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Inauguration Issue
North Carolina Is Fortunate

North Carolina is deservedly fortunate.

We have a new Governor.

The new Governor is Terry Sanford.

“North Carolina is on the move and we intend to stay on the move,” was the key phrase in the optimistic challenge given to the people of the State in his inaugural address.

In his first official message, Governor Sanford sounded a note of harmony, of cooperation, of progress toward worthy goals. It was a message which encompassed the whole gamut of this great State’s needs and responsibilities.

It was a message which could be the prophecy of a great administration, a balanced program for the State, a program sensitive to the needs and expressed desires of the people as friends and fellow citizens. Every resource of the State, personal and official will have a part in cooperating toward the goals the new Governor has set.

North Carolina is fortunate, but deservedly so, it may be said. The State’s history is prophetic of such a chief executive and such a program. The temper of the people of the State, the integrity of past leaders, the spirit and faith in evidence in so many ways—these factors set the State apart.

North Carolina deserves and needs a worthy leader to meet the challenge of the years ahead.

There is every promise that Governor Terry Sanford is that leader.

In this issue some of the pictorial story is told of the Inauguration events, the family of Governor Sanford and of Lieutenant Governor Cloyd Philpott. Chosen from the fine coverage by the newspapers across the State, these pictures need little comment to convey their message. Photo credits are given where possible on page 15.

January, 1961
Governor and Mrs. Terry Sanford
Several months ago the State Board of Health presented to the Advisory Budget Commission a comprehensive statement of the amounts considered necessary to meet public health needs in North Carolina during the 1961-63 biennium.

The amounts requested were set forth in accordance with a plan specified by the State Budget Division. Two budgets were presented. The first, called the "A" Budget, included only such items as would be needed to continue at their present levels the public health programs now in effect. After a series of conferences on various items, this "A" Budget was given substantial tentative approval.

The Health Bulletin

The official publication of the North Carolina State Board of Health, 608 Cooper Memorial Health Bldg., 225 N. McDowell St., Raleigh, N. C.—Published monthly.—Second Class Postage paid at Raleigh, N. C.—Sent free upon request.

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Editor—Edwin S. Preston, M.A., LL.D.

Vol. 76 January, 1961 No. 1

The second budget presented was the "B" Budget in which amounts were indicated to provide for increases to present programs or the establishment of new programs in response to needs which were apparent in the experience of the State Board of Health.

Both budgets were very carefully prepared and statistics were given to show the magnitude of each stated need.

By specific request of the State Budget Division, the items included in the "B" Budget were by priority as determined by the State Health Director.

A brief statement concerning a few selected items in the "B" Budget is given in this summary as illustrations since space does not permit a more extensive discussion nor inclusion of all nineteen items of this budget. All these items, however, are shown in the tables included with this discussion.

The first priority is Aid to Counties. We are requesting $1,487,390 for the biennium.

This will be used to provide salaries for 18 sanitarians, 10 health educators, 33 clerks and 143 nurses. It will also provide $107,750 for training for phy (Continued on page 6)

Lieutenant Governor and Mrs. Harvey Cloyd Philpott of Lexington are shown on the opposite page with their family. Seated are daughters, Betty Joe left, and Kathleen (Mrs. Harry V. Anderson, Jr.). Standing between Mrs. Philpott and the Lieutenant Governor are Mr. Anderson and Cloyd Philpott Jr.
Lieutenant Governor and Mrs. Harvey Cloyd Philpott and family
**"B" Budget Requests**

(Continued from page 4)

Physicians, nurses, health educators and sanitarians during the biennium.

There are several reasons why the Aid to Counties request is our first priority. Approximately 80% of the support of county health work is derived from locally appropriated funds. Local appropriations have increased year by year while the State has not increased its appropriation for county health work during the past ten years.

The original concept was that approximately 50% of the support of the cost of public health services locally would be supported from State and Federal funds and 50% from local.

The urgent need to begin to correct this inequity at this time is highlighted by the lack of adequate personnel in our county programs, inadequate salaries and the growing number and complexity of public health problems requiring attention.

Notable among such problems are those dealing with chronic illness, mental illness, child health problems and environmental health problems. In each of these areas statistics show the increasing prevalence of individuals who need health services or the increase in environmental facilities which require the attention of sanitation personnel. There are approximately 8,600 patients discharged from our mental institutions per year, most of whom require follow-up services especially that of public health nursing.

Our second priority is a request for increased appropriations for Mental Health. The sum of $604,966 was requested for the biennium.

This sum will enable the State to increase the number of mental health centers from eleven we have at present to thirteen. Included in this, of course, are salaries for personnel such as a psychiatrist, psychologist, social worker, stenographer and related expenses. It will also enable us to expand some of the existing clinic centers which are in urgent need of additional personnel. Provision is also made for employment of psychiatric social workers in some of our counties not having a mental health center. Funds are also requested for completing the staffing of our State Division of Mental Health, in which is needed a director, mental health nurses, mental health educator and clerical staff.

There are still areas in North Carolina where the nearest mental health facility is 50 miles away from the patient's home. At the time of the budget request, there were 642 patients on waiting lists of clinics operating in the State. The preventive aspects of mental health are important.

Another request which received high priority was for our Public Health Laboratory.

In this we asked for additional funds for personnel and equipment which would be used in cancer cytology, virology, water chemistry, bacteriology and radiology. In each of these the need for increased funds is most pressing.

For example, more than 4,000 in-

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**Registering for School**

Mrs. Sanford registers Terry, Jr., and Betsy for classes at the Murphey School in Raleigh with the help of Principal Lynn Kerbaugh.

January, 1961
## Appropriations for the Current Biennium

<table>
<thead>
<tr>
<th>Program</th>
<th>Approved Appropriation For the 1959-60 Biennium</th>
<th>1959-60</th>
<th>1960-61</th>
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<td>$264,253</td>
<td>$272,208</td>
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<tr>
<td>03 Accident Prevention</td>
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<td>$12,067</td>
<td>$13,536</td>
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<tr>
<td>04 Acute Communicable Disease</td>
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<td>$26,079</td>
<td>$26,179</td>
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<td>05 Occupational Health</td>
<td></td>
<td>$54,857</td>
<td>$59,780</td>
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<td>06 Public Health Statistics</td>
<td></td>
<td>$121,386</td>
<td>$128,121</td>
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<td>07 Tuberculosis Control</td>
<td></td>
<td>$43,160</td>
<td>$37,531</td>
</tr>
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<td></td>
<td>$30,340</td>
<td>$30,116</td>
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<tr>
<td>10 Veterinary Public Health</td>
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<tr>
<td>11 Dental Health</td>
<td></td>
<td>$116,842</td>
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<tr>
<td>12 Cancer Control</td>
<td></td>
<td>$196,708</td>
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<tr>
<td>13 Heart Disease Control</td>
<td></td>
<td></td>
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<td>14 Chronic Disease Control</td>
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<tr>
<td>15 Nutrition</td>
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<td>$24,701</td>
<td>$40,125</td>
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<td>16 Crippled Children</td>
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<td>$126,894</td>
<td>$127,116</td>
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<tr>
<td>17 Maternal and Child Health</td>
<td></td>
<td>$16,184</td>
<td>$20,386</td>
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<tr>
<td>20 Mental Health</td>
<td></td>
<td>$163,260</td>
<td>$170,832</td>
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<td>21 Local Health Administration</td>
<td></td>
<td>$1,166,607</td>
<td>$1,173,669</td>
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<td>22 Public Health Nursing</td>
<td></td>
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<td>$8,235</td>
<td>$8,255</td>
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<tr>
<td>25 Bedding Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Food and Lodging Sanitation</td>
<td></td>
<td>$127,066</td>
<td>$128,165</td>
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<tr>
<td>27 Insect and Rodent Control</td>
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<td>$25,293</td>
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<td>28 Salt Marsh Mosquito Control</td>
<td></td>
<td>$151,246</td>
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<td>29 Water Supply and Sewage Disposal</td>
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<td>$79,866</td>
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<td>30 Post-Mortem Medicolegal Examinations</td>
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<td>$16,115</td>
<td>$17,000</td>
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<tr>
<td>31 Merit Salary Increases</td>
<td></td>
<td></td>
<td>$1,628</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$2,869,449</td>
<td>$2,995,187</td>
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</tbody>
</table>

Individually die of cancer in North Carolina each year. Last year the Laboratory Division examined about 30,000 cancer smears of which approximately 500 were positive for cancer. This meets only a fraction of the number of examinations which should be made each year, particularly in view of the fact that there are about 1,000,000 women who should have such examinations annually. The request in cancer cytology would make two additional cytologists available who could increase the number of examinations by about 12,000 per year.

An interesting yet very serious problem concerning the Laboratory at the present time is in water chemistry. With the mushrooming growth of residential subdivisions in which individual water systems are used, we have suddenly become faced with the presence of detergents in drinking water. We have asked for funds for the salary of a chemist who would assist in making chemical analyses of water samples in an effort to evaluate and control the problems associated with such detergents in drinking water. This, of course, is only one facet of the problem in water chemistry, others being the contamination of water by such things as...
petroleum products, insecticides and soil fumigants.

Another high priority was given to needs in Dental Health. A request was made for six additional dentists with travel funds, equipment and supplies incidental thereto.

There are approximately 640,680 children of elementary school age eligible for services from the dental program, yet we were only able to provide health education to 106,622 last year or about 17%. Important also is the fact that 154,379 children are from families unable to purchase treatment. Last year only 23,769 children or about 16% of those eligible received care under our dental program. From this it may be readily concluded that there is a great need to augment the present dental program to enable us to satisfy a greater percentage of the dental health needs of our State's children.

It is not possible to try to enumerate specific aspects of additional items requested in our budget. There were a total of 19 items by order of priority, as shown in the two tables accompanying this summary of a few important items. The total budget request is $3,328,992 for the biennium.

HONORED

Mr. Charles M. White of the N. C. State Board of Health was elected President of the National Association of Bedding Law Officials at a recent meeting in Miami, Florida. He will serve a term of one year. The next annual meeting will be held in Chicago, Illinois. Mr. White is chief of the State Board's Insect, Rodent Control Section of the Sanitary Engineering Division.

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### "A" and "B" Budget Requests for 1961-63

<table>
<thead>
<tr>
<th>Program</th>
<th>Tentatively Approved</th>
<th>&quot;A&quot; Budget Request</th>
<th>Tentatively Approved</th>
<th>&quot;B&quot; Budget Request</th>
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<td>$111,169</td>
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<td>281,319</td>
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<tr>
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<td>26,292</td>
<td>26,292</td>
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<tr>
<td>13 Chronic Disease Control</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>14 Nutrition</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>15 Crippled Children</td>
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<tr>
<td>21 Health Education</td>
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<td>-</td>
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</tr>
<tr>
<td>22 Bedding Control</td>
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<td>-</td>
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<tr>
<td>23 Food and Lodging Sanitation</td>
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<td>93,117</td>
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<td>$1,837,105</td>
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THE HEALTH BULLETIN

January, 1961
"B" Budget Requests For 1961-63 Listed By Priority

<table>
<thead>
<tr>
<th>Priority</th>
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<th>1962-63</th>
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<td>Mental Health Division</td>
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<td>3</td>
<td>Veterinary Public Health</td>
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<td>4</td>
<td>Public Health Laboratory</td>
<td>93,524</td>
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<td>Sub-Priorities</td>
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<tr>
<td></td>
<td>(1) Cancer Cytology</td>
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<td></td>
<td>(2) Virology</td>
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<td></td>
<td>(3) Water Chemistry</td>
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<tr>
<td></td>
<td>(4) Bacteriology</td>
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<td></td>
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<tr>
<td></td>
<td>(5) Radiology</td>
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<td>5</td>
<td>Dental Health</td>
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<td>Salary Increases</td>
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<td>Occupational Health</td>
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<td>11</td>
<td>Cancer Control</td>
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<td>Acute Communicable Disease</td>
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<td>Tuberculosis Control</td>
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<td>Venereal Disease</td>
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<td>16</td>
<td>Public Health Statistics</td>
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<td>17</td>
<td>Post Mortem Medicolegal Examinations</td>
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<td>18</td>
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<td>175,000</td>
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<td>19</td>
<td>Crippled Children</td>
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January, 1961  THE HEALTH BULLETIN
Since January 1, 1960, three more local health departments have come under the N. C. Local Governmental Employees' Retirement System. A total of forty-four health departments consisting of sixty-one counties and one city are now providing the benefits of the retirement system to their permanent and full-time health department employees.

The State Board of Health provided a retirement incentive effective July 1, 1959 to departments which put the plan in operation. The incentive provides 50% up to $1,000 of the estimated cost of the retirement plan to the department as a means of encouraging the local departments to provide retirement benefits for their employees. During 1960, two departments put this plan into effect—Rutherford-Polk and Duplin. As of January 1, 1961 the plan also became effective in the Avery-Mitchell-Yancey department.

Four or five other departments are now seriously considering retirement plans and will probably arrange to provide this coverage in their new budget by July 1, 1961, if not before. Representatives of the Local Health Division of the State Board of Health will assist any department which would like to consider installing the retirement system. In addition, Mr. Nathan H. Yelton, Executive Secretary of the Retirement System, or his representative, is available for consultation and assistance in installing the system.

The following are the departments now under the N. C. Local Governmental Employees' Retirement System:

- Alleghany-Ashe-Watauga
- Anson
- Avery-Mitchell-Yancey
- Bladen
- Buncombe
- Burke
- Cabarrus
- Caldwell
- Carteret
- Catawba-Lincoln-Alexander
- Craven
- Cumberland
- Davie-Yadkin
- Duplin
- Durham
- Edgecombe
- Gaston
- Greene
- Guilford
- Henderson
- Hoke
- Jackson-Macon-Swain
- McDowell
- Martin
- Mecklenburg
- Nash
- Northampton
- Onslow
- Orange-Person-Chatham-Lee-Caswell
- Pamlico
- Pasquotank-Perquimans-Camden-Chowan
- Pender
- Pitt
- Robeson
- Rockingham
- Rowan
- Rutherford-Polk
- Surry
- Transylvania
- Tyrrell-Washington
- Wake
- Wilkes
- Wilson
- Charlotte

"Is your (department's) name written there on the page bright and fair?"
Some Examples of Benefits Under Local Governmental Retirement System

Case 1. Class "A" member
General male employee.
Age of member at retirement—64. Age of beneficiary—62.
Total years of service—39.
Average salary 5 years prior to joining the System $1,961.00
Average salary 5 years prior to age 65 3,760.00
Date member joined the System—January 1, 1946.

<table>
<thead>
<tr>
<th>Type of benefit payments</th>
<th>Class &quot;A&quot; member</th>
<th>Class &quot;B&quot; member</th>
<th>Class &quot;C&quot; member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum annual benefit payments</td>
<td>$1,869</td>
<td>$1,536</td>
<td>$1,239</td>
</tr>
<tr>
<td>Annual Option 1 payments</td>
<td>1,815</td>
<td>1,489</td>
<td>1,200</td>
</tr>
<tr>
<td>Annual Option 2 payments</td>
<td>1,281</td>
<td>1,054</td>
<td>850</td>
</tr>
<tr>
<td>Annual Option 3 payments</td>
<td>1,520</td>
<td>1,250</td>
<td>1,008</td>
</tr>
<tr>
<td>The amount of the individual's contributions subject to withdrawal in a lump-sum in lieu of accepting benefit payments $2,224 $1,993 $1,644</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Case 2. Class "A" member
General male employee.
Age of member at retirement—61. Age of beneficiary—58.
Total years of service—17.
Average salary 5 years prior to joining the System $3,980.00
Average salary 5 years prior to retirement 5,780.00
Date member joined the System—January 1, 1949.

<table>
<thead>
<tr>
<th>Type of benefit payments</th>
<th>Class &quot;A&quot; member</th>
<th>Class &quot;B&quot; member</th>
<th>Class &quot;C&quot; member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum annual benefit payments</td>
<td>$1,137</td>
<td>$991</td>
<td>$823</td>
</tr>
<tr>
<td>Annual Option 1 payments</td>
<td>1,078</td>
<td>937</td>
<td>776</td>
</tr>
<tr>
<td>Annual Option 2 payments</td>
<td>773</td>
<td>674</td>
<td>560</td>
</tr>
<tr>
<td>Annual Option 3 payments</td>
<td>931</td>
<td>813</td>
<td>674</td>
</tr>
<tr>
<td>The amount of the individual's contributions subject to withdrawal in a lump-sum in lieu of accepting benefit payments $3,055 $2,889 $2,461</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maximum and Optional Pay Plans
Maximum—This is the greatest amount of benefits payable. Under this pay plan all benefit payments cease at the death of the member.

Option 1—In case of death of the member before his annuity payments have equaled the present value of his contributions as they were at the date of retirement, the balance shall be paid to his estate, or to a person designated by the member.

Option 2—At the death of the member the same amount of his benefit payments shall be continued throughout the life of such other person as the member shall have designated at the time of his retirement. Under this option benefit payments are made during two lives—one until death and then the other.

Option 3—At the death of the member one-half of the amount of his benefit payments shall be continued throughout the life of such person as the member shall have designated at the time of his retirement. Under this option, benefit payments are made during two lives—one until death and then the other.

