through a policy of false economy at this time. Health authorities must be enabled to perform their duties in an efficient manner. The menace of contagion, of stream pollution, of insanitary milk and food supply, of unregulated quarantine in world-wide travel must not be added to the other hardships now confronting the nation.

Pointing out that reduced budgets are already carrying curtailed appropriations for public health departments, the president of the American Public Health Association, Dr. Louis I. Dublin, reminds us that it has been one of the "marvels of the last two years" that unemployment, decreased wages, and lowered economic conditions have not affected health conditions and mortality. If public health is in a sense a purchasable commodity, our people should recognize expenditure for it as a wise outlay.

LET’S HAVE MORE MILK BUT FEWER FLIES

Some Smithfield citizens seem to have the idea that the board of town commissioners, in entertaining a motion to regulate the keeping of cows within the city limits, is at variance with the campaign now on in North Carolina for more milk. The Herald holds no brief for the town board, even though one of the publishers is a member of this board, but we are certain the commissioners, in their effort to improve conditions so next-door neighbors to those who have cows will have no cause for complaint, have not thought of working a hardship on anyone.

Instead of hindering anyone from keeping a cow, they would no doubt further a movement to increase the number of cows, for milk is the most perfect food that scientists have yet discovered. But cows kept under unsanitary conditions may defeat the very purpose of a Milk-for-Health campaign. Ill-kept cow lots are breeding places for flies, and flies are carriers of all sorts of disease germs. It would do little good to preach or practice milk-for-health, and then allow a fly-infested cow-lot to spread communicable diseases that might bring death to a healthy child. Over fifty children in Johnston County died last year from diarrhea, which is a disease that can be spread by flies.—Smithfield Herald.
We learn from the California Health Bulletin that the March, 1932, issue of the International Medical Digest publishes an article entitled "The Newer Conception of Diphtheria Immunization." The conclusion sets forth the present status of diphtheria immunization. It is important that physicians and health officers should be familiar with the conclusions reached, which are here

with set forth:

Experience and an examination of the recent literature seem to justify the following conclusions:

1. All children excepting those showing decided allergic tendencies should be given the benefit of active immunization against diphtheria during the pre-school age (6 months to 6 years) without a preliminary Shick test.

2. The best means of accomplishing this is by the administration of not less than two or not more than three 1-cc. doses of diphtheria toxoid (Ramon anatoxin) at intervals of three weeks.

3. Children of the school age and adults show more local and general reactions to the bacterial protein of toxoid, so that an intradermal test for sensitiveness should be performed before administering the immunizing injections. If evidence of sensitiveness appears within three days after the intradermal test, the doses of toxoid should be altered and given as follows: 0.1, 0.25, 0.5, and 1-cc. of diphtheria toxoid at intervals of one week, instead of three weeks.

4. The great susceptibility of the pre-school child justifies the elimination of the preliminary Shick test, but it is desirable to perform a preliminary test on older children, especially in urban communities where the opportunity is favorable for acquiring active immunity from exposure to attenuated infections.

5. Rural children show a greater susceptibility to diphtheria, as indicated by more Schick positives, than city children.

6. It is believed that toxoid will soon replace toxin-antitoxin as an immunizing agent. Toxoid is from 20 to 30 per cent more effective, even in only two doses, it contains no serum to sensitize to later therapeutic sera, it contains no free toxin, it is more stable, and is not affected by freezing.

7. Toxin-antitoxin should be protected against freezing, which is especially likely with modern electrical refrigeration.

8. In the newer conceptions of diphtheria immunization it is believed that many of the difficulties which occur in the developmental period of every new departure have been overcome. While the whole procedure of active immunization has been greatly simplified, it is still necessary to use a certain amount of discrimination, and the application of the methods should remain in the hands of physicians, and should not be entrusted to their subordinates. Moreover, it behooves the physician to put forth every effort to inform himself concerning the latest developments, possibilities and limitations of active immunization against diphtheria.

FIFTY THOUSAND SCHOOL CHILDREN EXAMINED

Six school nurses, employed by the State Board of Health, who have been executing the provisions of the State law on physical inspection of school children for the past several years in the period from October 5 to April 30, worked in twenty-six counties and examined a total of 52,412 children. We feel that it would be of some interest to a large number of people, especially parents and teachers, to have a summary of some of the more important findings of these nurses. To begin with, of the 52,412 children examined 41,225 were found to have some deficiency or defect apparent to the nurse. Following is a tabulation of the more important findings:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Cases</th>
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<tbody>
<tr>
<td>Throat troubles</td>
<td>21,729</td>
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<tr>
<td>Decayed teeth</td>
<td>20,044</td>
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<tr>
<td>Nutritional disorders</td>
<td>8,273</td>
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<tr>
<td>Visual defects</td>
<td>5,323</td>
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<tr>
<td>Defective hearing</td>
<td>793</td>
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Denmark's Public Health

The Monroe Enquirer quotes T. H. Johnson, writing in the Banner-Herald of Athens, Ga., in a summary of a report made by an American health official, after a visit to Denmark.

Denmark is not quite half as large as North Carolina and has about 300,000 more people. Some of the interesting points mentioned by Mr. Johnson:

"The birth rate is nearly twice the death rate.
"Typhoid fever has declined almost to the vanishing point, there having been less than one death per 100,000 inhabitants for each of the last five years.
"The tuberculosis death rate is declining and is now the lowest of any country in Europe.
"The country employs 73 district medical officers.

"Quackery has been forbidden in Denmark since 1672; there are practically no unqualified physicians in the country.
"Health service is furnished the country by 2,000 physicians, 600 dentists, 5,500 graduate nurses, and 1,100 midwives.
"The city of Copenhagen spends four million dollars a year on its hospitals.
"The hospitals of Denmark have 14,000 beds.
"Practically all typhoid cases and 90 per cent of diphtheria cases are treated in hospitals.
"The death rate from diphtheria is only a quarter of the rate in this country.
"Smallpox vaccination has been compulsory for 118 years.
"Denmark has 1,000 tuberculosis hospital beds."
Because of an outbreak of meningococcus meningitis among the prisoners in the crowded quarters known as Camp 8, an inspection of these premises was made by the executive committee of the State Board of Health on May 27. The committee found that overcrowding in the sleeping quarters was conducive to the spread of the infection, and ordered the immediate evacuation of the buildings. Since no other quarters were available, tents were procured from Washington, D.C., and Rocky Mount, N.C., and erected within the stockade of the central prison.

The sanitary facilities of the Tent Colony are satisfactory in that each tent is supplied with a water service and a fly-tight pit privy. The water is supplied through a ¾-inch pipe from the main prison supply.

The order for the evacuation of Camp 8 was carried out within one week of the time the recommendation was made. It should be a source of gratification to the people of North Carolina that the forces of the various State agencies can be so quickly mobilized to meet an emergency of this kind. The change of quarters involved 288 men.
MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH

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<tr>
<td>CARL V. REYNOLDS, M.D.</td>
<td>Asheville</td>
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<td>G. G. DIXON, M.D.</td>
<td>Ayden</td>
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<td>L. B. EVANS, M.D.</td>
<td>Windsor</td>
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<td>S. D. CHAIG, M.D.</td>
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<td>H. LEE LARGE, M.D.</td>
<td>Rocky Mount</td>
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<td>J. N. JOHNSON, D.D.S.</td>
<td>Goldsboro</td>
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<td>H. G. RAYTY, Ph.D.</td>
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<td>J. A. GOODE, Ph.B.</td>
<td>Asheville</td>
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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

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<th>Subject</th>
<th>FREE HEALTH LITERATURE</th>
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<td>Diphtheria</td>
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<td>Files</td>
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<td>Water Supplies</td>
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<td>Whooping Cough</td>
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SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

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<th>Subject</th>
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<td>&quot;Our Babies&quot;</td>
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<td>Prenatal Letters (series of nine monthly letters)</td>
<td>Prenatal Letters (series of nine monthly letters)</td>
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<td>Minimum Standards of Prenatal Care</td>
<td>Minimum Standards of Prenatal Care</td>
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<td>What Builds Babies?</td>
<td>What Builds Babies?</td>
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<td>Breast Feeding</td>
<td>Breast Feeding</td>
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<td>Sunlight for Babies</td>
<td>Sunlight for Babies</td>
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<tr>
<td>Hints to North Carolina Mothers Who Want Better Babies</td>
<td>Hints to North Carolina Mothers Who Want Better Babies</td>
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<tr>
<td>Table of Heights and Weights</td>
<td>Table of Heights and Weights</td>
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Shall Public Health Work in North Carolina Be Sacrificed to False Economy?