January, 1961 THE HEALTH BULLETIN
"Better Communication for Better Health" is the theme adopted for the 1961 Health Forum to be held at the Waldorf Astoria Hotel in New York City, March 13-16. Approximately 500 leaders from various fields have been invited to participate.

The National Health Forum is an organization which has in its membership all major health associations, societies and agencies, including the American Dental Association, the American Medical Association, the American National Red Cross, American Public Health Association, National Association for Mental Health and many others.

The Forum is expected to analyze problems of health communication, evaluate what is being done, review the promises of newer communication methods and techniques and to direct public and professional attention to the need for better health communication.

Representation among the leaders who will participate, will include those in health professions and voluntary and governmental health agencies, as well as educators, social scientists and health researchers, and experts in health communication.

Aspects of the health communication problem which will receive Forum attention include:

- What communication research and experience can contribute to better health communication.
- Motivation for action based on fact rather than fad.
- Teaching communication skills in the schools for the health professions.
- Health communication in the schools.
- Cooperative approach to better health communication.
- Experiments in use of new methods and techniques.

Publication of selected papers, action ideas, and an over-all report will enable the Forum to reach a broader audience.


The Wake County Health Department was in the process of moving into its new building during January. This new facility is located on highway U. S. 64 adjoining the new Memorial County Hospital which will open within the next three months.

The cost of finding one active case of tuberculosis in North Carolina in 1959 was $975.

CHILDREN'S DENTAL HEALTH WEEK
Every week is Children's Dental Health Week with the Division of Oral Hygiene. However, in observance of the National Week, February 5-11, and in cooperation with the North Carolina Dental Society, the Division is sending the colorful poster shown in black and white on the opposite page to the elementary schools of the State, to the Health Departments in our one hundred counties, and to the approximately 1,200 dentists in private practice in North Carolina. This National Children's Dental Health Week seeks to help children establish the habit of good dental health while they are young.

"Little Jack" is a character in the Puppet Show which visits the schools of the State.
Visits his dentist regularly \textbf{DO YOU?}

\textbf{FEBRUARY 5 - 11 is NATIONAL CHILDREN'S DENTAL HEALTH WEEK}

The North Carolina State Board of Health - Division of Oral Hygiene
Co-operating with
The North Carolina Dental Society
Air Pollution Report Made

The Surgeon General of the U. S. Public Health Service has recently released a forty-page report on “National Goals in Air Pollution Research”.

The Ad Hoc Task Group which made this report recommends the following ten national goals in this area for the 1960-1970 decade:

1. Determine the effects of air pollution on human health.
2. Determine the effects on the Nation’s agricultural economy resulting from air pollution damage to animals and crops.
3. Find better ways of measuring the economic loss from air pollution damage to materials, and soiling, and reduced visibility.
4. Find better ways of measuring and identifying air pollutants at their source and in community air.
5. Develop better techniques for assessing meteorological factors affecting air pollution.
6. Learn, through research, more about the formation of new pollutants from reactions in the air.
7. Expand our nationwide air pollution monitoring efforts.
8. Develop new methods and equipment for controlling the sources of air pollutants.
9. Build and disseminate a comprehensive body of knowledge related to the technical, legal, economic, and administrative aspects of air pollution.
10. Evaluate the legal and administrative practices related to air pollution control.

The Task Group was appointed by Surgeon General Leroy E. Burney, at the request of Secretary of Health, Education, and Welfare Arthur S. Fleming, following the National Conference on Air Pollution in November 1958. The group included educators, State and local health authorities and industry representatives.

DATES AND EVENTS

Feb. 1—Conference: Community Health, Laurinburg, N. C.
Feb. 10—Inservice program: Mental Health, Edgecombe, Nash, Wilson Counties and Rocky Mount, Rocky Mount, N. C.
Feb. 17-18—Annual meeting N. C. Mental Health Association, Sir Walter Hotel, Raleigh, N. C.
March 2—Nemours Conference: The Child with Convulsive Disorders, Chapel Hill, N. C.
March 16-17—Annual Meeting: N. C. League for Nursing, Durham, N. C.
March 22—Conference: Community Health, Wilson, N. C.

Every Saturday—7:30 P.M. over WPTF, radio program of State Board of Health.

Diabetes as a public health problem was the focus of a two-day meeting in Greensboro during January, sponsored by the Guilford County Health Department in cooperation with the State Board of Health and U. S. Public Health Service.
Recent new books on health from the McMillan catalog include: "Human Ecology and Health", "Airborne Infection", "Communicable Disease Control" and "An Introduction to Public Health".

MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH

Charles R. Bugg, M. D., President ........................................... Raleigh
John R. Bender, M. D., Vice-President ........................................ Winston-Salem
Mrs. J. E. Latta ........................................................................ Hillsboro, Rt. 1
Lenox D. Baker, M. D. ............................................................... Durham
Roger W. Morrison, M. D. .......................................................... Asheville
Jasper C. Jackson, PH.G. .............................................................. Lumberton
Ben W. Dawsey, D. V. M. ............................................................. Gastonia
Oscar S. Goodwin, M. D. ............................................................. Apex

EXECUTIVE STAFF

J. W. R. Norton, M.D., M.P.H., State Health Director
M. D., Assistant State Health Director
J. M. Jarrett, B. S., Director, Sanitary Engineering Division
Fred T. Foard, M. D., Director, Epidemiology Division
Robert D. Higgins, M. D., M. P. H., Director, Local Health Division
E. A. Pearson, Jr., D. D. S., M. P. H., Director, Oral Hygiene Division
Lynn G. Maudtry, Ph.D., M. S. P. H., Acting Director, Laboratory Division
Charles L. Harper, M. S. P. H., Director, Administrative Services
M. D., Director, Personnel Health

January, 1961

THE HEALTH BULLETIN
A Friendly Transition
Welcome Governor Sanford
Congratulations Secretary Hodges

Secretary and Mrs. Hodges, Governor and Mrs. Sanford
By appointment of Governor Terry Sanford, Mrs. W. Kerr Scott is shown being sworn in as a member of the State Board of Health. Mrs. Scott fills the vacancy in the unexpired term of Mrs. J. E. Latta, resigned. It is Governor Sanford's expressed intention to re-appoint Mrs. Scott for a full four-year term thereafter.

The picture shows Secretary of State, Thad Eure, administering the oath in the Governor's Office in front of the picture of former Governor W. Kerr Scott.

February, 1961
"B" Budget Requests for 1961-63 Listed by Priority

(Only a part of the first two items, (1) Local Health Administration and (2) Mental Health, were recommended by the Advisory Budget Commission—Amounts and percentages are shown.)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Program</th>
<th>1961-62</th>
<th>1962-63</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Local Health Administration</td>
<td>$511,415</td>
<td>$975,975</td>
</tr>
<tr>
<td></td>
<td>Recommended—$229,080 and $229,080 — 30.80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mental Health Division</td>
<td>272,333</td>
<td>332,665</td>
</tr>
<tr>
<td></td>
<td>Recommended—$162,909 and $188,409 — 58.07%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Veterinary Public Health</td>
<td>16,568</td>
<td>16,568</td>
</tr>
<tr>
<td>4</td>
<td>Public Health Laboratory</td>
<td>93,524</td>
<td>42,912</td>
</tr>
<tr>
<td></td>
<td>Sub-Priorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Cancer Cytology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Virology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Water Chemistry</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) Bacteriology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(5) Radiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dental Health</td>
<td>39,095</td>
<td>69,944</td>
</tr>
<tr>
<td>6</td>
<td>Salary</td>
<td>2,787</td>
<td>2,123</td>
</tr>
<tr>
<td>7</td>
<td>Food and Lodging Sanitation</td>
<td>15,264</td>
<td>15,264</td>
</tr>
<tr>
<td>8</td>
<td>Water Supply and Sewage Disposal</td>
<td>7,824</td>
<td>7,824</td>
</tr>
<tr>
<td>9</td>
<td>Occupational Health</td>
<td>23,430</td>
<td>23,430</td>
</tr>
<tr>
<td>10</td>
<td>Chronic Disease Control</td>
<td>28,292</td>
<td>28,292</td>
</tr>
<tr>
<td>11</td>
<td>Cancer Control</td>
<td>90,000</td>
<td>90,000</td>
</tr>
<tr>
<td>12</td>
<td>Heart Disease Control</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>13</td>
<td>Acute Communicable Disease</td>
<td>2,580</td>
<td>2,580</td>
</tr>
<tr>
<td>14</td>
<td>Tuberculosis Control</td>
<td>2,002</td>
<td>2,002</td>
</tr>
<tr>
<td>15</td>
<td>Venereal Disease</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td>16</td>
<td>Public Health Statistics</td>
<td>11,986</td>
<td>11,986</td>
</tr>
<tr>
<td>17</td>
<td>Post Mortem Medicolegal Examinations</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>18</td>
<td>Salt Marsh Mosquito Control</td>
<td>325,000</td>
<td>175,000</td>
</tr>
<tr>
<td>19</td>
<td>Crippled Children</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>20</td>
<td>Merit Salary Increments</td>
<td>3,613</td>
<td>7,226</td>
</tr>
</tbody>
</table>

TOTAL GROSS EXPENDITURES $1,505,387 $1,664,117
LESS: DEPARTMENTAL RECEIPTS 13,500 27,000
TOTAL AMOUNT REQUESTED $1,491,887 $1,837,117

(No part of the items numbered 3 through 19 was recommended and after reappraisal of needs the State Board of Health has requested a hearing before the Joint Appropriations Committee to point up other items of this list which are urgently needed.)
HEALTH BUDGET NOW BEFORE GENERAL ASSEMBLY

The appropriations for programs of the State Board of Health as recommended by the Advisory Budget Commission are now before the General Assembly for consideration and final action.

The Advisory Budget Commission made recommendations for each of the two years in the Biennium 1961-63. Their recommendations included an "A" budget which set amounts allowed by the Budget Bureau as sufficient to carry forward present programs of the State Board of Health through the next biennium at the present levels.

The State Board of Health had also presented a "B" budget to the Advisory Budget Commission, including some 19 items listed in the order of the priority of urgent need. This "B" budget represented the only advances requested in appropriations for better health services for the citizens of the State.

Recommended appropriations were made by the Advisory Budget Commission for only two items in this "B" budget—Local Health Administration (Aid to Counties) and Mental Health—and in neither of these items was the full amount requested recommended to the General Assembly. No appropriation was recommended for the remainder of the amounts requested for either of these items or for the other 17 items in the "B" budget.

The State Board of Health has met and carefully reviewed the immediacy of these remaining needs and has decided to appeal to the Joint Appropriations Committee for urgently needed resources in certain programs.

The hour-long hearing has been set for 9 A.M. on Thursday, March 23.

The Joint Appropriations Committee will consider the presentations of the State Board of Health along with the requests of other agencies and institutions, possibly asking a sub-committee to give them further study and then will bring recommendations back to the General Assembly for their final action on the State Budget for the coming Biennium.

The March issue will carry additional information and developments.
MEDICINE AND INDUSTRY TALK

OCCUPATIONAL HEALTH

How the human machine can have better health as a part of business and industry was discussed by medical doctors, business leaders and health officials in Raleigh at the fifth annual Governor's Conference on Occupational Health. Speakers and leaders in the meeting, held in the Occidental Life Insurance auditorium, appear above. Left to right, these are: B. W. Rainwater, Atlanta, vice-president of the Georgia Power Company; Dr. W. L. Wilson, Raleigh, chief of the Occupational Health Section of the State Board of Health; Dr. J. W. R. Norton, Raleigh, State Health Director; James McCutchen, Lexington, manager Erlanger Mills; Dr. Bernard Behrend, Philadelphia, Pa., medical director, Smith, Kline and French Laboratories; Dr. Mac Roy Gasque, Piggah Forest, medical director, vice-chairman of the Governor's Conference; and George Geoghegan, Raleigh, treasurer of the Governor's Conference.

BRAZILIAN DOCTOR VISITS STATE OFFICE

Dr. Arnoldo Boscardin of Brazil visited the State Office in recent weeks. Dr. Boscardin, who had been in the United States for a period of six months, went back to assume the post of State Public Health Director of Parana, one of the large southern states of Brazil. He is shown (left) conferring with Dr. Ursula M. Anderson, pediatric consultant of the State Board.
Scholarships Needed for Teachers of Nursing
By Margaret Dolan

For many years the North Carolina State Nurses' Association has been concerned about the need for more nurses in this state, and especially the need for raising the quality of nursing care to keep pace with advances in medical science and the needs of the patient. Our concern has sharpened during the past decade. The State of North Carolina needs to recognize a responsibility in the area of educating nurses to provide the skilled nursing care necessary for adequate health care of our citizens.

As nurses themselves have studied the problem of how to provide more and better-prepared nurses for North Carolina, it has become obvious to us that the most critical need is for qualified teachers in the diploma or hospital schools of nursing. At its 1959 annual meeting, therefore, the House of Delegates of this Association adopted a resolution "recognizing that the greatest need in nursing in North Carolina today lies in the critical shortage of qualified teachers in diploma schools of nursing". The resolution directed this Association's efforts for the next two years toward obtaining assistance from the State in providing scholarships for teachers in these diploma schools.

Professional nurses are being educated in North Carolina today in five collegiate education programs and in 28 three-year diploma programs. The standards for teachers in the collegiate programs are those of the educational institution of which the school of nursing is a part. The diploma schools of nursing, however, are not so fortunate, and it is this group of teachers of nursing with which we are concerned today.

In North Carolina, 72 percent of our nurse students are enrolled in the 28 diploma schools of nursing. These are the schools suffering most from declines in student enrollment and lack of qualified teachers. The collegiate schools of nursing last year reported to the State Board of Nurse Registration and Nursing Education that they were only four students short of their quotas. The diploma schools reported they were 132 short.

A survey conducted in March of 1960 reveals that the 28 diploma schools of nursing in North Carolina had 32 faculty vacancies. More than 14 per cent of their faculty positions were unfilled in the midst of their regularly scheduled educational program. Equally alarming is the fact that many schools fill faculty vacancies out of desperation, with people who have little or no preparation for teaching. The quality of teaching in these diploma schools—the kind (Continued on Page 8)

Mrs. W. Kerr Scott participated in the regular quarterly meeting of the State Board of Health held February 14. She is shown with Dr. Charles R. Bugg (right), President, and Dr. J. W. R. Norton, State Health Director and Secretary-Treasurer of the State Board.

February, 1961
North Carolina
Mental Health Association
Meets In
Annual Session

On this page are shown some scenes and personalities from the recent annual meeting of the N. C. Mental Health Association. Mrs. J. B. Spillman of Greenville, the Director of the organization, planned a stimulating program and the meeting had the best attendance of any one in the history of the organization. Left to right in the pictures shown are: (Starting with the top picture) Dr. Price Gwyn, Jr., Red Springs, retiring President, Mrs. Joe Eagles, Wilson, and Colonel H. Edmund Bullis, Wilmington, Delaware, Consultant on Mental Health Education, World Federation for Mental Health; second picture, H. J. Hickes, Charlotte, newly elected President, Colonel Bullis and Dr. J. W. R. Norton, State Health Director of the State Board of Health, North Carolina's official mental health agency; third picture, Jim Fulghum, Wilson, Chairman of Awards Committee, Don Seavers, Charlotte, reporter, Charlotte Observer and recipient of outstanding award, and Edward Linzer, New York, Director of Health Service, National Association on Mental Health; and fourth picture, at coffee hour, Mrs. Frank Suggs, Gastonia, member of Board of Directors, Dr. Irene McFarland, Wilson and Mrs. Robert M. Fink, Raleigh.

February, 1961
THERE is a critical shortage of nurses in North Carolina. Colleges and professional nursing organizations are concerned about the situation.

The N. C. State Nurses' Association has asked the General Assembly for scholarship funds for the training of qualified teachers in the diploma or hospital schools of nursing. Colleges in the State are stepping up their program providing scholarships for students in nursing.

The State Board of Health shares these concerns for improvement in the nursing situation since nursing service is such an important part of health care. Over the State a corps of well-trained public health nurses serve in local health departments. In addition, nursing consultants are available from the State Board of Health.

Teachers of Nursing
(Continued from Page 5)

of preparation nurse students are getting in any type of educational program—should be of major concern to everyone.

Nursing is an essential service, and nurses have great responsibility in the health care of our people. How well they are being taught to give nursing care is as important as the preparation of doctors, pharmacists, dentists, medical technicians, health educators, or other professions in the health field.

A person qualified to teach nursing must be adequately trained in two professions—nursing and teaching. Teaching is itself a skill, and this state traditionally attempts to maintain acceptable educational requirements for its teachers. A nurse must complete her nurse training and then obtain teacher education, in addition, before she can be considered a qualified nurse teacher. Such is not the case in many diploma school faculties in this state. And this is the problem for which we seek help.

Qualified nurse teachers are not available today in sufficient number to fill existing vacancies. Many nurses are teaching who would be the first to admit that they are not adequately prepared for their jobs. Thirty-one people now teaching on our diploma school faculties have no preparation beyond their school diplomas. Only 41.7 percent of all diploma school faculty members have a baccalaureate degree. This situation is growing worse—no better.

Two years ago, 18 per cent had hospital nursing school diplomas only, and 44.7 per cent had baccalaureate degree. The following table shows the level of faculty preparation in diploma schools of nursing in 1958 and March of 1960:

<table>
<thead>
<tr>
<th>Level of Faculty Preparation</th>
<th>1958</th>
<th>1960</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma only</td>
<td>18.1%</td>
<td>31.3%</td>
</tr>
<tr>
<td>1 year of college</td>
<td>7.7%</td>
<td>7.2%</td>
</tr>
<tr>
<td>2 years of college</td>
<td>11.1%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Baccalaureate degree</td>
<td>44.7%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Masters degree</td>
<td>7.7%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Total without degrees</td>
<td>47.1%</td>
<td>48.7%</td>
</tr>
</tbody>
</table>

In this survey, three-fourths of the directors of schools of nursing said that obtaining prepared faculty is a more serious problem than obtaining qualified students.

There is considerable discussion and concern throughout North Carolina about the high rate of failure among nursing school graduates taking the licensure examination. In 1959 72 new graduates took the examination and 229 failed. This represents more than 30 per cent. Anywhere from 20 to 35 per cent of our nursing school graduates fail the examination each year.
The "A" Budget requests, allowing programs to continue at present levels were recommended by the Advisory Budget Commission.

It would not make sense to change the passing score in order to license more nurses. North Carolina does not want sub-standard nursing care. The passing score established by the North Carolina Board of Nurse Registration and Nursing Education is the same as the nationally recommended minimum.

Our difficulty lies in the quality of instruction being given to nursing students. It is not in the number of schools—we are eighth in the nation in these—nor is the trouble mainly one of lack of students, for we are 13th in the country in the number of students.

North Carolina's most pressing problem is the quality of teaching being received by the nursing student in diploma schools.

Latest available figures show that nationally, non-collegiate nursing education programs have 23.2 per cent of their faculty without degrees. Compare this with our table above which shows that North Carolina has 48.7 per cent of its diploma school faculty without degrees. It will not require argument and statistics to make the point that North Carolina could produce more qualified nurses from the student bodies already enrolled in nursing schools if sufficient numbers of teachers were available who are prepared and qualified to teach.

The next logical question is, "Why does this shortage of qualified nurse teachers exist?" We all know that there is a shortage everywhere of teachers and other low-paid service professions. Why is the shortage particularly severe in the diploma school faculties? A survey among directors of these schools in North Carolina, completed in 1960, gives us some of the answers.
These directors listed the following reasons why they cannot find qualified nurse teachers:

1. **Financial obstacles**—A large number of professional nurses have already acquired debts to become registered nurses, because many nursing school graduates are women who could not afford college in the first place. They therefore cannot afford to continue their education.

2. **Competition from collegiate programs**—Collegiate programs offer the nurse who is qualified to teach more attractive pay, environment, and other working conditions, to say nothing of added prestige.

The next logical question is, "Why is the cost higher to prepare the nurse teacher than to prepare the teacher in general education?" These same school of nursing directors supplied some answers here, too.

A nurse teacher must be skilled in two professions—nursing and teaching. Nursing is a science, the teaching of which requires expensive laboratory and practice facilities. Preparing the graduate nurse to teach requires facilities in classroom, laboratory, and libraries in both areas—nursing and teaching. The graduate of a diploma school must spend three years becoming an R.N. and in addition at least two years in a collegiate program to prepare for teaching.

The graduate nurse teaching in a diploma school, or working in a hospital but wishing to be a prepared teacher has the additional problem of giving up her salary if she goes back to school for preparation in education. This is a tremendous burden for the married nurse with family responsibilities. Salaries of nurses and nurse teachers are low, undoubtedly reflecting North Carolina's low per capita income, and it is extremely difficult for a nurse to save enough money for further education.

Our survey in 1960 showed that in the 20 diploma schools which respond:

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**MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH**

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John R. Bender, M. D., Vice-President .............................................. Winston-Salem
Z. L. Edwards, D. D. S. ................................................................. Washington
Lenox D. Baker, M. D. ................................................................. Durham
Roger W. Morrison, M. D. ............................................................ Asheville
Jasper C. Jackson, PH.G. ............................................................... Lumberton
Ben W. Dawsey, D. V. M. .............................................................. Gastonia
Oscar S. Goodwin, M. D. ............................................................... Apex
Mrs. W. Kerr Scott .......................................................... Haw River, Rt. 1

**EXECUTIVE STAFF**

J. W. R. Norton, M.D., M.P.H., State Health Director
J. M. Jarrett, B. S., Assistant State Health Director
Fred T. Foard, M. D., Director, Sanitary Engineering Division
Robert D. Higgins, M. D., M. P. H., Director, Epidemiology Division
E. A. Pearson, Jr., D. D. S., M. P. H., Director, Local Health Division
Lynn G. Maddry, Ph.D., M. S. P. H., Acting Director, Laboratory Division
Charles L. Harper, M. S. P. H., Director, Administrative Services
M. D., Director, Personal Health

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THE HEALTH BULLETIN

February, 1952
ed, 68 nurses currently employed in faculty positions are interested in further education. Most of these 20 schools indicated that arrangements could be made for faculty members—at least one at a time—to be released for this purpose. Forty-seven of those seriously interested in more preparation for teaching said they need and are interested in scholarship aid.

Having stated the problem and some of the reasons why it exists, the North Carolina State Nurses' Association now proposes that the 1961 General Assembly provide a modest program of scholarship aid for teachers in the diploma schools of nursing, in order that these teachers, or other graduate nurses wishing to go into teaching, may obtain the educational preparation necessary to provide a higher quality of instruction. We are requesting a total of $61,600 for the 1961-63 biennium.

We recommend that the amount of each scholarship, up to a maximum of $1,000, be adjusted to the needs of the individual recipient. So that North Carolina and its diploma schools of nursing may receive maximum benefit from this scholarship program, we further recommend the following provisions:

1. The recipient of such a scholarship must be a graduate nurse presently employed in nursing in North Carolina.
2. The recipient must agree to remain in employment in North Carolina in a diploma school of nursing for a period of one, two, or three years, to be determined on the basis of the value of the scholarship.

The North Carolina State Nurses' Association earnestly believes that to provide such a program of scholarship aid to teachers in diploma schools of nursing is the first major step in alleviating the shortage of nurses and in improving the quality of nursing care in this state. Graduates of these are the nurses who are making most of the patient contacts day by day.

Nursing is an essential community service, and as such it needs and deserves the same official concern and assistance in its education problems as is available to other essential services such as teaching medicine, dentistry, pharmacy, and others.

LEADERS IN RADIOLOGICAL HEALTH MEETING

The hazards of ionizing radiation exposure were studied in the Seventh Annual Seminar on Radiological Health held last month in Chapel Hill. Leaders and speakers seen in the picture are (from left): G. W. Morgan, Washington, D. C., from the staff of the Atomic Energy Commission; Richard H. Chamberlain, M. D., Philadelphia, Pa., professor of Radiology in the University of Pennsylvania; and W. L. Wilson, M. D., Raleigh, chief of the section on Radiological Health of the State Board of Health.
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SUPERINTENDENTS CONFER

Six superintendents of North Carolina schools spent a day in Raleigh recently conferring with public health officials on health programs related to public schools. Dr. J. W. R. Norton, State Health Director, and other members of the State Board staff participated in the roundtable discussions. Left to right in the picture are E. S. Simpson, Smithfield; Dr. Robert D. Higgins, Director of the Local Health Division of the State Board, who presided; James W. Jenkins, Morven; J. T. Denning, Clinton, chairman J. J. Lentz, Sanford; Gerald B. James, Snow Hill; and W. L. Wildermuth, Wadesboro.

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HEALTH DIRECTORS ORIENTATION

Several directors of local health departments were among a group spending several days recently in an orientation program in the State offices. Appearing in the picture taken during a part of the program are (from left): J. M. Jarrett, director; Miss Frances Kornegay, public health educator with the school health program of the Department of Public Instruction; Dr. Dermont Lohr, health director of Davidson County; Miss Virginia Nelson, School of Public Health of UNC; Dr. Sarah T. Morris, assistant health director of Guilford County; Dr. J. U. Weaver, health director of Rutherford County; Dr. Ann B. Lane, health director of Rutherford County; and Dr. C. S. Fuller, assistant health director for Orange-Piedmont and Chatham-Lee.
J. W. R. Norton, M.D. (right), North Carolina's State Health Director, is shown in fellowship with James E. Perkins, M.D. (left), President of the National Health Council and Granville W. Larimore, M.D., Deputy Commissioner of the New York State Department of Health and chairman of the 1961 National Health Forum.

March, 1961
Held at the Waldorf-Astoria in March, the 1961 National Health sponsored by 72 member agencies was a most successful work conference. Attendance was over 700 invited representatives from all national fields. This issue of the Health contains pictorial glimpses from important meeting as well as from a major address.

Pictures—starting at top

Margaret Hickey (right), Philadelphia Public Affairs Editor of the Home Journal, is shown at the Health Forum conferencing with Freeman, E.D.D., Associate Professor of Public Health Administration at Johns Hopkins University, a former President of the National Health Council and currently chairman of the Executive Committee.

James T. Barnes (center), President of the N.C. Health Council, North Carolina with Arthur (right), a luncheon speaker at the National Health Forum, and the Reverend Monsignor Patrick (left), Director of Health and Hospitals Catholic Charities of the Archdiocese of New York.

Brigadier General David (center), Chairman of the Board of the Radio Corporation of America, is shown at the closing session of the National Health Forum, with Chairman Larimore (left) and Perkins.
Health Communication

Excerpts from an address on “Health Communication” by Dr. Leona Baumgartner, Commissioner of New York City Department of Health, at 1961 National Health Forum.

Why is communication suddenly so important? After all, we’ve been dealing with sick people for years, and we’ve cured a lot of them. The answer is that today we are dealing more and more with special situations, with an ever increasing load of research findings to translate into action, and special kinds of care that won’t work unless we do communicate.

We are passing from a medicine in which you do something to the patient into medicine in which we must do something with the patient and in which the patient must do a lot more on his own. In speaking of “do-to” medicine I am thinking of shots for tetanus and typhoid and diphtheria, of operations for appendicitis, of removing gall bladders.

Today, of the ten leading causes of death, only one - diabetes - has what might be called a specific treatment, and that requires the daily cooperation of the patient.

The number one cause of death is heart disease. Control of diseases related to the heart, as Paul Dudley White has so often emphasized, requires the adjustment of individuals to their environments, and often a change in those environments.

To control heart disease with what knowledge we now have, we must convince individuals to change their habits and to stick to those changes. These may be changes in diet habits, eating habits, smoking habits, exercise habits, or they may be changes in a whole pattern of living.

Call it what you will. We must convince people, we must engineer their consent, we must communicate with them.

Consider cancer. With our present knowledge, the main hope for a sharp reduction in the toll of cancer is earlier detection and diagnosis—and the individual must come forward and present himself for either.

We can cure an estimated one half of all cases of cancer today by finding them soon enough and doing for them what we already know how to do. If someone invented a drug that would cure half the present cases of cancer the excitement would be beyond belief. We have such a drug—and I am completely serious: It is communication.

As patterns of disease have changed,
(Continued on page 4)

James H. Sterner, M.D. (right), Medical Director of the Eastman Kodak Company and the newly elected President of the National Health Council, is shown conferring with Philip Ryan, Executive Director of the National Health Council.

March, 1961
Health Communication
(Continued from page 3)
so has thinking about communication. We used to think if we gave the public enough facts, we were doing our job. We have since discovered that mere distribution of facts isn't enough. We have loaded people with facts, and they either have not absorbed them or have ignored them. In any case, they haven't acted. So today we think beyond scattering facts. We want communication for action. And this is a subject we have a great deal to learn about.

We have as yet no foolproof methods for producing action through communication, but some things seem clear.

We have learned that people seem most likely to act immediately after being aroused. The individual excited over a community cause is more likely to sign up for it at once than he is if given time to go home and think about it. He is also more likely to stay with the cause if he signs up, because people like to justify actions they have taken.

One of the most important principles in communication is that people relate to things they are familiar with and are important to them, not to you. We must put ourselves in the place of the people we are trying to reach if we would communicate with them. Otherwise we will fail.

Another of the things we have learned about communication is that the recipient has to see or hear the message. Another thing we've learned about communication is the element of timing. There are occasions when people are ready for certain messages, often because they have been primed in advance. In 1955, people were certainly ready for the Salk vaccine, and often wonder what we might have accomplished if we then had had enough to give them.

Sometimes circumstances create
(Continued on page 5)
Health Communication
(Continued from page 4)
right kind of timing and a sudden receptiveness in the public mind. President Eisenhower's heart attack, for example, resulted in getting more information to the American people about coronary thrombosis than in all the earlier history of our country, I am quite sure. They were interested in the President. His importance got information about coronaries into all media and millions of people read and absorbed it. Some acted upon it.

We have known for a long while that people learn better when they are extremely interested in a given subject. People in floods, for example, will absorb information about typhoid that would hardly penetrate at all under ordinary circumstances and they will accept typhoid shots.

Fear, we know, can help communication and can spur action. But it is not generally known that fear above a certain point tends to keep people from acting.

We also know some barriers that tend to prevent communication, especially in the health field.

One is that lots of people can't trust scientists, experts, professionals, us. They don't know what scientific evidence is—or the difference between the trained scientist and the self-appointed "expert". They like the wonders science produces—TV sets, antibiotics—but fear to take the advice given them by scientists, particularly about changing their way of life. These are the people who trust the quack, the TV ads on the wonders of a new remedy while they reject fluoridation, Salk vaccine, or pasteurized milk. It is time that the public understands more, learns more of the difference between real experts and those who just claim to be, and about the scientific method.

Another barrier in health communication, and a big one, is that the public thinks health is normal, that everyone is entitled to it, and that sickness is abnormal. It is hard to change the living patterns of people who feel this way, because they believe health is a logical result of ordinary living. The fact of the matter of course, is that with our increasing proportion of older people, a substantial number of individuals

(Continued on page 10)
Some health exhibits at Charlotte's Career-O-Rama which were made available to upper grade high school students are pictured here. This annual feature, held in the Coliseum, presented many careers and was visited by hundreds of high school students in a well planned way. This permitted students to hear and see pertinent facts about the vocations and professions in which they had indicated interest.

Public Health—(top picture) — Exhibit sponsored by Charlotte and Mecklenburg County Health Department. Ms. Sarah Edwards of the department seen with an interested student.

Medicine—Students Joe McGirt, LeLe Solomon, and Jack Fesperman.

Dentistry—Wives of dentists, Mrs. David L. Ballard (left) and Mrs. N. Hamen, attend the exhibit.
Professional Nursing—(from the left) Mrs. A. F. Yandell, Presbyterian Hospital; Cordelia Watson, Memorial Hospital; and Barbara Pangle.

Practical Nursing—Two high school students, Linda McNaman and Billie Cook of Spaugh School confer with Practical Nurses Student Mrs. J. R. Hall.

Medical Technology — (left) Rose Marie Caneclides, Biochemist, Mercy Hospital Laboratory, and Carol Tesi, student of medical technology at Mercy Hospital Laboratory.

March, 1961
Career Days Offer Opportunities

More and more high schools are developing School Career Days to acquaint high school students with various careers in which they may become interested.

Some health departments are already taking advantage of these opportunities to plan a worthy presentation of the vocations available in public health. Some other professional groups, businesses and industrial concerns and persons in other lines of work have considered these occasions opportunities to present information on careers in their areas. These Career Days have been beneficial in that they have interested some students in making further investigations concerning careers and, in addition, they have acquainted the students with the work of certain professions, businesses and industries.

These Career Days are generally organized by guidance counselors who would be pleased to give information as to the date and plan. These counselors would doubtless be most receptive to any suggestion that would result in a representative or representatives of the health department presenting careers in this area.

A Workshop on Mental Health Consultation will be held at the Institute Government building in Chapel Hill April 24-27. A limited number of professional community mental health workers will be invited.

March, 19
Health Briefs

As the first industrial physician to be elected president of the National Health Council, James H. Sterner, M.D., medical director of Eastman Kodak Company, took office at the Council's Annual Meeting of delegates in New York on March 16. George Bugbee, president of Health Information Foundation, was chosen at the meeting as president-elect to succeed Dr. Sterner in 1962. In the interim, Mr. Bugbee will head the Council's top level program planning committee.

There was a decrease in number of births in 1960 compared with 1959 and an increase in the number of deaths, according to provisional figures based upon birth and death certificates received during 1960. There were 110,063 births registered during 1960 compared with 111,318 in 1959. Deaths registered in 1960 numbered 38,432 compared with 36,174 in 1959.

During the month of February the engineers of the Insect and Rodent Control Section of the State Board of Health devoted a large part of their time to helping local health departments and municipalities in planning mosquito control operation for the coming summer.

Roger W. Morrison, M.D. (right) of Asheville, a member of the State Board of Health, discussed State and local budgets with H. W. Stevens, M.D. (left), Buncombe County Health Director and Jacob Koomen, Jr., M.D., Assistant Director of the Division of Epidemiology of the State Board of Health. This conference held in Dr. Morrison's office recently centered on the appeal the State Board made March 23rd to the Joint Appropriations Committee of the General Assembly for certain additional funds urgently needed for Aid to Counties and other programs.

Health Communication
(Continued from page 5)
will have some sickness problems most of the time.

Sometimes we don’t communicate because people don’t understand us. This is very common. They may not understand because we literally aren’t speaking their language or because we aren’t using words and facts they are familiar with.