If history teaches anything, it is this, that when the masses of the people become thoroughly aroused and excited on any one issue, consideration of that particular issue is given attention to the exclusion of almost every other problem. At this time the keynote of every political speech, the chief plank in every political platform, is economy—reduction of the cost of government, elimination of bureaus and commissions and jobs, reductions of appropriations for every cause, regardless of merit or demerit. At such times work which has taken a generation to build up in the interest of the public is often destroyed overnight. When large bodies of people are aroused en masse, they generally lose the power to think and reason in a cool and deliberate manner.

Public health work in North Carolina must and should stand on its merits alone. The structure of public health work in this State has been a long time in building. For more than fifty years a number of devoted men and women have given the best years of their life and the most consecrated service to this cause.

A famous English statesman said several years ago that the protection of the public health is the most important duty of any government. To cripple the affairs of public health work in North Carolina, now in its infancy, would be equivalent to taking up all our hard-surface roads and going back to the days of the horse and buggy, the oxcarts, and the mudholes of twenty-five years ago. It would mean to go back to typhoid fever on every city block during every summer, to unnumbered infant graves throughout the year, and to place the State at the mercy of epidemics of smallpox, yellow fever, dysentery, and other rapidly fatal diseases, as in the years gone by. We do not believe that the thoughtful people of North Carolina will consent for any such devastating process to take place.

In a recent widely quoted statement Dr. James M. Parrott used the following language:

"Only the thoughtless would hinder and hamper public health work. If it collapses many of our industries will be fatally injured, our economic structure seriously hampered, and the living conditions of our people would become quickly intolerable. We spend six times as much for funerals and tombstones each year as we appropriate for our public health service. The man who strikes public health in North Carolina drives a dagger into the very vitals of our beloved State. The man that is a traitor now to the physical well-being of North Carolinians would turn this State over to an enemy that never has yet been conquered. It is absolutely impossible for us to build a Grade A commonwealth out of Grade C citizens."

"There is that scattereth, and yet increaseth; and there is that withholdeth more than is meet, but it tendeth to poverty."
North Carolina State Board of Health
Radio Talk

Subject: Interview on Immunization.
Author: DR. JOHN H. HAMILTON, Director, Division of County Health Work.
Broadcast Station: WPTF.

ANNOUNCER: Doctor, for several weeks there have been news items about the immunization campaign which the State Board of Health is conducting. Won't you tell us something about this campaign?

DR. HAMILTON: There is nothing particularly new about our immunization campaign. For years the State Board of Health has been endeavoring to control communicable diseases by every scientific means available. Ever since their beginning, our whole-time county health departments, as a part of their numerous duties, have been urging people to protect themselves from some diseases by vaccination. In counties without a health department the State Board of Health has tried to organize immunization campaigns conducted by the doctors of the county. Up until a few months ago these doctors have been paid small fees by the county commissioners. At present the State Board of Health can reimburse the counties for one-half the amount paid to the physicians. Since 1926 the parent-teacher associations of the State have been conducting round-up campaigns for pre-school children. A part of their program has been protection by immunization of these boys and girls who are to enter school for the first time. At present the State Board of Health is endeavoring to encourage all of these activities and, in addition, is trying by a general program of dissemination of information to give all of our people a better idea of the importance of protection against certain diseases by vaccination or immunization.

ANNOUNCER: Is the value of vaccination appreciated by many people?

DR. HAMILTON: It is appreciated by practically all doctors. Many of the most prominent physicians in the State have urged the Board of Health to put more emphasis on this phase of disease prevention. Hundreds of thousands of the people of the State keep themselves protected from all diseases for which we have satisfactory vaccines.

ANNOUNCER: Just what diseases can be prevented by vaccines?

DR. HAMILTON: Of those diseases which are peculiar to man and which are more or less prevalent in the State, we have reliable protection available by vaccination for smallpox, typhoid fever, and diphtheria.

ANNOUNCER: But, Doctor, we do not have much smallpox. Do you think it is advisable to be vaccinated against this disease?

DR. HAMILTON: It is true that we have had very few cases of smallpox for the very good reason that a large percentage of our people are immune to the disease because they have been vaccinated. Smallpox was once so common that everyone expected to get it at some time during their lives. In fact, at one time it was more common than measles is today. Since everyone expected to have the disease, some people would have themselves inoculated so they could have it at a convenient time. No one who had not had smallpox would contemplate a long trip until after he had been inoculated with smallpox and had recovered from the disease. When inoculated with smallpox, a person would probably be just as sick as if he had caught it in the usual way. However, he would be sick at home and would have his own nurses and doctors. In spite of his danger and the distress which he suffered, he was better off than if he waited until he contracted the disease in the natural way. Smallpox vaccine causes so slight a reaction when compared with
the disease itself that no one who is well informed would hesitate about choosing the vaccine instead of the disease. The attitude of the State Board of Health in regard to smallpox is classical. It is regarded as a disease of selection. A person can have it or not, depending entirely upon whether he chooses to be vaccinated or have smallpox. There is no need for anyone to have smallpox. A successful vaccination will protect for about seven years. A second vaccination will probably protect for life. The discomfort of vaccination is so slight that no one need fear it. The few sore arms which we do have from smallpox vaccination are generally caused by covering the vaccination with a shield or with an ointment which keeps the air away, or by infecting the vaccination in scratching it with dirty fingernails. If any considerable proportion of our people are unprotected from this disease, we may expect to have epidemics of smallpox.

ANNOUNCER: Should all people be given typhoid vaccine?

DR. HAMILTON: We feel that all people who are more than two and a half years of age should have this protection from typhoid fever. We feel that now it is more important that they be vaccinated than it has been for several years. We have had almost three times as much typhoid reported this year as was reported for the same period last year. We had more typhoid in 1931 than we had in 1930. This condition is not peculiar to North Carolina, for a study just released by the American Medical Association shows that five of nine cities in the South with a population of more than 100,000 showed an increase in their typhoid fever rate in 1931. It would seem that typhoid is staging a comeback.

ANNOUNCER: How many doses of typhoid vaccine should a person have?

DR. HAMILTON: A complete immunizing treatment ordinarily consists of three injections of the vaccine at intervals of one week. Most authorities agree that this treatment is sufficient to give reasonably adequate protection for a period of time.

ANNOUNCER: How long a period of time will this course of treatment give what you call reasonably adequate protection?

DR. HAMILTON: The Medical Corps of the United States Army has studied this problem and has decided that the vaccine should be administered every three years. The protection begins to decrease shortly after the treatment is finished. At the end of three years it has been diminished to a point where protection is uncertain. We therefore recommend and even urge that every person have three injections of typhoid vaccine administered every three years.

ANNOUNCER: Is typhoid vaccine all the protection which a person needs from typhoid fever?

DR. HAMILTON: Although typhoid vaccine will protect against ordinary hazards of infection, it cannot protect against unusually large or overwhelming doses of infectious material. Vaccination is not a substitute for cleanliness, sanitation of water supplies, or the safeguards which we recommend for our milk supplies and other foods. Vaccine is a valuable protection, but not a cure-all.

ANNOUNCER: What is the attitude of the State Board of Health in regard to diphtheria?

DR. HAMILTON: We are deeply of the conviction that every child should be protected from the disease by diphtheria toxoid when the child is six months old. If it is not given protection then, it is most important that it be given protection as soon after it is six months old as is possible. More than 85 per cent of our deaths from diphtheria occur in children under five years of age. Diphtheria is a treacherous disease. It kills children by strangling them or choking them to death. It spreads quickly from child to child. It kills about 250 children in North Carolina every year. Not less than three thousand children of this State will have the disease within the next year unless we do more to control it than we have done in the
THE HEALTH BULLETIN

Past. Many of those who do not die of the disease are crippled for a time by paralysis and may have weak hearts and kidneys the rest of their lives.

ANNOUNCER: Can these lives be saved?

DR. HAMILTON: It is possible to save 250 lives and 3,000 cases of sickness with its resulting pain, possible crippling, and injuries to the heart and kidneys. There need not be a single case of diphtheria in North Carolina. We know enough about this disease to prevent it absolutely. Diphtheria toxoid or toxin-antitoxin will save these children if it is given an opportunity. We have barrels of this material in our laboratories, but we still have deaths from diphtheria. It is only when it is properly administered to the children of the State that we may expect to save lives. There is no guesswork about our diphtheria control methods. Toxin-antitoxin and toxoid are safe and effective. Hundreds of thousands of children throughout the civilized world have been protected by these substances.

ANNOUNCER: Is this method of protection complicated or difficult?

DR. HAMILTON: The method of giving toxoid is simple and harmless. Its effects upon the young child are hardly noticeable. He goes about his play as usual after the treatment. The doctor ordinarily gives the child only two doses of toxoid. The degree of protection given by the treatment can be determined by a simple test.

ANNOUNCER: Why, then, do people not protect their children?