Communication to action is also difficult because people are committed to bad habits.

In some areas habits are involved with religious custom, in others they are descended from traditions of the old country.

Another barrier to effective health communication is competition. Everybody is trying to sell the public something. Every little pamphlet we put out is competing with dozens of fancy publications by people who can afford them.

Too often we assume that our effort, whether it be a poster, a TV show, or a pamphlet, is operating in a near vacuum. If it pleases the boss, we figure, it is all right. Not so. We are fighting a barrage of fast-gun experts, tired blood, fast, fast, fast relief, money making schemes, cut rate book offers, and bunkum and baloney, all of it extremely loud.

What can we do about our communication problems? First, as individuals, we can recognize their importance. Communication is just as much a part of medicine as penicillin.

We must recognize that new knowledge in communication can save lives just as surely as new knowledge in virology, arteriosclerosis or cancer. We must recognize this and act accordingly.

We must know our publics. We must know them, for if we do not, we will never really communicate with them.

We must take sharp aim, and use sensible ammunition. Don’t try to saturate a community if only eight aldermen are required to make the decision you want.

I’d like to see the health field have some first rate critics— knowledgeable men or women, intelligent, experienced critics, who have attained maturity and stature, to observe us and regularly criticize us on TV and in the press. I mean all of us, in the health field from the public to the health officer, insurance plans, the drug house, the scientist, the health educator, the surgeon, the hospital, the nursing home, the medical society et cetera et cetera. I am advocating the need for serious, sober, skeptical criticism in our health world. It seems surprising that this kind of criticism has not flowered because people are concerned about health. You can tell that from the sales of patent medicines.

If a theater critic encountered on the stage an idea comparable to tired blood, he would roast the show and everyone concerned with it. We need his counterpart in health.

The voluntary health agencies are in a unique position to be the spearhead of communication for better health. I think they are in a superb spot to support research on communication.

Such a program should be undertaken by joint action by the voluntary agencies.
The Haywood County Mental Health Association formally organized recently, and set about employment of a psychiatric social worker in Haywood.

Dr. Robert M. Fink, of the State Board of Health, spoke at the dinner meeting held at Long's Chapel Methodist Church. He said, "Every day there are at least 4,000 people in Haywood County suffering from emotional or mental disorders." He based his figures on national surveys, and pointed out that last year there were 29 severe cases of mental illness developing in the county. This, too, was based on a national average.

Dr. Fink said according to statistics, that 680 of Haywood's 9,500 school children are in need of the services of a psychiatric social worker.

During the business session the Board of Directors adopted the by-laws and elected Dr. Jack B. Davis as president; Dr. Charles Duckett of Canton was named first vice president; Mrs. J. C. Klopp, second vice president; Mrs. Jerry Liner, Jr., secretary-treasurer.

Members of the executive committee include: Rowe Henry and Mrs. W. O. Kearse, Canton, and Mrs. C. H. Leatherwood, Waynesville.

Dr. Fink presented a proposed budget calling for $12,000, with the State—under present conditions—paying one-half of the sum. He said the action of the legislature in appropriating money for the next two years would determine whether the State Board could continue on that basis. Dr. Fink also said the program in Haywood should be worked out of a cooperative plan with Buncombe since they have a Mental Health Center. He said 300 patients received treatment last year at the center with 13 of them from Haywood.

Buncombe County has a budget of $35,000 for the Center, with the State appropriating another $21,000.

He recommended the money be raised through taxation since that would assure continuation of the program and tie in with the State Health Department program of providing a matching sum.

An exploration of the problems of employment and retirement of older workers was made recently in the successful Fifth Occupational Health Conference of Greater Charlotte. Shown are some leaders in the conference. From the left these are: William C. Matthews, M.D., Chairman, Greater Charlotte Occupational Health Council; Clark Tibbitts, Chief, Office of Program Planning, Special Staff on Aging, U. S. Department of Health, Education and Welfare, Mrs. Maribelle G. Scoggin, secretary-treasurer, Greater Charlotte Occupational Health Council, and Kenneth E. Markuson, M.D., Division Medical Director, Liberty Mutual Insurance Company, Philadelphia.

March, 1961
STATEMENT OF BEN W. HAIGH, PRESIDENT, NORTH CAROLINA ASSOCIATION
OF COUNTY COMMISSIONERS, WITH REFERENCE TO THE BUDGET REQUEST
OF THE STATE BOARD OF HEALTH

In recent years, the North Carolina Association of County Commissioners has
regularly endorsed the budget requests of the State Board of Health for additional
aid to local health departments. Some of you may recall that two years ago I
appeared before this Joint Appropriations Committee on this same mission. We
were not successful two years ago, but we have high hopes of success this year.

When state-county cooperation in public health began many years ago, the
state and the counties shared the cost of local health work on a fifty-fifty basis.
The state, however, has not kept up its end of the bargain, and in fact there has
been no increase in state aid to local health departments since 1949. Today, the
counties are putting up 80% of total state-county effort, instead of the original
50%, and the state's share has dropped to 20%. County commissioners think the
time has come to return to a more equitable allocation of costs between the
state and her counties.

The North Carolina Association of County Commissioners heartily endorses
the 1961-63 “B” budget request of the State Board of Health for $1,500,000 for
aid to local health departments. We are very pleased and gratified that the
Advisory Budget Commission has included in its recommended budget around
one-third of this amount. But I am here today, representing the Commissioners' Association, to request the General Assembly to provide the full “B” budget
request for aid to local departments. Many of you I know, have heard from your
own county commissioners about this, because I have seen copies of a number
of resolutions endorsing the full request.

There are a number of reasons for additional state aid. In the first place,
conditions that are detrimental to health do not respect county boundaries, and
state aid helps those counties least able to support a public health program to
control these conditions. In the second place, good local health programs can save
the state money. For example, early detection of tuberculosis and post-institution
are through the public health nursing program have reduced the incidence of
tuberculosis and shortened the average stay in state sanatoriums. Moreover, public
health programs can teach persons to take care of sick relatives in a number of
cases, thereby eliminating the need for expensive hospital care; this is particularly
true in the growing area of health care for the aged. Thus, public health programs
can save the state and counties money in the construction and operation of
institutional health care facilities. Many other reasons for additional state aid have
been presented to you by the State Board of Health and other interested groups.

While aid to local health departments is our chief county concern, we are
also aware of the fact that the other “B” budget requests of the State Board of
Health will enable state health officials to better serve local departments. And
the requests for additional aid to mental health clinics will help those counties
with clinics, as well as nearby counties, to deal with mental illness.

The North Carolina Association of County Commissioners hopes that the next
day in North Carolina may include a new day in public health. Counties and
county property taxpayers have for twelve years borne every increase in public
health service and public health costs. This year we hope that the General
Assembly will add another $1 million to the amount already recommended by the
Advisory Budget Commission. The state will then again be a true partner with
the counties in the cost of local public health service.
Health Briefs

Dr. E. C. Hamblen, professor of endocrinology in the Duke University Medical Center's obstetrics-gynecology department, spent six weeks on a research and lecture tour in Central and South America.

The Annual Meeting of the N. C. Tuberculosis Association will be held in Morehead City April 27 and 28. The North Carolina Trudeau Society, medical section of the association, and the North Carolina Conference of Tuberculosis Workers will hold concurrent annual meetings. All sessions will be held in the Morehead Biltmore Hotel. Registration will begin at 9:30 A.M. Thursday, April 27 and the first general session will begin at 2:00 P.M. Herbert C. DeYoung of Chicago, president of the National Tuberculosis Association will make the opening address.

Dr. R. G. Hatwick, is now serving Rockingham County Health Department one day per week as a mental health consultant. He is a clinical psychologist in the Guilford County Mental Health Center in Greensboro.

Sanford Aldermen Vote For Fluoridation

Sanford aldermen recently voted unanimously to include funds to put fluoride in city water in the budget for the 1961-62 fiscal year. The board took the action after a delegation, headed by W. W. Staton, an attorney, pointed out the advantages of fluoridation in preventing teeth cavities. He was spokesman for a group in favor of the action.

Included in the fluoridation group were Dr. John Dotterer, representing the Lee County hospital staff; Dr. W. L. Woltz, representing the Lee County Dental Society; Dr. E. A. Pearson of the State Board of Health; Phil Walker, representing the St. Clair Warren Williams Parent-Teacher Association; Dr. Cade Covington, representing Jonesboro Heights Parent Teachers Association; and Mrs. Tom Howell, representing a group of mothers.

Both the county dental and medical societies have passed resolutions calling for addition of sodium-fluoride to the drinking water in such amount that its concentration will be one part per million, the amount recommended by the State Board of Health.

The Program Planning Committee of the N. C. Public Health Association met recently to perfect plans for the forthcoming 50th Anniversary Annual Session to be held in Greensboro. Left to right starting with Dr. J. W. R. Norton (back to camera), State Health Director, are the following: Dr. E. H. Ellinwood, Greensboro; Mrs. Anne Gailey, Burlington; E. Y. Hobgood, Durham; Mrs. Mary Farthing, Greensboro; Mrs. Rosemary Kott, Chapel Hill; Dr. Joe Weaver, Henderson; Dr. B. M. Drake, Chairman, of Gastonia; Charles McCotter, Bayboro; York Kiker, Janet Campbell, Mrs. Pearl Camstra, Raleigh; and Grace Daniel, President, of Salisbury.

March, 1961
Two recent publications of the North Carolina Governor’s Coordinating Committee on Aging are the following:

“North Carolina’s Older Population Opportunities and Challenge”—a report of the findings of eight specialized study committees sponsored by the North Carolina Governor’s Coordinating Committee on Aging and the official proceedings and recommendations of the Governor’s Conference on Aging held July 27-29, 1960, in Raleigh.

A pamphlet stressing comfort, safety and convenience features in homes occupied by elderly persons, containing a check list of suggestions designed to help older persons plan wisely for the homes in which they will spend their retirement years, is also available.

Both publications are available upon request from the Governor’s Coordinating Committee on Aging, P. O. Box 2599, Raleigh, North Carolina.

MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH

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Oscar S. Goodwin, M. D. .......................................................... Apex
Mrs. W. Kerr Scott ................................................................. Haw River, Rt. 1

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Lynn G. Maddry, Ph.D., M. S. P. H., Acting Director, Laboratory Division
Charles L. Harper, M. S. P. H., Director, Administrative Services
James F. Donnelly, M. D., Director, Personal Health
Wake County Dedicates Health Center and Tuberculosis Clinic

The "A. C. Bulla Health Center" of Wake County was dedicated in March, honoring Dr. Bulla, who for 37 years was Health Director of Wake County. Kerry Niles Kesler, Dr. Bulla's nephew, is shown unveiling the portrait as Dr. Isa C. Grant, the present health director, looks on.

The "Earl W. Brian Tuberculosis Clinic", located in the "A. C. Bulla Health Center", was dedicated recently, honoring the late Earl W. Brian, a Raleigh physician and former member of the State Board of Health. Earl Brian, Jr., the son of Dr. Brian, presented the portrait which was painted by Miss Mary Tillery of the State Board of Health.

March, 1961
DATES AND EVENTS

Apr. 7—World Health Day. Theme "Accidents Need Not Happen."

Apr. 10-14—Biennial Meeting: National League for Nursing, Cleveland, Ohio.

Apr. 10-12—Venereal Disease Seminar, Hotel New Yorker, New York, N. Y.


Apr. 30-May 6—Mental Health Week.

May—World Health Assembly, New Delhi, India.


May 18-19—Annual Meeting: Western District N. C. Public Health Assn., High Hampton.

June 19-28—Pisgah Workshop: Mental Health, Candler, N. C.

Every Saturday—7:30 P.M. over WPTF, radio program of State Board of Health.

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The Health Bulletin is in the process of revising its mailing list. The publication is sent without cost to anyone requesting it. It is also sent to professional and other leaders in areas of interest relating to health.

If this publication is being addressed to someone other than the person whom it should go or if the person to whom it is addressed does not wish to continue receiving it, please give this information in a card or letter to The Health Bulletin, P. O. Box 209, Raleigh, North Carolina.
NEW HOSPITAL FACILITIES DEDICATED—The new $5.4 million structure on the eastern edge of Raleigh is flanked by a $500,000 nurses home on the right and two other health buildings. This total operation will bring the health standards of Wake County and the City of Raleigh up to the standards of the American Medical Association for the first time in years. (From The News and Observer, Sunday, April 9, 1961; Staff Photos by Lawrence Wofford)
Wake County
Has a
New Hospital

William F. Andrews, Administrator of the Memorial Hospital of Wake County.

Amos N. Johnson, M.D., President of the Medical Society of the State of North Carolina addresses those attending the dedicatory service of the Memorial Hospital of Wake County on Sunday, April 9, 1961.
"B" Budget Being Considered

The "B" Budget request of the State Board of Health is now under consideration by a subcommittee of the Joint Appropriations Committee. This subcommittee will report to the full Appropriations Committee before the appropriations bill is presented to the General Assembly for final action.

Members of the twenty-five member committee are as follows:

**Senate members**—James G. Stikeleather, Jr., Chairman, of Buncombe County; Edward B. Clark of Bladen County; Tom L. Clayton of Jackson County; W. Lunsford Crew of Halifax County; Hubert Humphrey of Guilford County; John R. Jordan, Jr. of Wake County; J. Carlyle Rutledge of Cabarrus County; Ralph H. Scott of Alamance County; William B. Shuford of Catawba County; T. Clarence Stone of Rockingham County; R. F. Van Landingham of Davidson County.

**House members**—Thomas H. Woodard, Chairman, of Wilson County; Ike F. Andrews of Chatham County; Irwin Belk of Mecklenburg County; David M. Britt of Robeson County; Albert G. Byrum of Chowan County; Clyde H. Harris of Rowan County; Ernest L. Hicks of Mecklenburg County; L. Sneed High of Cumberland County; John Kerr, Jr. of Warren County; Roger C. Kiser of Scotland County; Jack Palmer, Jr. of Cleveland County; Wayland J. Sermans of Beaufort County; J. Eugene Snyder of Davidson County; Dwight W. Quinn of Cabarrus County; John W. Umstead, Jr. of Orange County; A. A. Zollicoffer, Jr. of Vance County.

The following excerpt is from the statement by Representative John Umstead carried in the Chapel Hill Weekly, Monday, March 27, 1961:

"The Appropriations Committee heard the request for additional funds from the N. C. State Board of Health. Their presentation clearly showed that if we are to maintain our record in the field of public health that at least a portion of their request should be granted. I refer to that portion of it calling for additional funds for aid to counties in the administration of the Public Health program.

The Federal Government and the local County Commissioners have been carrying practically all of the expenses of the administration on the county level. North Carolina has a good Public Health Department and it is to be hoped that funds can be provided to assist the counties in its administration of the public health program."

April, 1961

New officers of the N. C. Conference for Social Service which met in annual session recently in Durham. From the left, these are: Dr. Alexander Heard of Chapel Hill, vice president; Miss Ruth Wilson of Raleigh, treasurer; and Dr. C. Horace Hamilton of Raleigh, the newly elected president.
The Hon. L. H. Fountain, Representative of North Carolina in the House of Representatives, introduced a Bill recently which would amend the Public Health Service Act of 1944 to permit states, at the discretion of the Governor concerned, to transfer up to one-third of the Federal funds granted in any one category to one or more of four other public health categories. It is proposed that this flexibility apply to the following five categorical grants: General Health Assistance, Cancer Control, Heart Disease Control, Tuberculosis Control, and Venereal Disease Control. Other categories would not be affected. A further provision of the Bill would establish a uniform allotment and matching formula for Federal grants to states in the special categories listed.

Mrs. Evelyn Talley of Sanford, chairman of the N. C. State Nurses' Association Occupational Health Section, arrived in New York for the American Nurses' Association regional conference with a little time to spare. So she attended the Tuesday morning, February 14, TV show, "The Price Is Right". Not only that, she was selected as one of the contestants and won a piano valued at $850! Perhaps her astute bidding was due to recent piano shopping. Mrs. Talley had just bought a new piano. Nevertheless, she is having her prize shipped to her home in Sanford.

The North Carolina Heart Association will conduct scientific sessions during its annual meeting to be held May 4-6 in the Robert E. Lee Hotel of Winston-Salem. Very outstanding authorities from over the nation appear on morning and afternoon programs.

Some members of the Red Cross Planning Committee met in Greensboro recently and laid plans for a state-wide conference to be held in Greensboro on October 31. General Alfred Gruenther, President of the American National Red Cross, will head a list of outstanding speakers. Those shown in the picture from the left are: Charles Morgan of Gastonia, State Red Cross Chairman; Miss Ruth Clinton, executive director of the Greensboro chapter; Oscar Burnett, chairman of Greensboro chapter; Mrs. Austin Hylton of Rutherfordton, volunteer field consultant; and Mrs. J. E. Heilig of Salisbury.
N. C. Conference for Social Service Holds Annual Session

With some 300 in attendance, the N. C. Conference for Social Service held a successful session in Durham in April. The Conference endorsed the requests being made in the "B" Budget of the State Board of Health and passed resolutions stressing the need for additional funds to staff more community mental health clinics.