DR. HAMILTON: Some parents hesitate to have their babies given the treatment for fear that they are too young. Some parents seem to feel that the time to give immunizing treatments is just before the child starts to school. Children should be protected when they are six months old. They need the protection at that age. If they receive their diphtheria toxoid then, they will be protected throughout the period in which they would ordinarily be subjected to the greatest danger. I would repeat that the child needs protection when it is six months old. If a child has not been immunized at the age of six months, the sooner it is given protection the better. If we are to save lives from diphtheria we must protect the children between six months and six years of age.

DEATHS DUE TO ALCOHOL

The alleged rise in the death rate from alcohol since Prohibition has been attributed to various causes, the most commonly accepted being that it is due to the greater toxicity of the alcoholic liquors now so generally used throughout the country. "If this is the case," says Doctor Bigelow, Commissioner of Public Health for Massachusetts, "we would expect that our laboratory analyses of a number of thousand samples of liquor annually would show an increase in extraneous toxic substance since 1920. No such increase has been found." What is now killing the people who die of alcoholism, he says, is what killed them back in the days of the high alcoholic death rates of 1916 and 1917 and before, namely, ordinary alcohol, "grain" alcohol, or "good pure" alcohol.

The increase in the death rate Doctor Bigelow accounts for by the fact that in a certain group of the population the drinking habits have materially altered. With the illegality and the uncertainty of the supply, there has been a tendency to "drink it while you've got it," so that a given quantity may more frequently be consumed in a shorter period of time, thus increasing the practice of having bootlegged liquor analyzed. There may be a certain tendency to feel that when nothing more toxic than ordinary alcohol is found, the product can be consumed with impunity. Alcohol is, has been, and always will be a poison which cannot be tolerated by the body in excess, and the vast majority of cases of "alcoholic deaths" in Massachusetts are, in Doctor Bigelow's opinion, apparently due to excessive use of "good pure alcohol."—Good Health.
Residential Sewage Disposal Plants

How to Build and Maintain Them

EVERY private home not accessible to a sewer line should have running water and a residential sewage disposal plant or septic tank similar to that illustrated on the next page. Such plants are easy to build. They are inexpensive, they are out of sight, they cause no odor, and they last indefinitely with comparatively little maintenance or attention.

Operation

The septic tank affords the first or preparatory treatment of the sewage. In sandy or medium soils the partially treated sewage flows from the septic tank into tile laid in gravel, cinders, or broken stone called the “nitrification bed.” In clay soils the sewage from the septic tank flows into a “filter trench.” The proper quantities of 4-inch drain tile and filter trench to use in different soils and for various numbers of users is indicated in the Table of Dimensions and Quantities.

The septic tank retains most of the solids and suspended matter and allows only the liquid part of the sewage to flow out into the nitrification bed or filter trench for oxidation, nitrification, and absorption.

It is estimated that approximately one-half of the solids which settle in these residential tanks is converted into liquids and gases. The remainder of the original solids is changed by biological and chemical action into a black sludge. This sludge should be cleaned out periodically if its volume becomes large enough to interfere with the proper operation of the tank.

Location

The location of residential sewage disposal plants is important. They should be so placed that all parts of the disposal system are down grade or below the well or spring, and under no condition closer than 50 feet from such well or spring. At many residences, in order to protect the water supply it is advisable to convey the sewage in water-tight cast-iron soil pipe with caulked leaded joints, especially if it is necessary to locate the lines closer than 50 feet from any well or spring.

Under ordinary conditions the septic tank may be installed as close as 20 feet from the house, with the top of the tank a few inches below the surface of the ground, so that it can be readily found and the cover section removed for inspection of the tank. Of course, it is desirable to locate the tank so that the soil on top of it can be removed with the least disturbance to the lawn or shrubbery. If there are shrubs or trees nearby, the roots are very likely to stop up the sewer line from the house to the tank, unless this sewer line is made of cast-iron pipe and caulked with lead similar to that used in house plumbing. Similarly, the tile nitrification bed or the filter trench should be so located that there will be no danger of it becoming clogged from roots of trees, shrubs, and weeds.

Construction Helps

The sand used for construction should be clean, sharp, and free from mud, leaves, or partially decomposed vegetable matter. In many places by excavating to the exact outside dimensions the earth embankment can be utilized as the outside form for the concrete tank.

Ordinarily 1:2:4 concrete is recommended; that is, one bag (one cubic foot) of cement, two cubic feet of sand, and four cubic feet of gravel or broken stone are used per batch of concrete. Mix the concrete thoroughly in a mixer or by turning it at least six to ten times in a mixing box with barely enough water to make a workable mix. Water weakens concrete, and therefore no more water should be used in a concrete mix than is absolutely necessary.

About two to five hours after the concrete bottom of the tank has been poured the inside forms may be placed...
and the walls poured. Care should be taken to see that no dirt is dropped on the bottom so that the walls in being poured will form a perfect bond with the bottom. Tamp and spade the concrete as it is placed. The forms may be removed in from twenty-four to forty-eight hours, depending upon the temperature.

It is important that the distribution tile in the nitrification bed have a uniform flat grade without any "humps" or low places. A simple, convenient method of laying the distribution tile is illustrated on the drawing. It consists in setting grade boards carefully to grade and placing the cinders, gravel, or stone level with the top edge of these boards. The 4-inch tile is then laid on the top edge of these boards. Asphalt roofing or tar paper is placed over the joints to protect against clogging.

The construction of the filter trench is clearly shown in the cross section. The bottom 4-inch drain tile in the filter trench should have its joints loosely wrapped with strips of asphalt roofing to exclude sand. This lower tile should also be laid carefully to a grade similar to that for the nitrification bed, and about 2 feet 4 inches below the grade of the upper 4-inch tile which leads from the septic tank. After the clean, coarse sand is laid in the filter trench to proper grade, the tile from the septic tank is laid on top of the sand and held in place by coarse cinders, gravel, or broken stone and a 3-foot strip of ordinary asphalt roofing laid over the top of the tile and stone to keep the earth from flowing in and stopping up the open spaces in the stone and sand. This is important.

In laying out either a nitrification bed or a filter trench, extreme care should be used to insure proper grade and to avoid "humps" and hollows in the line. To this end it is strongly urged that an engineer's or architect's level be used, rather than a carpenter's level, as the latter is often inaccurate.

The bill of lumber shown on the plan is ordinarily sufficient for the forms and mixing box, or a platform for casting the top slabs, after which the salvaged lumber may be reused for grade boards.

It is immaterial whether the filter trench or the nitrification bed is laid out straight or curved, just so the required length for the proper number of users and particular type of soil is carefully laid to grade. These tile should be so laid that they will not be broken or disturbed by plowing or hauling across them, and at a depth not less than 6 inches nor greater than 24 inches. A lawn is an excellent place for such a bed. There the tile may be laid 6 inches below the surface, while in a field or garden it is better to use 10 to 12 inches of cover. Oxidation is much better near the surface. At the end of the distribution tile a pit 3 feet across and 3 feet deep filled to the surface with cinders aerates the bed and provides additional storage and absorption capacity. With the filter trench in clay soils, the upper 4-inch tile receives the sewage from the tank and the lower tile delivers the treated sewage to some stream, ravine, or other low outlet.

Roof drains should never be connected to the sewage disposal plant.

These disposal plants should work satisfactorily for many years. They should always be built according to the dimensions shown, and where there is any question as to the number of users, the next larger size should be constructed, as the additional cost necessary will be negligible.

**Maintenance**

Like other equipment, such as a heating plant, periodic attention and maintenance is necessary. It is advised that the tank be inspected and the amount of sludge determined two years after installation, and each year thereafter. When the tank becomes too full of sludge and scum, it can be removed and buried. A little sludge should always be left in the tank to keep it working.

Care should be taken not to allow an undue amount of lye or disinfect-
ants to be discharged into the sewage, as such materials interfere with the bacterial action and defeat the purpose of the tank.

If any special difficulties are encountered, or unusual conditions or problems are found, the State Board of Health will be glad to assist by correspondence, or, where practicable, an inspector or engineer may be able to call and offer advice and assistance.

Smallpox Still a Dangerous Disease

Vaccination Against Smallpox, Diphtheria, and Typhoid Certain, Safe, Cheap

By Jas. M. Northington, M.D., Charlotte
Editor, Southern Medicine and Surgery

HERE the term vaccination will be used as meaning inoculation for the prevention of (1) smallpox, (2) diphtheria, and (3) typhoid fever.

Offhand one would say that within a few years after the discovery of a method which is (1) certain, (2) safe, and (3) cheap of preventing a disease which is (1) dangerous, (2) expensive, and (3) upsetting to the household, this disease would have vanished from civilized countries. But to make such an assumption would be to ignore the lessons of history and to leave out of account the almost universal tendency to put off till tomorrow what we know should be done today.

What was the situation as to smallpox prior to the introduction of vaccination? It was no uncommon thing for smallpox to enter a village and slay half the inhabitants. In 1717, Lady Mary Wortley Montague, wife of the at that time British ambassador in Constantinople, wrote her famous letter to Miss Mary Chiswell, in which she said: "The smallpox, so fatal and so general [italics mine] amongst us [the English] is here entirely harmless by the invention of engrafting."

In 1764, Dr. Edward Holyoke of Salem, Mass., after making his will, went to his friend, Dr. Perkins, at Boston, to be inoculated with smallpox. He was kept in quarantine for twenty-nine days; then went home and, as a self-appointed health officer, inoculated two hundred of his people, "of whom only two died, whereas two out of three were dying from the scourge taken in the ordinary way." Remember that, although this was inoculation with true smallpox, and the disease produced in this way was as communicable as though taken in the ordinary way, it was so great a measure of relief as to be looked upon as a godsend.

A third of a century later, prevention of smallpox by inoculation with cowpox was introduced. More than one hundred and thirty years ago Edward Jenner, a family doctor in an English village, proved to the medical profession of the world that smallpox could be (1) certainly, (2) safely, and (3) cheaply prevented; and soon afterward this information was in the hands of practically all the people of Europe and America.

It is doubtful if any discovery in medicine has so promptly been accorded so joyful a reception. Even with the crude methods of preparation and preservation of the virus then available, the deaths from smallpox in London were reduced one-half in the first ten-year period and three-fourths in the next—and this was a saving of some 40,000 lives in that city alone!

In the 1850's, Col. Wm. R. Myers, of Charlotte, wrote his wife—who with the children had been sent from home because of a smallpox epidemic—"The village is wellnigh dispopulated."

Manila is a city of 250,000. As a direct result of rigidly enforced vaccination, for seven years prior to 1918 this city had not one death from
smallpox. During this time a sense of independence of this measure of prevention developed, little attention was paid to vaccination, and in 1918 there were 700 deaths in Manila from smallpox!

The history of vaccination against smallpox has been gone into because the present rarity of the disease and the mildness of some outbreaks have, together, caused many to regard smallpox with indifference. Let me call it to your minds that, within the past ten years, there was a considerable epidemic in Montreal in which one-third of those who had the disease died!

Infants should be vaccinated against smallpox by the time they are two months old, certainly by the time they are six months old. Not one in ten is the least inconvenienced by the procedure, and the tenth has only a slightly sore arm. Delay is dangerous. I know well a lady who, as a babe in arms, contracted smallpox while being taken to a doctor to be vaccinated. She nearly lost her life; the home was a quarantined hospital for six weeks; and she is terribly pock-marked for life—all because her parents waited till smallpox appeared in the town to have her vaccinated. Revaccination should be done at six years, at sixteen years, and thereafter whenever the disease appears in the community.

There is no need to show that diphtheria and typhoid fever are serious diseases. Everyone more than ten years old knows that they still kill many of those they attack, and that everyone can and should be protected against both diseases.

At the age of six months every healthy baby should be protected against diphtheria by injecting toxoid. At twelve months the Schick test should be made to learn whether the baby is or is not liable to take diphtheria. If it shows that the baby will not take diphtheria, you may rest assured that reasonable protection against diphtheria has been established for life. If the test shows the baby to be still liable to take diphtheria, toxoid should be injected, this testing and injecting being repeated each six months until the test shows that the child is immune to the disease.

Healthy infants should be inoculated against typhoid at the age of two years and the inoculation repeated every three years. Following inoculation very few have any symptoms of consequence; and even if there is some fever and headache for a few hours, what are they as compared with an acute illness of from three weeks to three months, which may kill, and from which survivors may not fully recover for years, or for life? On this subject the writer can testify at first hand, he having been kept exactly one hundred days in a hospital and been six months disabled by the disease.

Do these disease-preventive measures carry any risk? Certainly. The only thing we can possibly do in which there is no risk is to die. The only absolutely safe place is the grave. But the risk of having your child or yourself prevented from having smallpox, diphtheria, and typhoid fever is not as great as taking him on a fifty-mile automobile trip on a Sunday afternoon.

Why not accept these great boons for yourself and for those for whom you are responsible?

1. These measures are certain.
2. They are safe.
3. They are cheap.
4. They are life-saving.

It's good to have money and the things that money can buy; but it's good, too, to check up once in a while and make sure you haven't lost the things that money can't buy.—George Horace Lorimer.

Her face was lifted only twice, her skin bleached once, her hair dyed thrice; reducing by a new device, she cut her figure to a slice, and now she's resting—in Paradise.—Exchange.

Mule in a barnyard, lazy and sick. Boy with a pin on the end of a stick. Boy jabbed the mule; mule gave a lurch—(services Monday at the M. E. Church).—Bowling Green Exponent.
A Mother's Prayer For Her Baby

By MRS. SUDIE PYATT MILLER

GOD, help me to love my dear little one aright, showing her all of the eager, warm love of a mother's heart, yet not spoiling her with undue indulgences or attentions that might make it difficult for her to adjust herself to conditions as she will find them outside in the big world when she takes her place among the people in whatever communities she may reside.

May I be given the ability to care for her physical body in such a manner as to insure the best normal, healthy development of her body in childhood, and prepare it for the highest type of physical womanhood.

Let me move promptly to give her all of the protection of modern medical science: toxin-antitoxin for diphtheria; vaccination for smallpox; immunization for typhoid fever; physical examinations to detect any possibility of disease such as tuberculosis; operations for removal of tonsils and adenoids, if necessary; dental care; protection of vision; and to surround her with cleanliness and give her the daily hygienic care that will insure her development into happy, healthy girlhood.

Give me patience and wisdom to deal with baby tantrums and fears in such a manner that will insure for my little one a sane, healthy, happy mental development that will give her the mental stability and freedom from emotional excesses, inhibitions, and complexes, and general happiness of disposition that will make life a joy for her, and make her a joy to all of those who come in contact with her.

Let me begin in these early years to instill in her those principles of spiritual growth that will give her a sense of security and happiness in future years—the ideal of a God Father, and His Son, who loves and protects His children.

From my income let me prepare now for her higher education in college or university, and begin training her now for the place that I wish her to hold in the communities in which we may reside.

Through her developing years do not let me insist upon her taking up the study or being trained for anything for which she is manifestly unfitted.

Help me to teach her to be a good housekeeper, and train her for wifehood and motherhood, which, despite all of the modern professions and businesses into which women have entered, is still woman's highest profession.

At the same time let me fit her as fully as my means may allow for making her own livelihood in some business or profession for which she seems fitted, should she choose not to marry, or, marrying, find it necessary for her to assume the responsibility of support for herself.

Steer me clear of fads and isms in food, clothing, or the management of the mental and spiritual development of my child, that might tend to make her unhappy in future years, or isolate her from the group because of undue peculiarities of action or thought.

Give me courage to put into practice in the rearing of my child those principles of child rearing that I feel are inherently right, despite the criticism or disapproval of well-meaning relatives and friends.

Keep my little one well and happy, and grant that I may live to see my little one grown to happy, healthy womanhood.

Every year during the months from May to September inclusive there is an increase in the number of deaths among babies under two years of age, from the bowel diseases. If every baby could be assured of safe drinking water, pure milk, and be free from flies and kept properly clothed at this time of year many little lives would be saved annually.
DURING the month of June several of the permanently employed experienced nurses of the State Board of Health were engaged in some intensive work with the midwives in several counties along with their pre-school clinic work and the follow-up work of their school inspection service the past winter. One of these nurses sends in the following penetrating comment concerning the midwives in a county in which she worked. The county, by the way, has never had a whole-time health service, although, as counties are rated in wealth, it is amply able to have one. We will let her tell her story in her own language as embodied in her narrative report for one week's work:

"I have done some work for the Vital Statistics Bureau along with other things—and such revelations and conditions as I find! I knew the midwife problem was a hard one, but I had no idea that such conditions existed as I find them. Some of them are nothing short of impossible. Some of these old women have been practicing twenty years without a permit of any kind. Not one of them has had a word of instruction, not a blessed piece of equipment, not even a pair of scissors, not one particle of disinfectant of any kind. They say they are afraid of it, for each one I have seen admits freely that she makes digital vaginal examinations in each and every case as often as she thinks best, etc.

It makes me shudder to hear them talk. One said she does not use eye drops, but has boric acid instead. She said a physician told her it is just as good, and she has seen him use it repeatedly."

Right here the editor would like to emphasize the fact that any physician or midwife in the State of North Carolina who fails to use the silver nitrate drops in a new-born baby's eyes within the first few minutes after its birth is violating one of the most rigid of State laws. Should a baby being neglected in this respect later become blind as a result of gonorrheal ophthalmia, such a physician would be liable to damages of the heaviest kind, as well as a criminal prosecution. The same thing applies to a midwife. This is one law that cannot and should not be violated without the guilty practitioner, be it physician or midwife, assuming a very grave responsibility.