Pictures at the right show scenes from the Conference sessions—from the left—Top pictures: Dr. Arthur Larson, Director, World Rule of Law Center, Duke University, one of the principal speakers, and Charles H. Warren, President of the Conference—Middle picture: State Senator Robert Lee Humber, President, N. C. State Art Society; Dean H. B. James of the School of Agriculture, N. C. State College; and James B. Shea, Jr., Executive Vice-President, Research Triangle Park—Bottom picture: Kenneth Sugioka, M.D., University of North Carolina Memorial Hospital; Isa C. Grant, M.D., Wake County Health Director; R. W. Pritchard, M.D., Bowman Gray School of Medicine, Wake Forest College; and Joseph Beard, M.D., Duke University Medical Center.

April, 1961
Activities of the Pitt County Mental Health Center at Greenville

Mrs. Sara M. Proctor, psychiatric social worker, leads in play therapy in the Pitt County Mental Health Center.

The Pitt County Mental Health Center started in January 1956, is located in a special wing of the Pitt County Health Department. The Center, in cooperation with the County Medical Society, provides a post-graduate seminar in Psychiatry for general practitioners. It is one of eleven mental health centers now operating in the State.

Dr. John Altrocchi, Psychologist in the Pitt County Mental Health Center, gives a psychological examination to a patient.
Annie Rae Martin, President-elect of the Western North Carolina Public Health Association, talked over panel plans with Dr. Robert M. Fink, Mental Health Consultant and one of the panel participants. This meeting is to be held at High Hampton Inn, Cashiers, North Carolina on May 18-19.

Western N. C. Public Health Association Will Meet At High Hampton
Licensing responsibilities for nursing homes were transferred from the Medical Care Commission and the State Board of Public Welfare to the State Board of Health by a law enacted March 17, 1961 by the General Assembly. Mrs. Nan Cummings has been appointed Chief on a temporary basis for this newly established Nursing Home Section in the Personal Health Division. Dr. D. F. Milam, Chief of the Cancer, Heart and Chronic Disease Sections, will serve as Medical Consultant.

The Crippled Children’s Section of the State Board of Health provided clinic service to 13,614 cases during 1960; 1,764 were hospitalized for a total of 18,568 patient days and a total of 14,693 unduplicated cases were served.

A grant for scholarships has been received by Duke University from the Awalon Foundation in New York. These funds will augment other scholarship funds in the School of Medicine.

Alice V. Anderson, Ph.D., Clinical Psychologist, from Norman, Oklahoma, has agreed to join the staff of the Mental Health Center of Raleigh and Wake County on June 15.

Warren D. Young, Ph.D., Clinical Psychologist, from Salisbury, N. C., will join the staff of the Rowan County Mental Health Center in Salisbury on May 1.

Miss Anne Tillinghast, Psychiatric Social Worker, from Towson, Maryland, will join the staff of the Haywood County Health Department, Waynesville.

Distinguished Service Awards—The University of North Carolina School of Medicine presented five Distinguished Service Awards to former students of the school during the annual Alumni Day program held recently. The awards are annually given to persons who have made an outstanding contribution to the field of medicine or the Medical School. Shown here, with UNC Chancellor William B. Aycock, are three of the award winners. They are, left to right, Dr. James H. Wall, White Plains, N. Y.; Dr. H. McLeod Riggins, native of Mecklenburg County and now resident of New York City; Chancellor Aycock and Dr. J. W. R. Norton of Raleigh, State Health Director of North Carolina. Not present to receive their awards in person were Dr. Ben W. Washburn of Rutherfordton and Real Adm. Allan S. Chrisman, native of Greensboro and resident of Washington, D. C.
in recognition of the significant achievement and meritorious service in medicine of

John William Roy Norton

confers upon him this

Distinguished Service Award

Given this fourteenth day of April, nineteen hundred and sixty-one, at Chapel Hill, North Carolina.

Dr. Norton's associates and his many friends are delighted to see this added evidence of the high esteem in which he is held in the many relationships of his varied and effective service. (See picture at left)

April, 1961

THE HEALTH BULLETIN
Earl Emory, bacteriologist, examines a smear for cancer cells.

Dr. Jacob Koomen, Jr., Medical Consultant of the Laboratory Division of the State Board of Health, discusses test results with Mrs. Mildred Kerbau, bacteriologist, in the streptococcus fluorescent antibody section of the laboratory.

Some of the Newer Laboratory Programs
Dr. Lynn G. Maddry, acting director of the Laboratory Division, consults with Dr. Nell Hirschberg, bacteriologist.

Mrs. Mildred Kerbaugh, bacteriologist, studies a slide to determine presence of fluorescent Group A streptococci.

Mrs. Maxine Matheson, chemist, examines water for presence of radiation.
Behind the closed door, a mentally ill man crouches in the darkness, shouting and clutching a butcher knife. On the other side of the door stand a police sergeant and three officers. In a moment, the sergeant will open the door and lead the way into darkness...

This tense situation develops in "Booked for Safekeeping," a movie made recently in New Orleans. Most of the people who see this film will have more than a casual interest in its plot. They will be police officers who, any day, could find themselves in the place of the sergeant who is the film's hero.

The sergeant has to tackle problems that are among the most baffling the average policeman comes across in a day's work. In this half-hour movie, the people he faces are not criminals. They are mentally ill persons: a young woman who has escaped from an institution; a retarded child who causes mischief in the neighborhood; a schizophrenic, rigid on the floor, who may explode into violent action at any moment; an old woman who gathers a crowd as she screams incoherently in the street.

This is a movie with a message. Its aim: to help the working policeman recognize, understand and handle mentally disturbed people.

Although the film actually was made early this summer, the story of its development dates back to 1954. It began, as many things do, with a man and an idea.

This film is available through the Film Library.
Maurice Kamp, M.D., M.P.H. of Louisville, Kentucky became Health Director of Charlotte and Mecklenburg County on May 1st. He had been Health Officer for Louisville and Jefferson County, Ky. He spent three years in private practice and several years with the U.S. Public Health Service.

Lenoir Countians had an opportunity recently for chest X-rays at the mobile X-ray units which were stationed at various locations in the county in recent weeks. Nearly 5,000 chest X-rays were given according to an early report. Dr. L. E. Kling is Lenoir County Health Director.

Personnel of the Regional Office of the U.S. Department of Health, Education and Welfare were in Raleigh recently conferring with officials of the State Board of Health on ways to strengthen and make further improvements in health programs. Shown in the picture from the left are: Charles L. Harper, Director, Administrative Services Division of the State Board of Health; Dr. Robert Price, Chronic Disease Consultant; Edward E. Springborn, Chief of Program Aids; Dr. Emil E. Palmquist, Medical Director; C. H. Atkins, Regional Engineer; and Dr. George Moore, Chief, Community Health Practice, all from the Regional Office.

April, 1961
Dale Andrews of Guilford Dairy acted as a customer as Mrs. Unice Lornegan acted as waitress at the opening of a Travel Host School held at the Mayfair Suburban Restaurant in Greensboro recently. The school, sponsored by Greensboro and High Point Chambers of Commerce in cooperation with the State Board of Health, sought to instruct restaurant personnel in sanitation, service, courtesy and information on area locations of tourist interest. (Daily News Staff Photo)

The National Institutes of Mental Health have renewed the research grant on “Autism in Childhood” to the Forsyth County Health Department for another three years. The total grant for the three years amounted to approximately $40,000.

The U. S. Public Health Service, Division of Radiological Health, has announced the publication of the revised edition of the “Radiological Health Handbook”. This Handbook is intended as a basic reference for all students, trainees, technicians and professionals whose duties require a knowledge of the fundamentals of radiation physics.

MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH
Charles R. Bugg, M. D., President .......................................................... Raleigh
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Oscar S. Goodwin, M. D. .......................................................................... Gastonia
Mrs. W. Kerr Scott .................................................................................. Haw River, Rt. 1

EXECUTIVE STAFF
J. W. R. Norton, M. D., M. P. H., State Health Director
J. M. Jarrett, B. S., Assistant State Health Director
Fred T. Foard, M. D., Director, Sanitary Engineering Division
Robert D. Higgins, M. D., M. P. H., Director, Epidemiology Division
E. A. Pearson, Jr., D. D. S., M. P. H., Director, Local Health Division
Lynn G. Maddry, Ph.D., M. S. P. H., Acting Director, Laboratory Division
Charles L. Harper, M. S. P. H., Director, Administrative Services
James F. Donnelly, M. D., Director, Personal Health
The Sixth Annual Workshop in Community Mental Health for professional trained workers will be held again this year at Pisgah View Ranch, Candler, N. C. on June 19-28. Sponsored by the Mental Health Section of the State Board of Health, the workshop is designed to bring together persons who work in community mental health programs to discuss needs and how they can be met. For details write Dr. R. M. Fink of the State Board of Health.

A 129% increase in professional man-hours in outpatient psychiatric clinics was noted in North Carolina in 1959. This State had the fifth highest record in the nation. North Carolina ranked 29th in the nation in the number of scheduled professional man-hours per week in outpatient psychiatric clinics for each 100,000 population that year.

Rural Safety Considered a successful emphasis on Rural Safety was given in the meeting held in Raleigh recently. Miss Nettie Day was among the participants.

SPECIAL ANNIVERSARY ISSUE

The Health Bulletin will cooperate with the N. C. Public Health Association and the Guilford County Health Department in issuing a Special Anniversary Issue in June. This will give emphasis to the 50th Anniversary of each of these two organizations and point toward the Annual Meeting of the N. C. Public Health Association in Greensboro June 29 and 30. Anyone who has materials, photos, facts or ideas which might be used or mentioned in such an Anniversary Issue should send some word immediately to the Health Bulletin Editor who will see that it is considered by the special editorial committee named by the Association to plan for this issue. Immediate action is most advisable.

April, 1961
DATES AND EVENTS

May—World Health Assembly, New Delhi, India.


May 18-19—Annual Meeting: Western District N. C. Public Health Assn., High Hampton.

June 19-28—Pisgah Workshop: Mental Health, Candler, N. C.

Every Saturday—7:30 P.M. over WPTF, radio program of State Board of Health.

A seminar on the speech and hearing program was recently conducted for public health nurses at Lumberton. This seminar was sponsored by the Crippled Children's Section of the State Board of Health in cooperation with the Speech and Hearing Center of Duke Hospital and the Robeson County Health Department. A feature speaker was Dr. Roderick B. Ormandy, Speech Pathologist and Coordinator of the Crippled Children's Speech and Hearing Center at Duke. The seminar emphasized public health nursing responsibilities in the speech and hearing program.

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The Health Bulletin is in the process of revising its mailing list. The publication is sent without cost to anyone requesting it. It is also sent to professional and other leaders in areas of interest relating to health.

If this publication is being addressed to someone other than the person whom it should go or if the person whom it is addressed does not wish to continue receiving it, please give your information in a card or letter addressed to The Health Bulletin, P. O. Box 2091, Raleigh, North Carolina.
STATE BOARD OF HEALTH MEETS IN ASHEVILLE

The State Board of Health held its annual meeting at Asheville prior to the Conjoint Session of the State Board with the Medical Society of the State of North Carolina. J. W. R. Norton, M.D., Secretary-Treasurer of the State Board and State Health Director, presented the report at the Conjoint Session. Seen at the Board meeting as shown in the picture from the left are: Dr. Norton; Charles R. Bugg, M.D., President; Jasper C. Jackson, Ph.G.; Ben W. Dawsey, D.V.M.; John R. Bender, M.D., Vice-President; Mrs. W. Kerr Scott; Lenox D. Baker, M.D.; Oscar S. Goodwin, M.D.; and Roger W. Morrison, M.D. (Citizen-Times Photo)

May, 1961
Medical Auxiliary Scenes

New officers were installed by the Auxiliary to the Medical Society of the State of North Carolina in Asheville. They include from the left: Mrs. Joseph M. Hitch of Raleigh, immediate past president, handing over the gavel; Mrs. Daniel S. Curry Jr. of Fayetteville, recording secretary; Mrs. George T. Noel of Kannapolis, president; Mrs. John C. Reece of Morganton, first vice-president; and Mrs. C. T. Wilkinson of Wake Forest, president-elect. (Citizen-Times Photo)

Among the social events planned for members of the Auxiliary to the Medical Society of the State of North Carolina meeting in Asheville was a tea for past presidents of the group in the home of Dr. and Mrs. J. D. Coughlin. Present were, from the left; Mrs. Reeds Berryhill of Chapel Hill; Mrs. J. M. Saunders of Asheville; Mrs. P. P. Cain of Wilson; Mrs. R. D. Croom of Maxton; Mrs. Robert L. Garrard of Greensboro; Mrs. G. M. Billings, Sr. of Morganton; Mrs. K. B. Pace of Greenville; Mrs. Donnie M. Royal of Salisbury and Mrs. Harry L. Johnson, Sr. of Elkin. (Citizen-Times Photo)

The President-Elect of the Auxiliary to the Medical Society of the State of North Carolina, Mrs. George Thompson Noel of Kannapolis (right), was host at a luncheon in Asheville in the Blowing Forest Country Club. Among the honored guests attending were, left to right: Mrs. Claude B. Squires of Charlotte, wife of the president-elect of the N. C. Medical Society; Mrs. Henry Steadman of Atlanta, Ga., treasurer of the auxiliary to the Southern Medical Association; Mrs. Roger W. Morrison of Asheville, luncheon chairman, wife of member of the State Board and Mrs. Vincent Askey of Los Angeles, California, wife of the president of the American Medical Association. (Citizen-Times Photo)
Conjoint Session Report 1961

By J. W. R. Norton, M.D., M.P.H., F.A.C.P.**

The customary detailed (63 Page) annual report of activities in state and local public health work is provided to the Medical Society. Instead of summarizing, we felt it would be more interesting, at this time, to touch on some of the highlights and then mention a few of our problems of general mutual interest. We take up the highlights by our divisional organization.

LABORATORY DIVISION

Lynn G. Maddry, Ph. D. Acting Director
Among the achievements for 1960 were the offering of services for rapid identification of beta hemolytic streptococci group A by the fluorescent antibody procedure and the complement fixation tests for fungus diseases.

A serious problem is our inability to recruit and retain properly trained personnel because of the low starting salary ranges. The clerical staff is burdened beyond the point of being able to take care of the increased volume and it is necessary that the technical staff perform some of these duties which in turn reduces the number of specimens that could be examined.

It was disappointing that due to limitation of state funds provided, we are unable to meet the needs of the people in North Carolina in the field of cancer cytology, virology and environmental health.

**Secretary-Treasurer and State Health Director, N. C. State Board of Health, Raleigh.

May, 1961

ORAL HYGIENE DIVISION

E. A. Pearson, D.D.S., Director
This marks the thirtieth anniversary of our Oral Hygiene Division. The main emphasis is still on providing for children in the elementary grades a program of dental health education which includes, insofar as funds and staff will permit, the following:—classroom instruction and dental inspections for all; dental corrections for the underprivileged; and referrals to private practitioners for the other children.

Of especial significance in the progress of the program during the past year are the developments in the areas of recruitment, research, and fluoridation.

The rapid turnover of staff dentists makes recruitment a constant problem. New approaches of a recruitment brochure, mailed to senior dental students of eastern and southern dental schools, and visits to many of these schools by the Division Director have
brought a dramatic change to our now having more applicants than openings. Eight new dentists will begin work in July, thereby, enabling us to provide dental health programs in many more counties than heretofore.

The Division's participation with the U.S.P.H.S. in the State-wide research project, "The Natural History of Dental Diseases in North Carolina," is progressing nicely. Dental examinations have been completed for twenty percent of the households in the total sample. The consummation of this project will provide, for the first time, prevalence rates of dental diseases for a state population. Such information will be invaluable in helping us to define our problems and to measure progress.

Recognizing that fluoridation is the most effective method of preventing tooth decay, we are glad to report progress in the fluoridation of municipal water supplies. Since our last meeting, three cities have adopted this public health measure, making a total of thirty-four North Carolina municipalities now adjusting fluorides upward to the optimum amount (one part per million) for dental development and health. The combined population of these cities is 1,036,507 and represents fifty-five percent of the urban population. Fluorides occur naturally, in amounts of 0.7 to 1.2 ppm, in the water supplies of seventeen other North Carolina municipalities with total population of 35,569. Five also have natural fluorides in amounts beyond 1.2 ppm: Winton (1.4), Williamston (1.5), Wentworth (1.8), Square (2.1) and Windsor (3.0).
1961. The school health program was also transferred from the Division of Local Health to Personal Health on March 16, 1961.

2. Two new cancer detection clinics were added to bring to nineteen the detection clinics now functioning. An additional 4,000 Papanicolaou smears were examined by the Laboratory Division bringing the total for 1960 to 35,514.

3. Physiotherapists were added to the heart programs in three counties. We now have four physical therapists on the crippled children's and chronic disease programs.

4. A stroke rehabilitation program was initiated in five counties emphasizing home nursing care.

5. A survey program for diabetes was initiated in 20 counties with particular stress on the nutrition of the pre-diabetic discovered in the survey.

6. Nutritional programs in industry were expanded, and there was marked expansion in consultation and review of architectural plans for institutional kitchens.

7. The Crippled Children's Section instituted changes in statistics reporting and recording financial and medical information on crippled children's cases to provide a clearer basis for evaluation of these services. In this Section also the age limitation was moved from 15 to 21 for presentation to rheumatic fever and speech and hearing clinics and it has assumed clinic observation, preoperative and postoperative, of congenital and other heart cases.

8. There was a continued reduction of midwife licenses with the number reaching a new low figure of 294.

9. Follow-up study of prematurely born infants in Wake County was completed, and the results have been analyzed and reported.

The N. C. Academy of Preventive Medicine met during the recent Medical Society meeting in Asheville. Shown in the picture at the luncheon meeting from the left are: Seated, Dr. Elizabeth C. Corkey, Charlotte-Mecklenburg County Health Department; Dr. R. E. Coker, School of Public Health, University of North Carolina; Dr. Fred T. Foard, Director, Division of Epidemiology, State Board of Health; Dr. Isa C. Grant, Director of the Wake County Health Department. Standing, Dr. Maurice Kamp, Health Director of the Charlotte-Mecklenburg County Health Department; Dr. William H. Bandy, Health Director of Catawba-Lincoln-Alexander District Health Department; Dr. Benjamin M. Drake, Health Director of the Gaston County Health Department; Dr. R. D. Higgins, Director, Local Health Division, State Board of Health; Dr. J. W. R. Norton, State Health Director; Dr. W. L. Wilson, Chief, Occupational Health Section, State Board of Health; and Dr. William P. Richardson, Associate Dean, University of North Carolina School of Medicine.

SANITARY ENGINEERING DIVISION

J. M. Jarrett, B.S., Director

Two reports of state-wide significance were printed and distributed. One summarized results of 1/2 years study of background radiation in surface
Co-operation in a Study of Diabetes in the Community was discussed in the Public Health and Education Section at the Medical Society meeting in Asheville. Participating on the panel, from the left, are: Dr. Isa C. Grant, Health Director of Wake County, moderator; Dr. Charles W. Styron, Raleigh, who gave a report on Retrospective Study of Diabetes Patients Under His Care; and Dr. D. F. Milam, Chief, Chronic Disease Section of the State Board of Health.

The staff of the State Board of Health has begun the issue of a newsletter to tell of the happenings and interests in this area. Items of news or suggestions should be sent to the Public Relations Office.

Public Health and the Practicing Physician was discussed by a panel during the meeting of the Section on Public Health and Education of the Medical Society meeting in Asheville. Seen in the picture from the left are: Dr. Henry D. McIntosh, Internal Medicine; Dr. Hugh A. Matthews, General Practice; Dr. James B. Hawes, Ophthalmology and Otolaryngology; and Dr. V. Watson Pugh, Pediatrics. Dr. Edwin S. Preston was moderator.

Streams used as sources of public water supplies. One hundred thirty-five (135) sampling stations were established on major streams of the state for periodic checking.

The second report shows results of the "Air Pollution Study of North Carolina" made in 1958-'59 as a special project with the U. S. Public Health Service. The survey indicates need for control activities generally throughout the state. Additional funds from the legislature are being requested to enable us to develop this program to provide protection against the unfortunate development of hazards such as have occurred in Donora, Pa., London and Los Angeles and to lesser degree elsewhere.

Regulations for sanitary control of mechanical vending machines were adopted but operation has been delayed until the necessary preliminary educational program can be carried out.

In addition to continuing our participation in the air radiation surveillance network, North Carolina was added to the Public Health Service surveillance network for radioactivity in fluid milk supplies when Charlotte was added to this list. Samples are examined at the Public Health Service Radiation Laboratory, Montgomery, Alabama.

There are presently 650 public water supplies under supervision with 45 new supplies added during 1960. Water supply improvements costs last year amounted to $3,609,372.00.

This Division and local staffs now have 22 engineers and 248 sanitarians providing environmental health protection.

LOCAL HEALTH DIVISION

Robert D. Higgins, M.D., Director

ADMINISTRATION—One of the primary objectives has been to consolidate wherever and whenever feasible...
smaller single county health units into district units of two or more counties. Some of our single county units could provide only a part-time health program but by joining with one or more neighboring counties, a full time health program under the direction of a qualified full-time health director could be provided at a salary commensurate with his duties and with improved services in each participating county in the district. Sixty-nine departments serve the 100 counties since 18 district departments serve 49 counties.

Through an incentive (50% of cost up to $1,000 per county) offered by the State Board of Health to counties which are under, or those which do come under, the Local Governmental Retirement Plan has grown rapidly, and 61 of the 100 counties now provide their local health employees with this coverage.

PUBLIC HEALTH NURSING—The public health nurses have made progress in their goals to provide improved nursing care to patients referred by physicians in private practice or in local, state and regional hospitals. The objectives of this service are to permit early hospital discharge, assist family members in nursing techniques, and promote rehabilitation and restoration.

1. Plans have been developed whereby physicians in the Veterans' Administration Hospitals refer selected patients as discharged to local health departments for nursing service. The public health nurses make one visit to the patient, reminding him of the need for continuing local physician care, and additional visits only if the patient is under the care of his local physician. This service is provided in 96 of our 100 counties.

2. Additional health departments are now providing public health nursing services to the patients discharged from our state and Veterans' Ad-

(Continued on page 9)

Some Personalities at the Medical Society Meeting

American Medical Association President Dr. E. Vincent Askey, seated, of Los Angeles, Calif., was a principal speaker at the recent Medical Society meeting in Asheville. Shown here with Dr. Askey, from the left, are: Dr. Claude B. Squires of Charlotte, president-elect of the Medical Society; Dr. A. J. Dickinson of Waynesville; and Dr. W. Howard Wilson of Raleigh.

May, 1961
There was music in the fellowship hours in the recent annual meeting of the N. C. Tuberculosis Association held in Morehead City. One of the most enjoyable features was the playing of Mrs. B. M. Jarrett, Shelby, Executive Director of the Cleveland County Tuberculosis Association.

Mrs. Mabel G. Rogers has returned to the State Board staff as Nutrition Consultant to the counties immediately surrounding Wake County.

Dr. Eugene A. Stead, Jr., chairman of the Duke University Medical Center’s Department of Medicine, has been elected secretary of the Association of American Physicians.

Dr. J. W. R. Norton, State Health Director, has accepted membership on the Board of Directors of the National Citizens Committee for the World Health Organization. This organization seeks to encourage citizen interest, understanding and support for world health. Eight other countries now have such national committees. Peter E. Joyce, manager of the export department of the Shell Chemical Company is president and distinguished leaders in health related fields are active in the organization which is ten years old.

Due to near exhaustion of funds, the Crippled Children’s Section of the State Board is forced to curtail its program until the end of this fiscal year. The Section hopes to maintain clinic services and to support some emergency services. Most services can be deferred without harm to the child, and it is anticipated that other resources will be used for those children whose treatment should not be delayed.

More vigorous promotion of water fluoridation was urged by the Association of State and Territorial Dental Directors meeting with the Children’s Bureau and the Public Health Service of the U. S. Department of Health, Education, and Welfare in May.

Friends will get together—seen at the recent annual meeting of the N. C. Tuberculosis Association are these friends and fellow workers in welfare. From the left, these are: Miss Willie Sutton, Director in Pamlico County; Miss Georgie Hughes, Director in Carteret County; Mrs. Myra Mitchell, Supervisor of Standards and Procedure for the State Board, and Mrs. Phoebe Compen, a caseworker in Pamlico County.
ministration mental hospitals and to their families (20 counties). The state hospital medical staffs are enthusiastic about the service and only the lack of personnel in the hospitals and the health departments prevents extension of this valuable service which has decreased the number of re-admissions in these counties.

3. The referrals from N. C. Memorial Hospital have increased in number and urgency. Throughout the country, this is regarded as an outstanding example of an efficient, well organized plan for referral between a teaching hospital and local nursing resources.

4. Demonstrations of how limited nursing service to the chronically ill may be provided by busy generalized public health nurses are encouraged and have been started in Halifax, Alamance, New Hanover, Person, Mecklenburg, Guilford, Orange, Chatham and Lee health departments. These have had the enthusiastic support of the local medical societies and the State Society Committee On Chronic Illness.

The chronically ill and aged in nursing homes and boarding homes have received improved services through direct consultation and in-service education for the staffs of these homes.

HEALTH EDUCATION—This Section promoted a three-day Workshop on Communications in Raleigh for ninety professional employees for the improvement of intra-agency communications. The staff consisted of people with special skills in the fields of the behavioral sciences, business and industrial personnel management, and public relations, as well as the disciplines of public health. A committee summarized the suggestions and made recommendations.

(Continued on page 14)

One of our own has been named President-Elect of the Southern Branch of the American Public Health Association. H. W. Stevens, M.D., Health Director for Buncombe County, serves this year as treasurer and assumes chief responsibility next year. Dr. Stevens' many friends join in congratulations while all previous presidents, who know what a hard job it is, temper congratulations with sympathy.

Anyone wishing to have a well drilled should take care to secure a reputable and experienced well driller according to a statement by J. M. Jarrett, Director of the Sanitary Engineering Division of the State Board of Health. Since there is no State law setting standards in this area, it is possible for incompetent and irresponsible persons to offer this service.
### Resident Live Births, Infant Deaths, and Maternal Deaths with Rates:
#### United States and Each State, 1959

(Infant mortality rates per 1,000 live births. Maternal mortality rates per 10,000 live births.)

<table>
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<th>Area</th>
<th>Live Births Number</th>
<th>Infant Deaths Number</th>
<th>Infant Deaths Rate</th>
<th>Maternal Deaths Number</th>
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Vermont   9,464     224  23.7     3  3.2
Virginia   96,632    2,996  31.0    41  4.2
Washington   65,750    1,576  24.0     7  1.1
West Virginia   42,282    1,150  27.2    14  3.3
Wisconsin   98,632    2,311  23.4    33  3.3
Wyoming     8,212     221  26.9     2  2.4

Source: National Office of Vital Statistics
4/12/61

RESIDENT LIVE BIRTHS, INFANT DEATHS, AND MATERNAL DEATHS WITH RATES:
NORTH CAROLINA AND EACH COUNTY, 1960*
(Infant mortality rates per 1,000 live births.
Maternal mortality rates per 10,000 live births.)

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May, 1961

THE HEALTH BULLETIN
### RESIDENT LIVE BIRTHS, INFANT DEATHS, AND MATERNAL DEATHS WITH RATES: NORTH CAROLINA AND EACH COUNTY, 1960*

(Infant mortality rates per 1,000 live births. Maternal mortality rates per 10,000 live births.)

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12 THE HEALTH BULLETIN May, 1961
RESIDENT LIVE BIRTHS, INFANT DEATHS, AND MATERNAL DEATHS WITH RATES:
NORTH CAROLINA AND EACH COUNTY, 1960*
(Infant mortality rates per 1,000 live births.
Maternal mortality rates per 10,000 live births.)

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*Data are provisional and include receipts through January 1961 for 1960 occurrences.
Source: Public Health Statistics Section
4/4/61

Budget and auditor's reports in the counties, as well as at the State level, would be much clearer if expenditures for health were separated from expenditures for welfare and expenditures for hospitals. These frequently are grouped together in ways that confuse rather than inform.

May, 1961

There is hope—Plans are underway to redecorate and refurnish the auditorium of the Laboratory Division. Mr. George Cherry, Director of General Services, has promised certain improvements and a committee of the State Board staff is at work on the plans. Mr. Charles Harper is chairman.
CONJOINT REPORT
(Continued from page 9)

ations for valuable innovations and modifications of practices. These are being followed up by various staff members with encouragement by the State Health Director, and improvement in communications is expected.

We encourage local health departments to employ a full-time health educator when the budget, size of staff and readiness for a health educator make this feasible. Two additional health departments established health education positions and one department increased its staff thus bringing to twelve the health departments served by their own health educator. Three position vacancies exist due to demand exceeding supply and salary limitations.

MENTAL HEALTH—Due to program expansion, our State Board has approved changing the Mental Health Section to Division status under a qualified psychiatrist, to become effective as soon as such a director is available.

During 1960 the number of mental health clinics remained at eleven (11) and these held over thirty-eight thousand (38,000) interviews with 5,446 patients. Fifty-two per cent of these patients were children under fourteen years of age. Five additional counties established evaluation, referral and consultation services, an increase from three in the preceding year.

The professional staff in these programs increased by forty-six per cent to now consist of twenty-three psychiatrists, twenty-four clinical psychologists, twenty-six psychiatric social workers, one epidemiologist and one remedial reading specialist. As rapidly as feasible, we are working toward having our eighty public health physicians and 550 graduate nurses become as effective in decreasing mental and emotional disability as they have been against communicable diseases. Consultation services were continued to doctors, ministers, nurses, schools, courts, industries, social workers and other groups of agencies.

EPIDEMIOLOGY DIVISION
Fred T. Foard, M.D., Director

In the tuberculosis control program, we are operating five mobile X-ray units, with one held in reserve. Follow-up activities have improved over the past year under the leadership of two technicians. Seventy-three counties are served by chest clinics, which are attended by qualified chest specialists. This is an increase of six chest clinics during calendar 1960 and there were 168,000 persons X-rayed by our mobile X-ray units, and 32,000 miniature films were read in the central office for 12 counties which have their own units.

Nineteen laboratory-confirmed cases of animal rabies were reported from four counties,—a record low. Also, the number of human antirabic treatments dispensed by the Laboratory Division to physicians also reached a new low of 155 complete treatments, indicating progress in the field of veterinary public health and related areas.

COMMUNICABLE DISEASE—There was a striking increase in infectious hepatitis with 577 cases being diagnosed as compared with 118 in 1959. Confined largely to children of school age, the number of cases was in keeping with the increase shown for the United States.

In contrast with the 1959 poliomyelitis experience when 313 cases were seen, the 1960 experience showed a sharp drop to 85 cases. Of this number, 64 were paralytic in type as compared with 270 in the previous year. Four persons died. Approximately three-fourths of the paralyzed individuals had received less than three doses.

(Continued on page 15)
of Salk vaccine. Total inoculations were 4,470,535 from 1955 to December 31, 1960 and for 1960 alone 486,123 with 304,759 for those under 7 years of age.

The number of cases of diphtheria was approximately the same as in the previous year—twenty—with twenty-two in 1959. Continued emphasis on immunization should reduce the case load still further.

Of special interest was the third epidemic of Asian influenza which occurred in the spring. There was an increase in the over-all death rate due to deaths from pneumonia and influenza and diseases of the heart and blood vessels.

State personnel investigated a large number of communicable disease outbreaks.

OCCUPATIONAL HEALTH—We had a very busy year in occupational health and in radiation control.

1. In conjunction with the Governor's Council on Occupational Health, our Section Chief, Dr. W. L. Wilson, had a key part in preparation, publication and distribution of "Better Occupational Health for North Carolina" which is widely acclaimed.


3. Forms for voluntarily registering sources of radiation were distributed to some 6,000 physicians, dentists, veterinarians, and hospital administrators.

(b) A positive State Radiological Health Program has been designed and its implementation begun.

(c) The State Radiological Emergency Team was organized and equipped, has had one simulated incident test and responded promptly to Wayne County for the crash of a B-52 bomber carrying nuclear weapons.

(d) A statewide alerting, communications and reporting system involving all police departments, and all sheriffs departments has been super-imposed upon the State Highway Patrol system previously developed between the Chief, State Radiological Emergency Team and the Director, Enforcement Division, State Highway Patrol.

(e) Extremely close liaison has been developed with the Atomic Energy Commission and the Public Health Service to insure coordination and full utilization of all federal-state resources in critical emergencies.

3. In cooperation with the University of North Carolina School of Public Health, conducted Seventh Annual Radiological Health Seminar and assisted in establishing graduate training program in radiological health.

4. In conjunction with the Department (Continued on page 16)
Larry Gordon (center), Health Officer, Albuquerque Health Department receives the 1961 Samuel J. Crumbine Award for the outstanding program of eating and drinking sanitation from Howard E. Hough (left), Secretary of the Public Health Committee of the Paper Cup and Container Institute, as William C. Miller, Jr. (right), Chief, Food Sanitation, U. S. Public Health Service and a former Sanitarian in the Columbus County Health Department in North Carolina, prepared to offer his congratulations. The ceremony took place at a banquet sponsored by the Albuquerque Chamber of Commerce on April 19.

Clark Edwards has assumed his duties as Personnel Assistant III at the State Board, coming from industrial and service personnel experience.

Mrs. Mary Ellen Woodlief of the office staff of the N. C. Tuberculosis Association confesses that she has received The Health Bulletin ever since she was in the 8th grade when her teacher suggested that all the members of the class ask for this excellent publication. Mrs. Woodlief's picture appears elsewhere in this issue.

CONJOINT REPORT
(Continued from page 15)
of Engineering, North Carolina State College, assisted in presenting the Third Annual Industrial Ventilation Conference attended by participants from Massachusetts to Florida and as far west as Ohio.

5. Sponsored and obtained from outstanding industrial, professional, government, and educational leaders manuscripts which will go to make up the North Carolina July issue of American Medical Association's Archives of Environmental Health with a stimulating foreword by Governor Terry Sanford.

PUBLIC HEALTH STATISTICS—A committee of the Medical Society worked with the State Board of Health and statistical staff and the North Carolina Hospital Association to complete and publish a report entitled "North Carolina Hospital Discharge Study". The State Board of Health provided the punching, tabulation, and public health statistical services which were required in order to accomplish the objectives of the study:

1. Causes of hospitalization by age and color;
2. Per diem charge, length of stay, and total charge for hospitalization;
3. Sources of payment, such as patient or family, insurance, or governmental. Discharge data from 72 general hospitals on 28,000 patient records covering one week in each seasonal quarter involving 183,000 patient days at a total charge of $4,300,000 were compiled and tabulated. This is the first such study of this magnitude ever done in this state.