Hear the nurse further:

"I have talked and read and read and talked until my throat is almost paralyzed. After all, have we come so far with our education and progress?"

In order to give the lighter side of a nurse's work, the county nurse of Person County sends in the following comment, which she says indicates how much some of the people in that county credit her with knowing:

"A man walked into my office recently and asked me if I would go to see his sister. I asked him the trouble, and he said: 'I'd rather for you to go and see for yourself. I'm afraid if I tell you the trouble you won't go.' I then told him I would not go unless he told me something of conditions. He hesitated, and then said: 'Well, you see, it's like this: she don't get along with her husband and last night he beat her so bad she's got whelps on her back as big as your hand. She said since you were so well known over the county she wished you would come down and see her back, then when it came to court you could get up and tell them how awful it was.' Of course I explained to him that I could not go, and that he'd better call his family doctor."

"A certain farmwoman stopped me on the street to know where she could buy a milk cow. I told her I did not know, and she said: 'Well, that's queer, as much as you ride over the country, and don't even know who has cows!' I told her the fertilizer plant had taken in two cows on a debt and she might go out there to see about them, and so we parted. A couple of days later she came in the office and in a rather big voice said: 'You're the biggest time-
waster I ever saw. Sent me all the way out to the plant to see about a cow, and both of them were sold. Now, if you were what you ought to be you’d tell me where to get a cow, because anybody that rides as much as you do ought to know something.”

Summer Camps

The summer camps of North Carolina are among the finest in the United States. Those people who have had the good fortune to be able to spend a vacation in them always look forward with pleasure to repeating the experience even as “Andy Gump” goes yearly to “Shady Rest.”

From a public health standpoint there is “only one fly in the ointment,” and that is, all summer camps in the State are not “approved.” The sanitary conditions at many are such that they present a real menace to good health. Unfortunately, no provision is made whereby the State Board of Health can give the camps comparative percentage ratings as they do in the case of hotels and cafés. A summer camp is merely “approved” or it is not approved. Before a camp is placed on the “approved” list it must be visited by a representative of the State Board of Health and all the sanitary conditions found to meet certain definite minimum requirements. Special attention is paid to the water supply to see that it is safe and adequate, to the milk supply to see that it is Grade A milk, and to the methods of sewage disposal. All surroundings must be clean and sanitary and every precaution is taken to safeguard the health of those visiting the camps.

The State Board of Health desires to urge strongly upon everyone contemplating a vacation for themselves or their children in any of the summer camps throughout the State to be sure their particular camp is on the approved list before spending a vacation there. This precaution will not only safeguard their own health, but it will also help to further the progress of public health work generally. Do not be led astray by beautiful letterheads and flowery folders. It is much more important to know that you are visiting a camp that is excellent from a sanitary standpoint than it is to be able to write back to relatives and friends on the finest engraved stationery in the world, even though the camp furnishes the stationery.

In the interest of public health, the State Board of Health prints herewith a list of the North Carolina summer camps for boys and girls which have been approved up to June 1, 1932. Others will be added from time to time as they are found to meet the sanitary requirements. If the camp of your choice is not listed herewith, the State Board of Health will be pleased to advise you concerning it if you will write them at any time requesting the information.

GIRLS’ CAMPS APPROVED

Camp Happiness, Hendersonville.
Mrs. Isabel J. Foster, director; Nell Foster, director, Hendersonville.
Camp Beech Haven, Banner Elk.
Mrs. J. G. McCoy, director, Banner Elk (summer), Murfreesboro, Tenn. (winter).
Lake Lure Camp, Inc., Lake Lure.
Miss Mary Barrow Giesen, director, Lake Lure (summer), 1949 Union Ave., Memphis, Tenn. (winter).
Eagle’s Nest Camp, Brevard.
Mr. and Mrs. Henry N. Carrier, Brevard.
Camp Dellwood, Dellwood.
Mr. Geo. M. Swift, manager, 81 North Liberty St., Asheville.
Camp Junaluska for Girls, Lake Junaluska.
Miss Ethel J. McCoy, director, Virginia Intermont College, Bristol, Va.
Rockbrook Camp, Brevard.
Mr. and Mrs. Henry N. Carrier, Brevard.
Camp Ilahee, Brevard.
Mr. and Mrs. Hinton McLeod, directors, Brevard.

Keystone Camp, Brevard.
Miss Fannie Holt, director, 1816 Avondale Circle, Jacksonville, Fla.

Camp Yonahlossee, Blowing Rock.
Dr. and Mrs. A. P. Kephart, directors, Greensboro.

Camp Montreat, Montreat.
Mr. and Mrs. S. L. Woodward, directors, Montreat.

Camp Brierbrook (for girls and small boys), Black Mountain.
Miss Edna Reinhardt, director, Black Mountain.

Chunn's Cove Camp, Asheville.
Mr. and Mrs. Edward S. Allis, owners, Asheville.

Skyland Camp, Clyde.
Mrs. Robert Harris, director, 2137 Herschel St., Jacksonville, Fla.

Silver Pines Camp, Roaring Gap.
Miss Priscilla Shaw, director, Roaring Gap.

Camp Sky-Hy, Hendersonville.

Mountain Cabin Camp, Tuxedo.
Miss Anna Mabel Stevens, director, Tuxedo.

Camp No-We-No-Ca, Linville.
Mrs. V. T. Bell, manager, Linville.

Camp Graystone, Tuxedo.
Rev. and Mrs. J. R. Sevier, directors, Hendersonville.

Camp As-You-Like-It for Girls, Little Switzerland.
Miss Marie Dwight, Little Switzerland.

Camp Cheonda for Girls, Lake Junaluska.
Miss Aileen Moon, director, Lake Junaluska.

Camp Elizabeth, Hendersonville.
Mr. and Mrs. A. G. Randolph, directors, Hendersonville.

Camp Connestee Cove, Brevard.
Mrs. R. D. Roof, director, Brevard.

Camp Merrie Woode on Lake Fairfield, Sapphire.
Mrs. Jonathan C. Day, 6004 Three Chopt Road, Richmond, Va.

BOYS' CAMPS APPROVED

Chimney Rock Camp for Boys, Chimney Rock.
Mr. Reese Combs, director, Chimney Rock.

Camp Mount Mitchell for Boys, Burnsville.
Mr. W. E. Tilson, director, Duke University, Durham.

Camp Pinnacle for Boys, Hendersonville.
Mr. H. R. Dobson, director, Hendersonville.

Camp Mondamin-Tawasentha for Boys, Tuxedo.
Mr. Frank Bell, director and owner, Hendersonville.

Camp Osceola, Hendersonville.
Rabbi Milton Ellis, Greensboro; Rabbi George Solomon, Savannah, Ga.

Camp Yonahnoka, Linville.
Mr. Chas. V. Tompkins, director, Episcopal High School, Alexandria, Va.

Camp Carolina, Inc., Brevard.
Mr. D. Meade Bernard, director, Brevard.

Camp Chickasaw, Brevard.
Dr. M. S. Bennett, director, Brevard.

The French Broad Camp, Brevard.
Major Henry E. Raines, director, Brevard.

Camp Transylvania, Brevard.
Mr. J. A. Miller, director, Brevard.

Camp Sequoyah, Asheville.
Mr. C. Walton Johnson, director, Asheville.

Camp Highland Lake, Hendersonville.
Mr. J. C. Woodward, College Park, Ga.

Camp Mishemokwa, Bear Wallow.
Mr. E. S. Johnson, Box 91, Washington, N. C. (After June 5th address, Bear Wallow, N. C.)

Black Bear Camp, Marion.
Mr. C. W. Phillips, manager, Greensboro High School, Greensboro.
The mother of this healthy Lenoir county baby writes that this photograph was made a few weeks ago, when the baby was seven months old.

Following are some of the reasons why the baby makes front page copy for THE HEALTH BULLETIN: His mother says, “I have been a constant reader of THE HEALTH BULLETIN for about five years, and availed myself of the prenatal and baby literature before my baby came. I do not see how I could have given him the proper care without it.

Acting on the advice of our physician, we have had our baby given the preventive treatment against diphtheria and we are going to have him vaccinated against smallpox within a few days. The baby has never been sick. Mornings when the weather permits, I put him in the sunshine for a sun bath. He is very strong, has six teeth, and so far teething has not even made him cross. He has always been good-natured and our physician joins with us in thinking he can't be beat. I wonder if his picture deserves a place in The Health Bulletin.”

It does, and is lucky enough to get it. There are thousands of other perfect “State Board of Health” babies just like this one throughout the rural sections of the State. This one and his priceless mother are representatives of all the others.
MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH

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Executive Staff

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

- Adenoids and Tonsils
- Cancer
- Constipation
- Chickenpox
- Diphtheria
- Don't Spit Placards
- Eyes
- Fleas
- Fly Placards
- German Measles
- Hookworm Disease
- Infantile Paralysis
- Influenza
- Malaria
- Measles
- Pernicious
- Residential Sewage
- Disposal Plants
- Sanitary Privies
- Scarlet Fever
- Smallpox
- Teeth
- Tuberculosis
- Tuberculosis Placards
- Typhoid Fever
- Typhoid Placards
- Venereal Diseases
- Water Supplies
- Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

- Prenatal Care (by Mrs. Max West)
- "Our Babies"
- Prenatal Letters (series of nine monthly letters)
- Minimum Standards of Prenatal Care
- What Builds Babies?
- Breast Feeding
- Sunlight for Babies
- Hints to North Carolina Mothers who Want Better Babies
- Table of Heights and Weights
- Baby's Daily Time Cards: Under 5 months; 5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
- Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.

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- What Milk Does For The Child
- Adolescence
- Remarks On Disease Prevention
- A Cure For Insomnia
- Famous Man Dies At Fifty-Six
- Read—Important
- Cancer, Its Cure and Prevention
- Interesting Comparisons In Vital Statistics Rates For Thirty States
Some Dangers To Health In Summer

In the latitude and climate of North Carolina, summer may be properly considered one of the most enjoyable seasons of the year. We have very few extremes of heat and very few disastrous storms, and with the abundance and variety of vegetables and fruit throughout the whole season, almost everything is conducive to health and comfort. Such diseases as pneumonia and influenza are rare, and, in fact, epidemic diseases of every character seldom present much of a public health problem in the summer months in this State.

There are, however, a few exceptions to the foregoing which are conducive to anything but health and happiness for the unfortunate families who meet with some of these exceptions. In the first place, while the general death rate drops, particularly for the adult population, deaths among infants under one year of age always increase. In the summer months flies breed without let or hindrance in practically every section of the State. As these lines are written a letter lies before us, coming from the largest city in the State, from a tenant who lives in a house that is not screened. The writer is bitter in his complaint that he is a tenant having a hard time to maintain his job, and having had his salary reduced without the rent coming down in proportion, is not financially able to screen the house. Therefore the flies are everywhere infecting the family's food, disturbing the sleep of the children, and altogether making life disagreeable. This writer insists that as the State has enacted a sanitary privy law compelling people who reside within three hundred yards of another resident to have a sanitary privy, the State ought also to have a compulsory screen law making the same provisions for the health and safety of the people.

This man's complaint is chiefly about house flies. The city in which he lives has done a great deal of mosquito eradication work, and the mosquito problem in that town now is a very small part of municipal worry. The letter might have been written from any one of a large number of tenants, and for that matter landlords themselves, throughout large sections of the State in which one of the chief menaces to health and comfort in the summer and fall months are mosquitoes. Fortunately only a very small proportion of the mosquitoes in the State transmit malaria, but enough of them do to make the problem serious for not a few people throughout the summer and fall.

Due to the fact that many people yet do not live in screened houses and do not have a safe water supply, many infants succumb before the end of their first year for a lack of these two protective measures. The summer months have already recorded an increase in deaths from such diseases as typhoid fever. This disease occurs as a result of infection conveyed through food or drinking water, and is one of the diseases which could be entirely eradicated if everybody would put into effect the elemental knowledge of home sanitation and would take the vaccination against typhoid fever.

Now that about twenty-five per cent of
the people of North Carolina are provided with a safe municipal drinking water supply and a large number of rural homes also provided themselves with a safe home supply of pure drinking water, the danger from that source is less than it ever was before. On the other hand, with the increased use of milk and raw vegetables, the conveyance of typhoid infection is made easier, and therefore people should be on their guard at all times. With so many people out of employment and traveling from town to town in search of work, it is only natural that the typhoid carriers should be more active and be among those who are seeking work in any locality where it may be obtained.

Milk is one of the most essential foods that any family could have, but every precaution should be taken to safeguard it from contamination with disease germs of all kinds. Milk makes a fine culture media in which bacteria grow and multiply very rapidly. For this reason the milk should not only be produced under scrupulous cleanliness, but should be handled as little as possible; and as soon as the milk is obtained from the cow, it should be kept from then on until consumed, in a cool temperature.

All vegetables and fruit which are eaten raw should be thoroughly washed in clean water in order that no risk may be taken in consuming such foods. With a little effort on everybody's part the summer season in North Carolina may be made the healthiest and happiest season of the year for everybody, including the infants and the aged.

DELIBERATE CARELESSNESS

One morning not long ago, while sitting at the office desk, engaged in daily routine, we chanced to look out at the window, just a few feet from the desk, in an area where children frequently play, and saw a working man going through some rather peculiar maneuvers. On investigation we found that he was waiting for something, and to while away the time picked up an ordinary empty soft drink bottle, and with a hammer was amusing himself in trying to see into just how many pieces he could break the bottle, beginning at the neck of the bottle and working down, piece by piece, the glass falling in all directions. Finishing his job, he tapped his hammer on the piece of fallen tree which he had used as a block. He then looked with satisfaction upon his labors and marched on away in search, probably, of something else to amuse himself with. It would be a conservative estimate to say that the bottle was broken into about one thousand pieces, the tiniest fragment of which, when imbedded in a child's naked foot, would be calculated to cause an indefinite amount of trouble as well as pain and suffering and danger to the child.

Years ago, while engaged in the practice of medicine, the writer of these lines recalls that not a week passed during the summer months but what he was called on to dress some child's foot which had been accidentally cut on a piece of glass, carelessly thrown aside by somebody. We recall definitely one pitiful case in which a child had jumped out of an apple tree in an orchard, striking her foot against a piece of broken bottle, inflicting a terrible wound. The child lived in an inaccessible neighborhood, many miles from a physician, the wound was neglected, and when we were consulted the foot and lower leg had to be immediately amputated, and a terrific fight ensued to save the child's life. Many other cases just as serious could be cited by any physician.

It is nothing short of criminal carelessness for any adult who is not a low grade moron to scatter pieces of broken glass in any kind of place where children are liable to congregate. If this fellow was just naturally compelled to break the bottle and to pick it to pieces, he ought to have had common decency enough to get somewhere around a garbage can or an open sewer, where the glass could have been disposed of in such a manner as not to cause danger to any child at some later period. It is a good place to repeat right here again that a large percentage of the trouble and suffering of the world is caused by thoughtlessness, indifference, and deliberate carelessness on the part of somebody.
Extracts From Letters To The Editor

Pellagra

In a letter from a correspondent in Union County, we extract the following statements:

"I am writing to you for a little information. In one block we have seven cases of pellagra. There are not more than thirty people living in the block. I have a little girl fifteen years old who has it. She has had it for three years, and it is as bad now as ever. What can cause the disease and what can we do about it?"

We quote this excerpt in order to emphasize again that pellagra is very common in North Carolina at present. While the deaths reported from pellagra are fewer than last year, reports indicating the presence of the disease in many sections of the State are rather discouraging.

The letter from this correspondent is typical of many we receive. In view of the scarcity of money and unemployment among so many of our industrial and tenant elements of the population, we are not surprised at the reported prevalence of the disease. The fact that the death rate is lower indicates that there is more general information as to how to cope with the disease among the people of all classes, that the agencies for relief are functioning with fair satisfaction. Not the least of the reasons for the lowering death rate is probably the fact that the physicians are becoming expert in treating the disease and preventing premature death.

Tuberculosis

From a rural section in Johnston County comes this letter, from an educated young woman:

"I am writing you about a case of tuberculosis in my neighborhood. In fact, it is only a few hundred yards from my home. The sanitary conditions in the home are deplorable and if there is anything that can possibly be done, I am asking you in the name of humanity to please do it.

"The welfare workers of this county are well informed about the case and I think they are doing everything they know to do. They are paying the family a sum of money each month to keep them up. The father of the family has been dead about two years. He was a victim of heart disease. He left a wife and twelve children, the children ranging in ages from two up to twenty-four. Three of the older girls are married and have children of their own. The mother is a victim of tuberculosis and from what I understand the disease is in the most dangerous stage.

"The house is not screened. It is small for the family. The stables and hog pens are very close to the house. This naturally causes an excess breeding of flies. The house is shaded and little sunlight is accessible to it.

"The members of the family know little or nothing about health rules or sanitary measures. The small children drink out of the same glass that their mother drinks milk from. The patient does not know that she has tuberculosis, and the fact that she does or does not have the disease means little or nothing to her children, as they do not appreciate its dangers. Her grandchildren and her own children play around the room and the bed at all times of the day where she is lying.

"A kindly physician has undertaken to do what he could to relieve the situation, but when he insists that the children be more careful and that her sputum be buried and so on, they do not understand the significance at all.