Statistical services were furnished the following outside agencies and organizations for various studies conducted by

(Continued on page 18)
The Pamlico Tuberculosis Pilot Study Testing Program was discussed at the recent State Association meeting. Seen in the picture discussing the map and exhibit on this subject are, L. E. Kling, M.D. (left), Kinston, Health Director of the Lenoir, Jones, Pamlico Counties Health Departments, and David T. Smith, M.D., Professor of Bacteriology and Associate Professor of Medicine at Duke University, who was chairman of the committee for this pilot study.

N. C. Tuberculosis Association Meets at Morehead City

Registration was a pleasant experience at the recent annual meeting of the N. C. Tuberculosis Association held in Morehead City. Making out the name tags was Mrs. Mary Ellen Woodlief of the Association office staff. Shown from the right registering are: Mrs. Julia Galbaugh and Mrs. Mary Snyder from the Guilford County Health Department, and Mrs. Iva Berle Salter of the Carteret County Health Department.

Serious but informal discussion was a part of the recent productive session of the N. C. Tuberculosis Association meeting at Morehead City. Seen in the picture from the left are: C. Scott Venable, Raleigh, Executive Secretary of the Association; Mrs. Frank Suggs, Gastonia, a member of the Board; and John P. Kennedy, Jr., Charlotte, the new President who is a lawyer and trust officer for the First Union National Bank and a member of the 1961 House of Representatives. Gastonia is the site for next year's meeting.

May, 1961
CONJOINT REPORT
(Continued from page 16)
them:—Cornell Auto Crash, Bowman Gray, Duke Medical School, University of North Carolina (several projects), Vocational Rehabilitation, Motor Vehicles, Motor Pool, Agriculture, Public Instruction, N. C. Cerebral Palsy Association, Wake County Premature Study, Personnel Department, Hospitals Board of Control and the State Medical Society Study Committees on Maternal Health, Perinatal Mortality, Child Health and Anesthesia.

HOME AND FARM ACCIDENT PREVENTION:
1. Assisted in establishment of two additional Poison Information Centers (Charlotte, Mt. Airy) in addition to the three already in operation (Durham, Wilmington, Jacksonville).
2. Followed up on studies of drownings, accidental deaths among school-age children and mortality due to fires and explosions.
3. Continued cooperation with Rural Safety Councils, Teachers’ Workshops, and Off-the-Job Accident Prevention Councils.
4. Promoted staff education and in-service training of State and local cooperating agencies.

There was a rise of infectious syphilis reported with a total of 13,052 general disease cases and 854,433 serologic tests by state, county and other approved laboratories.

ADMINISTRATIVE SERVICES DIVISION
Charles L. Harper, M.S.P.H., Director
A greater amount than usual of time, planning and effort was put into preparations for budget presentations to the Advisory Budget Commission and the Joint Appropriations Committee of the 1961 General Assembly, particularly by Dr. Jacob Koomen and Mr. Charles Harper. Recommendations made by the Commission and the serious consideration being given now by the Committee are encouraging.

A Travel Manual was adopted during the year to consolidate and summarize necessary policies and proce-

MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH
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John R. Bender, M. D., Vice-President ......................... Winston-Salem
Lenox D. Baker, M. D. ............................................. Durham
Roger W. Morrison, M. D. ....................................... Asheville
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Ben W. Dawsey, D. V. M. .......................................... Gastonia
Oscar S. Goodwin, M. D. ......................................... Apex
Mrs. W. Kerr Scott ................................................. Haw River, Rt. 1

EXECUTIVE STAFF
J. W. R. Norton, M. D., M. P. H. ............................ State Health Director
M. D., Assistant State Health Director
J. M. Jarrett, B. S., Director, Sanitary Engineering Division
Fred T. Foard, M. D., Director, Epidemiology Division
Robert D. Higgins, M. D., M. P. H., Director, Local Health Division
E. A. Pearson, Jr., D. D. S., M. P. H., Director, Oral Hygiene Division
Lynn G. Maddry, Ph.D., M. S. P. H., Acting Director, Laboratory Division
Charles L. Harper, M. S. P. H., Director, Administrative Services
James F. Donnelly, M. D., Director, Personal Health
dures for official travel of departmental employees.
A carefully prepared Biennial Report was published.
The Film Library supplied well over 17,000 requests which was an increase of nearly 2,000 over the previous year.
An Editorial Board was named for the Health Bulletin and several changes, which we hope will be improvements, were made in this publication.

GENERAL COMMENT
Many items of continuing conjoint concern have called for attention since our last meeting, such as:
1. Fragmentation of medical and health services with favoritism toward non-medical leadership—illustrated by transfer of hospitalization funds of Medical Care Commission to Welfare Department by present General Assembly with pay-off in higher federal support ratio. This subtle technic will probably not stop with one quick success toward welfare control.
2. Medical plans for aged—national and state legislation and implementation.
3. Two White House Conferences—with planned adverse publicity designed to discredit the medical profession by certain highly aggressive groups.
4. National Committee Study Reports with recommendations proposing sweeping changes—Bayne-Jones, Cohen, Bane, and Jones, for example.
5. Continuing activities by a few physicians, particularly some in private practice to alienate other medical doctors rather than to unify medical leadership and support.
6. A growing misinformed segment of the public increasingly interprets medical leadership and guidance as resented medical dictation—and the general public will determine certain trends with or without appropriate information or medical leadership and guidance.
7. We say the success of voluntary prepayment plans for hospitalization and medical care lessens pressures toward compulsory systems, but we hasten the pricing of these voluntary plans out of the market by excessive tests by X-ray and in the laboratory and excessive hospitalization for convenience. A few bright areas in the other direction are encouraging.
8. Why in the midst of plenty, health, and good living is there growing dependence, misery, hunger and destitution? Are palliatives and handouts the best course toward alleviation and improvement? What should or can the medical profession do, which we are not now doing, to correct this socio-economic problem? Our recognized understanding and appreciation, here again, are basic for our communication with those whom we serve.

Respectfully submitted,
J. W. R. Norton, M.D.
State Health Director

The air we breathe is fine for normal healthy people, but hospital patients sometimes need a special kind of air. A little known auxiliary branch of medicine called Inhalation Therapy is concerned with providing this “prescription atmosphere” which contains more oxygen than the 21 per cent found in the air around us. Richard M. Conover is supervisor of Inhalation Therapy at the Duke University Medical Center.
DATES AND EVENTS

June 19-28 - Pisgah Workshop: Mental Health, Candler, N. C.


July 24 - Aug. 4 - Workshop: Rehabilitation U.N.C. School of Public Health, Chapel Hill.

Every Saturday - 7:30 P.M. over WPTF, radio program of State Board of Health.

CONTENTS

State Board of Health Meets In Asheville

Auxiliary to the Medical Society of the State of North Carolina

Report to Conjoint Session 1961

Some Principals at Convention of Medical Society of the State of North Carolina

Resident Live Births, Infant Deaths and Maternal Deaths

Dr. J. W. R. Norton, State Health Director, is shown at radio station WPTF in Raleigh as he finished taping a recent broadcast of the regular State Board of Health series heard at 7:30 P.M. every Saturday. With him is Mr. Graham Poyner, Vice-President, General Manager and Program Director of this station which for well over 20 years has been rendering this helpful service to the citizens of this State and other states. Our continuing appreciation goes to Mr. Richard Mason, President of WPTF, to Mr. Poyner and to other members of this station's friendly staff.
Pictured above is the War Memorial Auditorium and Coliseum in Greensboro where the North Carolina Public Health Association holds its 50th Anniversary Session June 28-30, 1961. Joining in this significant celebration is the Guilford County Health Department which is also a half-century old and will be host to this Golden Anniversary Session of the Association. Prepared in cooperation with a special editorial committee of the Association, this issue of The Health Bulletin is dedicated to this happy anniversary occasion.

June, 1961
June 16, 1961

STATEMENT BY GOVERNOR TERRY SANFORD

June 1961 is a significant month for all persons concerned with community health in North Carolina in that it marks the 50th anniversary of the organization of the North Carolina Public Health Association and of the establishment of the Guilford County Health Department, one of the first county units in the nation.

The health of the citizens of our State is one of the greatest assets contributing to their well-being and to the State's economic prosperity.

Public health programs constitute one of the basic services so essential to the overall development of North Carolina.

The North Carolina Public Health Association has planned its Annual Meeting on June 28-30, 1961, in Greensboro to recognize our State's many accomplishments in public health and to stimulate wider public interest in present and future health needs.

Therefore, I am happy to designate the week of June 25-July 2, 1961, as PUBLIC HEALTH WEEK IN NORTH CAROLINA and call this occasion to the attention of our people for such consideration and action as will bring about continuing improvement in the conditions affecting the good health of our citizens.
Those "Good Old Days" of 1911

THOSE "Good Old Days" of fifty years ago come to life as the North Carolina Public Health Association observes its Golden Anniversary at Greensboro. Along with that organization's celebration is that of the Guilford County Health Department which is also fifty years old this month.

How good in health concerns were those good old days—back in 1911? Who would wish to turn back the clock—at least health-wise?

Those were the days when William Howard Taft was president, some will remember—the year he and Mrs. Taft observed their Silver wedding anniversary.

It was also the summer, in the year 1911, when the eyes of the world turned towards Westminster Abbey for the Coronation of King George V and Queen Mary. It was in connection with this occasion that Dr. William Osler, noted professor of medicine at Oxford and formerly of Johns Hopkins University was elevated to a baronetcy.

The newspapers of those days advertised makes of automobiles we can hardly find or even remember today—makes such as—Chalmers-Hupmobile-Stoddard-Dayton.

One advertisement of those "good old days" offered "Something New in Buggies".

Even then they were advertising Coca-Cola, but adding a phrase now long gone, "at 5¢ everywhere".

Dr. Caldwell's Syrup of Pepsin was advertised as "saving the health of old people".

Health-wise, it was in that year that President Taft sent a strong message to Congress stressing the need for amendments to the Pure Food and Drug Act to give protection to the public from Drug Frauds being perpetrated upon them because of inadequate legislation.

That same summer, in 1911, fifty years ago—U. S. Senator Luke Lea of Tennessee gave a quart of blood to save his wife—using the old method of blood transfusion by direct transfer of the blood from one person to another—before the modern blood banks of Red Cross and others.

A Hookworm Commission headed by Dr. John A. Ferrell was campaigning in

Dr. W. S. Rankin, Charlotte, Consultant, Duke Endowment, who was the first full-time State Health Officer of the N. C. State Board of Health. He appears as one of the Pioneers on the N. C. Public Health Association Golden Anniversary annual meeting in Greensboro.

June, 1961
North Carolina in 1910 and 1911 to rid the people of this debilitating disease. 1,306 physicians out of about sixteen hundred in the State answered his inquiries about hookworm disease; 597 physicians reported having treated the disease; 21,098 victims of the disease were treated and reported by the physicians; 99 of the 100 counties had people who were infected; 591 doctors used the State Laboratory to have hookworm examinations made; and 23,312 specimens were examined for hookworm by the Laboratory.

A Swat the Fly Campaign, taken up later nationwide, was launched in Ashe-ville.

In those early days of the Guilford County Health Department, the County Commissioners provided a horse for the County Health Director provided he would share it half-time with the Chief of the Fire Department!!

Health directors were compensated for piece-work, it would appear. For example, for postmortem examination they received $10.00; for examination for lunacy they received $5.00; for monthly inspection of county institutions, jail, convict camp, and county home, each—$4.00; and for visits to sick inmate of county institutions, per visit they received $1.50; and for medical inspection of school children, each—$.40.

The General Assembly of 1911 increased the public health appropriation by 120 percent, to the grand total of $26,000 annually!

It is against the background of these and other similar conditions that the North Carolina Public Health Association and the Guilford County Health Department stage their joint celebration June 28-30 at the Memorial Auditorium in Greensboro. Pioneers from those “Good Old Days” are featured on the program. Appearing on the program will be outstanding leaders in public health—in medicine—dentistry—nursing—nutrition—mental health—physical therapy—and many specialties in these and other health-related professions and vocations.

Miss Grace Daniel of Salisbury is President of the N. C. Public Health Association. Dr. E. H. Ellinwood of Greensboro is Health Director of Guilford County and host to the annual meeting this month.

ANNIVERSARY ISSUE COMMITTEE
A special editorial committee to plan with the Editor for this special Golden Anniversary issue was named by Miss Grace Daniel, President of the North Carolina Public Health Association. Despite the difficulty of compressing in brief compass many pages of historical material, the committee is due thanks for a creditable job. Members of the committee are: Mrs. Betty Briggs, Dr. Isa C. Grant, Mrs. Lula Belle Rich, Mrs. Mary Snyder and Miss Grace Daniel, ex-officio.—Ed.
Lessons from the Past

by E. G. McGavran, M.D., M.P.H.

The occasion of a 50th Anniversary of anything has significance and value to at least a few people. What it means varies tremendously from individual to individual. For example, a 50th birthday anniversary for the young marks old age; for us oldsters it records only the beginning of real life—hardly the halfway point in professional careers.

The 50th Anniversary of Guilford County Health Department and North Carolina Public Health Association is a significant accomplishment in public health affecting the lives of literally millions of people.

One of the values of such anniversaries is that it gives occasion to look back and assess progress and change. We live so close to reality and daily pressures that we often lose perspective; the potential is so far beyond our accomplishment that we become discouraged with progress until we stop and look back.

Measured by whatever standards—longevity, unnecessary deaths, preventable illnesses—these 50 years have seen progress unparalleled in the history of the health of man.

We cannot and should not take all the credit for (1) all the tremendous increase in life span, (2) all the fall in death rates from communicable diseases, (3) all the dramatic reduction in infant, neonatal, and maternal mortality, and (4) all the reduction for preventable disease—hookworm, malaria, smallpox, diphtheria, whooping cough, and (now hopefully) polio—but whether or not we are responsible, this progress has occurred concurrently with our efforts and activity aimed at control through community action. In fact there is increasing evidence that such dramatic progress and control are accomplished only through community action, and only through modifying the environment or the reaction to the environment.

The danger of a 50th Anniversary is that in reviewing our magnificent accomplishments we become complacent and self satisfied; that we "worship the

Miss Grace Daniel, Salisbury, President of the N. C. Public Health Association, who presides at the general sessions of the annual meeting in Greensboro June 28-30, 1961.

June, 1961
past" rather than using it as a springboard for the future. If the past, however great, becomes a pattern, then that is a tragedy and we have misread the signs and the lessons that it holds.

These Lessons We May Learn

The first lesson that we get from the past is that public health must concentrate upon today's chief health problem, planning, pushing ahead, finding solutions to the unknown. We must demonstrate a "divine discontent" with public health that is merely a series of activities or programs. We must be willing to shift from traditional, comfortable and acceptable activities to attacking the chief health problem of today, by exploring new avenues—difficult and unpopular though they may be.

Another lesson is that success—progress—control are dependent upon the community approach rather than the individual approach; that primary prevention is our goal, and that we should keep our eyes on that goal and devote not one-tenth, but nine-tenths of our time, effort, and prayers to it.

Another lesson is that the role of public health is a leadership role. It is not auxiliary nor subordinate; it is not a specialty of any other profession and is not subservient to any pressure group. The responsibility of public health is to all the people and to their greatest welfare.

If these are the lessons learned from the past 50 years, this anniversary is indeed memorable for it will mark not only tremendous health progress in the first half of this century, but it will presage even greater progress in health in the next 50 years.

A special week on aging will be observed in North Carolina July 16-22. During this week many programs for older people in health and other areas will be stressed through all media. It is hoped that all organizations will give appropriate notice to aspects of their purposes related to older people.

Senate Bill 1071; H.B. 4998, the Community Health Services and Facilities Bill now before Congress, supports sound long-term care for the chronically ill using existing programs and staffs. Write your Congressman and Senator.
BUILDING on the foundation of a distinguished history, public health in North Carolina is making significant contributions to the national public health scene in many ways.

In general, the public health program in North Carolina has always emphasized the establishment of local health departments, with complete coverage reached in 1949. Administrative philosophy has encouraged local autonomy and decentralization of control. The housing of North Carolina’s local health departments is among the best anywhere, thanks to excellent cooperation among local, state and federal governments. A strong emphasis of recent years has been on training and the employment of qualified personnel. This has been given immeasurable impetus by the existence of the School of Public Health of the University of North Carolina.

North Carolina has pioneered in several of its public health programs and in others has fresh approaches and emphases. In briefest reference—Planned Parenthood Clinics were begun in 1938, first in the nation, and are still very active. Today, local health departments are being urged to screen for phenylketonuria, mid-wife deliveries are drastically reduced, and a broad concept of pediatric care is being promoted which is designed ultimately to provide general pediatric evaluation in each county health department with referral to a central clinic of superb scope and calibre.

The veterinary public health program was among the first ten established. Its attention to anthrax brought renewed concern for this industrial hazard and the establishment of a surveillance unit by the Communicable Disease Center. North Carolina was one of the original states beginning accident prevention programs in 1953. The Section’s Syllabus for Teaching Accident Prevention in the Basic Nursing Curriculum has been used in many states.