"There are small children in our home and even though they do not come in direct contact with this patient, who lives so near us, we feel that there is danger, because it is at their age when one is most susceptible to the disease."
In a situation like the above, sanatorium treatment would seem to be out of the question. At the same time the only safe procedure to protect the helpless children of this family would be an immediate and complete separation until the patient could learn how to conduct herself and until the children could learn how to protect themselves, even though living in the same house with the patient. If the patient were able to be removed to the State Sanatorium, it might be that prolonged treatment would bring her back to a degree of health, and in her absence, if the children could be sufficiently taught to protect themselves, it might mean the prevention of a number of cases of tuberculosis among these children a few years from now.

Situations like the one this young woman describes are calculated to make thoughtful people seriously inquire of themselves if society as a whole is doing very much for its forgotten people.

Increase In Mortality From Appendicitis

By JAMES W. DAVIS, M. D.

DURING the present depression there has been an increase in the number of cases of suppurative appendicitis. This naturally leads to a higher mortality.

One of the most frequent causes of suppurative appendicitis is due to the fact that the patient did not call a doctor until perforation or suppuration had occurred.

Naturally because of the scarcity of money many patients no doubt hesitate to call a doctor, and often this is postponed, hoping that the condition will clear up and that a doctor will not be necessary. This is a very short-sighted policy, and many patients are paying for this neglect with their lives.

In a careful analysis of a large number of cases of suppurative appendicitis since January 1, 1932, the following facts have been established.

1. The majority of patients did not call a doctor until after the condition had become very grave and the pain was agonizing.

2. In almost every case where a doctor was called, the condition was recognized promptly.

3. Almost all the patients stated that the reason they did not send for a doctor was because of their financial circumstances and because of the scarcity of money.

4. A number of patients were seen early in the attack, by their doctor and were advised to go to a hospital for treatment, but a number did not do this, thinking that the attack would wear off and that they would be all right. Only severe and agonizing pain finally drove them to the hospital.

5. A number of patients admitted that they took purgatives against the advice of their doctor. Nothing of course could be more disastrous to the patient.

In the situation such as we are now going through, these things will naturally happen; and it is the duty of every medical man and the entire health forces of the State to impress upon the people generally the importance of not neglecting themselves.

The people should be reminded that it is their duty to call their family physician wherever trouble of this kind develops and act upon his advice.

Neglect of this or refusal to have the appendix removed when it was necessary has cost many patients their lives. Unfortunately a number of those who have come for operation after peritonitis has set in have come too late. Most of these could have been saved had they come earlier.

It is hoped that the medical profession, the Health Department, and the newspapers will bring these facts to the attention of the public and hereby aid in cutting down the high rate of mortality in these unfortunate cases.
ONE of our nurses doing maternity and infancy work in the month of June makes some reports from some of the counties in which she worked that contain much human interest. Some of her discoveries are downright startling. For example, she reports that in one of the counties having no health department organization of any kind she finds on one border in that county, which adjoins two other counties which have for a long time maintained competent health department organizations, that the midwives on this particular border are much more competent and have a good deal of information which they put into effect simply through contacts with the midwives of the two counties adjoining. In those counties the health officers summon the midwives of their counties into the health department offices twice a year for intensive instruction about carrying on their work. This nurse found in the remote section of the county being worked one midwife who had been long in service. But let the nurse tell about it.

“One midwife told me she had been with one woman at the birth of eleven children. She said she had never received a cent of pay in all these years for this service. She had never used an eye drop in the eyes of the babies born and did not know there was such a practice or such a requirement in the law. She had never made out a birth certificate in her life and had never reported one of these births. Neither has she a piece of equipment of any kind. She is now 84 years of age and almost totally blind.”

On the other hand, this nurse reports that not many miles from where this old woman practiced she ran across another midwife who boasted of a practice extending into communities in three or four counties. The nurse said:

“Very few general practitioners of medicine carry as many drugs as this midwife. She makes many and extensive digital examinations, gives strychnine and quinine freely, also paregoric and many kinds of douches.”

It might be well for the State Board of Medical Examiners to take a hand with the latter, but our nurse reports that she has temporarily retired the old woman from practice, telling her that if she is 84 years of age, and being blind, it is time that she enjoy some years of rest from her arduous labor, especially as she gets no pay for it. The nurse seemed to think this advice was the proper procedure, and we heartily agree that it is time for her to retire.

The nurse reports further that she has “found another midwife who has practiced for 28 years, including 1932, without even knowing there are such things as birth certificates, eye drops to put in babies' eyes, or any Bureau of Vital Statistics, and knows absolutely nothing about sanitation or personal hygiene. The nurse reports that she urged this woman to retire from active practice also.

The nurse says, “I fear you think I am unjust and too critical of some of these midwives and not patient enough with them, but, Dr. Cooper, I have given facts as I see them, and try to be as lenient as possible. But I cannot help but think of the danger to the mothers and infants who are solely dependent on such ignorant and incompetent women in the most critical period in their lives.”

A more hopeful view of this situation has been presented by some of the nurses working in other counties where the State Board of Health succeeded in getting rules and regulations adopted by the county medical societies and the county boards of health several years ago, even in counties having no whole time health departments. The result of the instructions given to the midwives in those counties by the nurses sent out from the State Board of Health has borne untold good. The nurses, without exception, are able to report in
those counties where the part time county physician and individual members of the medical profession have given these women some sympathetic interest and assistance in their work and where the vital statistics registrars have made it their business to help instruct them about their reporting and about the use of the prophylactic eye drops that a much better and more hopeful situation exists. Many of them report that the midwives are doing excellent work in a number of counties and communities among a population, particularly of Negroes, who are dependent altogether on midwives for this service.

We hope during the next year, even with the limited funds at our disposal, to do a great deal of constructive work among the midwives of the State in the counties having no organized health departments, all of which tend to lower the infant and maternal death rate in this State and to make for much safer dependence on such practitioners.

APPENDICITIS

We are publishing elsewhere in this issue an article written by Dr. James W. Davis, head of the Davis Hospital in Statesville, and a well-known surgeon of piedmont North Carolina. We requested Dr. Davis to put in writing and expand some remarks he made in a letter to us sometime ago. This Dr. Davis has been kind enough to do. We are sure our readers will appreciate every fact that Dr. Davis brings out in his article. We urge all of our subscribers to read the article by Dr. Davis. He has pointed out that there is recently an increasing number of deaths following appendicitis, and he very clearly gives the reasons which experience the past year or two teaches him to believe to be the cause behind this state of affairs.

In days gone by, before the aids to diagnosis afforded by better laboratory technic and, in fact, before the discovery of the disease of appendicitis, the common practice of people, almost without exception when suffering from pain in the abdominal cavity, was to immediately take a dose of some drastic purgative as castor oil. There is no way of estimating the number of people who lost their lives as the result of such practice. Any reader of these lines has only to look about in order to recall one or more friends or neighbors who have in the past few years lost their lives by delay in dealing with appendicitis.

RUSTY NAILS

The other day a friend of the editor reported a commotion in his family caused by his five year old boy accidentally stepping on a nail sticking up through a block which some carpenters had carelessly left in his back yard after completing a small job of work. The child, in playing around the yard with other children, barefooted, accidentally stepped on the nail which was protruding through a small block of wood not over three inches long. The nail penetrated into the bottom of the child’s foot for at least a half inch. In this case the nail was a comparatively new one and did not seem to be rusty. The father had warned the children that if they played in the back yard following the work of the carpenters, until it was cleaned up, they must wear their shoes. The weather being warm and the children preferring to go barefooted, they soon forgot their father’s warning. The fact is, it is not unreasonable to suppose that his caution in charging them not to run the risk of endangering their feet on the nails and blocks made it more interesting to them to try it out anyhow. The little victim’s older brother, some two years his senior, manfully extracted the nail while the
patient was giving the alarm. The result was that the little fellow had to be taken to a doctor's office. The wound was cauterized and therefore the treatment added to the pain for the child. A drop of the immunizing serum against tetanus infection was tried out on the child by the doctor preliminary to giving him a full immunizing dose. The result of the immunity test dose established the fact that the little fellow was susceptible to serum sickness, and therefore it was impossible to use the immunizing serum. So the risk of tetanus had to be undertaken, which added to the anxiety of the parents. The things in favor of the child in this particular accident was that the nail was not an old and rusty one, that they were near to the office of a competent physician, who put into effect every available and known method of protecting the child from developing tetanus.

This accident among our circle of friends reminds the writer of an occurrence of some twenty years ago while serving as a county health officer. The people of one of the villages of that county determined on a neighborhood clean-up. Almost everybody fell in line. The premises were cleaned up and all the old refuse raked up and burned or stacked away for fuel. Sanitary privies were installed, houses were painted, and a general civic cleaning up was put into effect. Everybody was vaccinated against typhoid fever and smallpox, and all known scientific measures of disease prevention was put into effect in this entire community of some seven hundred or eight hundred people. One of the most influential and best loved citizens of the community and one of the most public spirited and generous residents in it had an unusually large amount of refuse on his premises consisting of old lumber, shingles, etc., much of it having nails in it, and this refuse was scattered promiscuously over an area where his cattle, mules and horses ranged, and right in the time of the general clean-up, before he got under way with his, one of his children accidentally stepped on a rusty nail lying point upward. At that time the protective serum against tetanus had not been perfected; there was no protective vaccine of any kind available. The wound was cleansed, however, by a competent physician who lived in the village, a dressing was put on it and it soon healed and nothing more was thought about the matter until a few days later when the child developed a virulent case of tetanus and soon died.

These circumstances do not happen often, but they are of sufficient frequency to put every responsible citizen on his guard to always do everything possible to protect children from such accidents.

This splendid Guilford county boy was seven months old when this picture was made. His mother writes that she has another boy about two years older than this one. She says that both have had all the preventive vaccinations recommended by the family physician. She says that neither has ever been sick enough to mention. She adds the significant statement that the boys are “breast-fed babies,” and “I have gone entirely by the State Board of Health literature and do not see how I could have managed without it.”
Good For Duke Hospital

SOME of the citizens of Chapel Hill had a lesson in the newest etiquette in baby-visiting when they went to Duke Hospital last week.

Ann Snowden McClamroch was born two weeks ago yesterday, and friends of the McClamrochs lost no time in calling upon her. "Why, certainly,—we're delighted to see you," said the woman in charge of the room for new babies, and led the callers along a corridor.

When they reached the door, a nurse with gauze covering her face appeared. When she was informed whom they wanted to see, she went back into the room, and fetched a bundle in the midst of which was Ann.

The nurse closed the door and left a big plate glass pane between the callers and the baby. Thus the callers might gaze at Ann's face, but they could not chuck her under the chin or put a finger in her fist. That was contrary to the approved modern ideas of sanitation.

But Ann is back at home now, and the rules have been somewhat relaxed.—Chapel Hill Weekly.

WHAT MILK DOES FOR THE CHILD

At a progressive thriving little city in western North Carolina at the beginning of the school term, last fall, a definite check-up of children in the public schools revealed the fact that 29 per cent of them were more than 10 per cent underweight. A civic club of the community became interested, secured the cooperation of a public spirited dairyman who made a special price on milk, and provided milk for those children who were markedly underweight. The daily milk ration per child varied from a pint to two pints. A check-up early in December revealed the fact that the number of underweight children, as a result of the addition of milk to their diet at school, had declined to 17.8 per cent. In other words 40 per cent of the underweight children, within the space of a few weeks, had been brought to normal physical condition.

There is a lesson in the experience in the city mentioned, not only for schools and civic clubs in the State, but for parents, in general. It has been pointed out time and time again that the undernourished children are not all found in the homes of the poor. As a matter of fact, they are almost as often found in the homes of people in comfortable circumstances who have never realized the importance of giving proper care to the diet of their children.

It is not unlikely that the situation that obtained in the small city referred to at the beginning of school term is common to a number of North Carolina communities. The Observer noted some months ago that the average per capita milk consumption in Charlotte is less than one-half that which is recommended by health authorities as a result of years of observation and tests. The recommended diet for growing children is one quart of milk per day; for adults, a pint of milk per day. Milk supplies all of the food elements required by the human body. It is a balancer of rations that too often would be decidedly unbalanced otherwise. Not only children but adults need milk in order to maintain healthy condition of bones and teeth, although milk is not as necessary for adults as it is for growing children. Children and adults in vigorous physical condition are much less subject to colds and all other diseases because the strong body more readily throws off the attacking germs and maintains a higher resistance to disease in general. Milk, like other commodities, has declined in price and the consumption of the necessary element in the diet of children particularly should be constantly emphasized.—Charlotte Observer.
Adolescence

By FRANK HOWARD RICHARDSON, M. D.

Of late years we have come to recognize that period which sees the boy or girl change into the man or woman, as one of great stress and strain for children. It is all right for us to urge parents to exercise all the patience and forbearance of which they are capable in order to enable their children to pass through this period with as little damage as possible; perhaps it will not be altogether out of place, however, for someone to bespeak a certain amount of sympathy and consideration for these same parents, during their time of trial and tribulation which corresponds to the adolescence of their children!

For it would take a philosopher to decide who suffers most from adolescence,—the child passing through it, or the parent who must feel the strong repercussions of its turbulent manifestations. Perhaps a little better understanding of it may aid us to withstand its buffetings better.

One of the great difficulties encountered by parents in this situation is due to the fact that most men and women are accustomed to dealing with others on the basis of reason. Whether or not it is true, as some of us think, that reason plays a smaller part in the affairs of men than it is generally credited with, the fact remains that we assume that the people with whom we deal are rational human beings.

Now the thing to be kept constantly in mind in dealing with the adolescent is the fact that he is not consistently logical, and that he does not always reason,—except at such times as logic and reason are on his side; at which times he is a stickler for all the fine points of debate. Right here is where fathers and mothers who try to be self-controlled and fair, meet with difficulties. They grant what is logical and fair in the arguments of son or daughter; and are completely nonplussed, and do not know how to act, when their youngsters do not reciprocate. If they are like most of us parents they will yield to what they may be pardoned for considering as righteous indignation; and embroil themselves in heated recrimination with the children who thus "aggravate" them.

Having committed this form of parental stupidity so frequently myself, I can claim no right to blame other parents for doing the same thing. What I do claim is privilege of warning them out of my own experience that this way of dealing with a common family situation will get them nowhere. Why do so many adolescents act this way? Chiefly because they are-beginners in the art of thinking and are not yet learned in that difficult technique which consists in granting something in argument in order to get one's antagonist to concede something.

It is not that they are consciously dishonest,—they have not yet learned the rules of the game. How can we best help parents who find themselves in such a situation? First by counseling them to keep their tempers and refuse to get "riled", or meet argument with argument and anger with anger; secondly, by urging them to give their children the greatest amount of freedom of action and margin of choice possible, as long and as far as they are deserving of it, but no longer and no farther; thirdly, by advising them to showing a perfect willingness to discuss anything and everything as long as fairness and the standards of give and take are observed. When these are abandoned there is to be an end to self-government, with parental authority taking its place.

Those parents among us who are thus tried know one thing about our adolescent children,—they are not stupid, even though they may choose to be illogical. If they see that we are consistent in granting them larger powers of self-government, and making bigger concessions, when they are fair
and reasonable than when they are unreasonable and emotional,—more, if we refuse to join them in high-voiced recrimination, we shall be rendering them the greatest service, and doing our utmost to help them to attain the ability to govern themselves. This is after all the culmination of the task set by adolescence, which is, by its very definition, the act or process of becoming adult. Incidentally, we shall be doing our best to handle a difficult and trying situation that so frequently develops in every family in which the drama of adolescence is unfolding itself. Parents ought to realize that the best way to render this period less productive of unhappiness to themselves and their children, is to meet it and deal with it along the lines that have been indicated here.

Remarks On Disease Prevention

By C. A. Shore, M. D.,

Director State Laboratory of Hygiene

It is no new story to any of us that the average length of life has increased during the past fifty years. Fifty years ago the average was a little over forty years, now it is fifty-eight years. In other words human life is now something like forty percent longer than it was fifty years ago.

Now fifty years is but a moment in the history of mankind and such a change in so short a time is nothing less than miraculous. I believe that nothing like it has ever happened before in the history of the race.

How has it come about? There are doubtless many factors, for instance the economic one, for in spite of the momentary depression, it is indisputable that the present generation has a higher and better standard of living than that of any preceding generation, but surely the chief factor is the development of the science of medicine. The practice of surgery has been reborn, and many new methods of treatment of disease has been discovered, but even more important we now know methods of prevention undreamed of fifty years ago.

As far back as history goes, man has always practiced methods of disease prevention. Some of these methods may occasionally have had some value, but more often they were the result of ignorance and superstition and consequently utterly inadequate, and not infrequently actually harmful. Until within the past fifty years little progress had been made in the control and prevention of any disease with the notable exception of scurvy and smallpox.

The sudden development of disease prevention into a science of great importance to the human race began with the proof of the bacterial origin of infection. Of course, not all diseases are due to infection with minute living organisms, but the scientific study of these infectious diseases led to the knowledge that each disease is the effect of a definite cause and not the result of some supernatural agency, nor the exhibition of divine wrath.

It has been found that not only is each infection different from all others, but that the body defense against disease differs in each case. Against some diseases we have made great progress in specific protection both in treatment and prevention.

In typhoid vaccine we have a practical and almost perfect protection against typhoid fever. Smallpox vaccine has changed one of the great scourges of the human race into a comparatively mild and rare disease.

We can now cure diphtheria by the prompt administration of antitoxin, and we also know how to build up a whole immune generation by the use of the diph-