Diabetes detection has been made more feasible for facilities all over the country which test small numbers of persons by the development in the laboratory of the New Hanover Health

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Guilford County Board of Health and Health Directors — 1961. From the left these are: Back row—E. P. Pearce, Jr., Superintendent of County Schools; Rev. Thomas Haggai; T. Edgar Sykes, Jr., D.D.S.; Mr. Lloyd C. Amos, County Commissioner; Mr. David Schenck, Mayor of Greensboro: Front row—Dr. J. E. Slate; Dr. Sarah T. Morrow, M.D., M.P.H., Associate Health Director; Mr. Sam W. McFalls, Ph.G.; and Dr. E. H. Ellinwood, M.D., M.P.H., Health Director. Absent at the time the picture was taken: Mr. Carson C. Stout, Mayor of High Point.
Greetings and Congratulations

Fortunately, the fifty year history being celebrated this month by the North Carolina Public Health Association and the Guilford County Health Department commemorates much more than the mere passage of time.

These two score years and ten have been years of achievement in public health.

The Guilford County Health Department has pointed the way in activities which bring better preventive health measures to the people of a progressive county. This Department has been one of the strong supports of constructive programs the Association and the State Board of Health have sponsored in these five decades.

The North Carolina Public Health Association has picked up the results of good work done in Guilford and other counties and has spread the information and encouragement to the farthest reaches of the State. The Association has developed leadership and has introduced this public health leadership to all the friends of public health in this State. Inspiration and challenge have caught fire in the Association meetings through these five decades. Some of the good work done by the Association and in counties such as Guilford, has made its contribution to better health in national and international health councils.

Both the Association and the Guilford County Health Department have given the State Board of Health fullest cooperation during these fifty years. Their achievements have been a source of pride to the State Board and to the friends of health everywhere.

J. W. R. NORTON, M.D.
State Health Director
Today's Action Program of the NCPHA
by Grace Daniel

To protect and promote the health of the citizens of North Carolina is the common objective which unites more than twelve hundred members into the North Carolina Public Health Association.

Our membership is drawn from many professions—medicine, nursing, engineering, dentistry, nutrition, health education, mental health, physical therapy, secretarial etc. The great majority of our workers are employed in the official public health agencies; others are working in Voluntary Health Agencies, in Colleges and Universities, or have a specific interest in public health. Our professional backgrounds and experiences vary widely, but all have a common interest in improving community health.

The program of our Association is designed to provide continuing education for our members, to interpret public health needs to the public, and to improve public health services to the citizens of North Carolina. Our major activities are:

An Annual Meeting—General Sessions and Section Meetings provide opportunities to hear outstanding speakers on scientific and public health developments. Social events encourage better communications between our members. The business session provides for democratic participation in the growth of our professional organization.

A Newsletter—The members are informed of association news and activities through periodic newsletters.

Awards—Annual awards are made to individuals and groups for outstanding contributions to community health in North Carolina. Special pins are awarded to public health workers for twenty-five years of service to public health in our State.

A Scholarship—On alternate years the Association awards a tuition scholarship to one of our members for study at the School of Public Health, UNC.

Liaison with Other Groups—The North Carolina Public Health Association works with other groups concerned with common problems. We are members of the N. C. State Health Council and the State Legislative Council. We have representation on the Merit System Council and work closely with the State Board of Health on its Legislative Program and with the Personnel Section. Our Association is affiliated with both the American Public Health Association and the Southern Branch of the American Public Health Association.

Participation—Hundreds of members work throughout the year to carry out the program of our Association. The officers, the Executive Committee, the 14 committees, the section officers and committees—all provide opportunities for active participation in the Association.

What can we expect from our Association in the future? A special committee is being appointed to study our organization structure, our goals, and our activities. The entire membership is invited to send in suggestions.

Our Fiftieth Anniversary is a time to pay tribute to our past leaders who have brought us to this moment of pride. It is also an occasion to pause to chart our future course to best serve the public health of the citizens of North Carolina.
N. C. and National Health  
(Continued from page 7)  
Department of the Glover-Edwards Test Kit.  

The Laboratory Division gives some services not ordinarily available from such a laboratory—a training course for local laboratory workers in the fluorescent antibody technique for identifying beta hemolytic streptococci, Group A, by which identification may be made in hours instead of days; laboratory aid in diagnosing toxoplasmosis, a disease caused by a parasite of undetermined reservoir; and growing and identifying nuisance bacteria which cause difficulties in private and public water supplies.

Last summer the Sanitation Section joined with the School of Public Health in holding a unique conference—on Administration, Supervision and Evaluation of Sanitation Programs. Through  


NOTICE.  

Be it Ordained by the Board of Commissioners of the Town of Greensborough, That all persons from the city of Columbia, S. C., or from any other place in the State, or from any adjoining State, infected with Small Pox, are prohibited from coming into the town of Greensboro’, under a penalty of $500, to be collected from any person in such case offending. And if any person from any place so infected, and not being informed of this ordinance, shall come into the town of Greensboro’, he shall be required to depart immediately, under penalty of $10 for every hour he shall stay after being informed.  

This Ordinance to be in force until the danger of such infection shall subside.  

A. P. ECKEL, Mayor.  

this Section and the Laboratory, the state was among the first to establish a base line of natural radiation in public water supplies.  

The venereal disease program has had the longest continuous training program for field epidemiologists of any state and has trained more of these personnel than any other. Its epidemiological activities, when rated on a scale used by the whole country, has the highest score of all, quarter after quarter.  

North Carolina is in the top three states in the amount of tabulated health data available through its Public Health Statistics Section and ranks high in its analysis of data.  

The mental health program has influenced community mental health activities through a summer workshop held since 1956 in the western part of the state which ninety-two participants from twenty-two states have attended, along with many North Carolinians. The mental health program is distinctive also for the small proportion of vacancies in professional positions, its emphasis on consultation by mental health workers to other disciplines which work with individuals, the promotion of after-care mental patients by public health nurses, and its overall close association with public health.

This was the first state to adopt compulsory vaccination for poliomyelitis (1959) and Halifax County was the first rural county in the nation to have its polio immunization status measured (1959).

The Occupational Health Section was responsible for the establishment in 1957 of the Governor’s Occupational Health Council, which is significant in its inclusion of representatives of industry, labor, insurance and other business.

Public health nurses have taken part  
(Continued on page 14)
History of Guilford County Health Department

by Mary Snyder

During the great migration from 1750 to 1770, three distinct groups migrated to the area of what is now Guilford County: Germans, Quakers and Scotch-Irish (called Irish Protestants). There were no public health services nor public funds to pay for the care of the indigent. The sick were treated by the “country doctor” and the “circuit riding dentist”.

In 1771, when Guilford County was formed, Justices of the Peace appointed by the Governor, had among their responsibilities, care of the sick and the poor. By 1880-81 Guilford County inaugurated the position of County Superintendent of Health and a Dr. William Paisley Beall accepted the position. Through the years immediately following, a number of physicians in Greensboro served in this capacity along with their regular practice.

In 1911, the citizens of Guilford County were influential in getting the Legislature to provide for a County Board of Health and a full-time physician to act as Superintendent of Health. Quoting the Greensboro Record of July 1, 1911, “Guilford Leads All Other Counties in the Southland in the Employment of a Physician to Devote His Entire Time to the Health Interests of the County and Dr. G. Floyd Ross starts in on the Job at $2,500 annually. He will inspect the County Institutions, School Houses and Grounds and Enforce Health Improvement Rules.”

Dr. William M. Jones, who filled the unexpired term of Dr. Ross by becoming Superintendent of Health in July 1912, provided eleven years of leadership in development of better community health practices in rural Guilford.

Dr. Jones resigned on July 1, 1923, and was succeeded by Dr. R. M. Buie, who took office in December, 1924. Under Dr. Buie’s twenty-five years of direction, the health work continued to progress.

The Greensboro City Health Department

The Greensboro Board of Aldermen on June 25, 1901 instructed the City Attorney to draw up an Ordinance establishing a city Board of Health. This was necessary since Greensboro

Dr. G. Floyd Ross, Guilford's first full-time county superintendent of health.
was then a city large enough to require some regulation of the sanitary and health habits of its people.

The Ordinance was adopted on December 9, 1905. The Board of Health consisted of three members elected by the Board of Aldermen, a physician, who would act as Superintendent of Health, a Chairman of the Board, and one other member.

The Superintendent of Health was to keep a record of all births, deaths, and infectious diseases. He was also to quarantine and isolate patients with infectious diseases within twenty-four hours after the report was received.

The city also bought a horse. It was to be shared by the Superintendent of Health and the Chief of the Fire Department for performing their duties.

Not only was progress and leadership evident in the nursing program but clinic programs of all types were formed in an effort to build better community health, still the health needs and programs of one segment of the community affected the other, and studies indicated a need for consolidation with the other health departments in the county.

On July 1, 1949 at the time of merger there were 29 full-time employees and 22 part-time employees with a budget of $89,296.00.

High Point City Health Department

In High Point, even though the establishment of a health division on the basis of full-time employees was not recommended by City Council until November 18, 1936, records dating back to 1897 indicate that through the appointments of city physicians and boards of health efforts were initiated to combat smallpox, chicken pox, scarlet fever, typhoid fever, influenza, venereal disease, pellagra, and diphtheria. Early ordinances adopted concerning sewage, water, sales of food, meat, and milk reflect an attempt to provide a satisfactory means of disease control and healthful living.

As early as 1897, the Board of Aldermen prohibited city scavengers from performing their work except at night and demanded that privies be provided with tubs.

In 1909, a plan to cover the inspection of meats, fish, dairies, and foods was approved and Dr. A. C. Jones, a veterinarian, was appointed to do the job. He held this position for at least twenty-two years and was known as "inspector of meats."

In 1911, City Council ordained that (1) the city physician should analyze samples of well water used by people who had typhoid fever, (2) all practicing physicians were required to report all cases of communicable diseases to the city health physicians, (3) all births were to be reported to the city health physician, and (4) disinfection was to be carried out in all homes of cases of contagious diseases.

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How NCPHA Came To Be

Compiled by Betty Briggs

Acting upon the suggestion of Dr. L. N. Glenn, Superintendent of Health of Gaston County, Dr. Richard H. Lewis, Secretary and Treasurer of the North Carolina Board of Health, requested that all the County Superintendents of Health attend the 1909 meeting of the State Medical Society for the special purpose of formulating a State Association of Superintendents of Health. The meeting was called by Dr. Lewis for 3:30 p.m., June 16, 1909, in the tea room of the Battery Park Hotel in Asheville.

In Charlotte on June 20, 1911, during the annual meeting of the State Medical Society, the health officers of the State met at the request of Dr. Watson S. Rankin, Secretary and Treasurer of the North Carolina Board of Health, and organized the North Carolina Health Officers' Association.

Attending the initial meeting were forty-seven County Superintendents of Health, eight Municipal Health Officers, and members of boards of health to run the total attendance to seventy-six.

Dr. Richard H. Lewis was the first speaker on the program. He discussed "The Advantages of a North Carolina Health Officers' Association".

A Constitution and By-Laws was adopted by the Association and the following officers were elected: Dr. L. B. McBrayer of Asheville, President; Dr. L. N. Glenn of Gastonia, Vice-President; and Dr. Watson S. Rankin of Raleigh, Secretary-Treasurer.

The first action of the Association was to pass a resolution calling upon the Conjoint Session of the State Board of Health and the State Medical Society to recommend a uniform basis of compensation for health officers for adoption by the County Societies. This resolution was passed.

At the eleventh annual session, which was held in Pinehurst on April 25, 1921, the members voted in favor of renaming the North Carolina Health Officers' Association as the "North Carolina Public Health Association" and set up a committee to change the Constitution and By-Laws. On April 24, 1922, the Constitution and By-Laws of the North Carolina Health Officers' Association was amended to rename the organization as the North Carolina Public Health Association and to open the membership to not only public Health Officers but also to all members and employees of Boards of Health, either State, county or municipal, and to any other citizen interested in public health.

Scientific Sections Formed

In 1940, at the Annual Meeting, which was held in Pinehurst, Scientific Sections were formed in the North Carolina Public Health Association for Health Officers, Public Health Nurses, Secretaries, and Sanitarians. In 1942, a resolution was passed creating the Laboratory Section; in 1949 the Health Educators Section was organized; and, in 1952 the Nutrition Section was organized. In 1960 resolutions were passed creating the Mental Health Section and Venereal Disease Control Section.

“Safety Through Seat Belts”—a new film has been added to the film library of the State Board of Health—running time 14 minutes, black and white.

June, 1961
N. C. and National Health
(Continued from page 10)
in activities of general interest—the referral plan by which patients from Memorial Hospital are referred to county health departments for follow-up by public health nurses has been reported on at APHA. The Guilford County Field Institute for Basic Collegiate Schools of Nursing in which nursing students get public health experience has been reported on at APHA and written up in Nursing Outlook.

The State Board of Health has published a booklet written by Mary Hayes of the Health Education Section. This booklet, "A Boy Today, A Man Tomorrow" was developed in actual use with elementary school boys in a city school system. It will soon be published by Optimist International for distribution through its clubs.

In addition to such programs, the state has at least two pilot programs of national interest—home care of the chronically ill in a rural county (Person) and a five-year tuberculin testing demonstration (Pamlico County). There have been significant studies which space forbids describing. One is the North Carolina Fetal and Neonatal Death Study, which has received national and international attention.

Members of the staff are active in their respective professional organizations, and in APHA and Southern Branch. Dr. J. W. R. Norton, State Health Director, has exercised unusual leadership in such organizations. He and other staff members are also members of advisory committees to the National Institutes of Health and are on American Medical Association committees.

Personnel have given papers at national meetings and contributed articles to scientific journals.

It may be seen from this cursory look that North Carolinians are having a part in the progress of public health toward ever more challenging goals.

MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH

<table>
<thead>
<tr>
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<tbody>
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<td>Charles R. Bugg, M. D.</td>
<td>Raleigh</td>
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<td>John R. Bender, M. D.</td>
<td>Winston-Salem</td>
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<td>Lenox D. Baker, M. D.</td>
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<td>Ben W. Dawsey, D. V. M.</td>
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<td>Oscar S. Goodwin, M. D.</td>
<td>Apex</td>
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<td>Mrs. W. Kerr Scott</td>
<td>Haw River, Rt. 1</td>
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EXECUTIVE STAFF

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<thead>
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<th>Name</th>
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<tr>
<td>J. W. R. Norton, M. D., M. P. H.</td>
<td>State Health Director</td>
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<td>J. M. Jarrett, B. S.</td>
<td>Assistant State Health Director</td>
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<td>Fred T. Foard, M. D.</td>
<td>Director, Sanitary Engineering Division</td>
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<tr>
<td>Robert D. Higgins, M. D., M. P. H.</td>
<td>Director, Epidemiology Division</td>
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<td>E. A. Pearson, Jr., D. D. S., M. P. H.</td>
<td>Director, Local Health Division</td>
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<tr>
<td>Lynn G. Maddry, Ph.D., M. S. P. H.</td>
<td>Director, Oral Hygiene Division</td>
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<tr>
<td>Charles L. Harper, M. S. P. H.</td>
<td>Acting Director, Laboratory Division</td>
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<tr>
<td>James F. Donnelly, M. D.</td>
<td>Director, Administrative Services</td>
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A Talk With Dr. Ferrell
By Isa C. Grant, M.D.

In the spring of 1910, John A. Ferrell, M.D., became State Director for North Carolina for the Rockefeller Foundation. With the assistance of Dr. W. S. Rankin, Secretary of the N. C. State Board of Health, he began the hookworm study in North Carolina.

Working with Dr. Ferrell at that time were Dr. C. L. Pridgen, Dr. B. W. Page and Dr. C. W. Strosnider. Also, Dr. J. Y. Joyner, of the N. C. Department of Public Instruction, assisted from the very beginning in 1910.

The primary goal at that time was to divert the emphasis from hookworm to the building of sanitary toilets, to sanitary areas and to bring about the securing of a full-time health director in the counties.

In the spring of 1911 they were able to interest the Guilford County Board of Commissioners in establishing a county health department with the employment of a full-time health officer by that county on July 1, 1911.

In the hookworm study years of 1910 and 1911, there were interesting developments. The plan of treatment used for hookworm when started consisted of Epsom Salts given the night prior to the treatment; in the morning, no breakfast and capsules of thymol. This was followed by another dose of Epsom Salts which cleared the intestines of narcotized worms. In the entire state there were two or three deaths from this treatment in cases where directions were not followed explicitly. Ascaris, Whip Worms, Pin Worms and a few Tape Worms were found in the study. All other diseases found, such as tuberculosis and malaria, were referred to the physician.

When asked for anecdotes regarding the work they did in those years, Dr. Ferrell stated that when they requested families to send in specimens, one family, which he believes lived in Wilson County, took this literally and brought in a tub full!

Also, one family was told to divide their capsules so they took a knife and cut the capsules in two with resultant thymol burns in the mouth.

The general plan in approaching a community about this problem was first to contact the physicians. Dr. B. W. Page, from the Rockefeller Foundation, was assigned to this task. He got all kinds of reactions in talking with the physicians and recalls that one told him that he did not care about prevention—that this was just to put the doctors out of business.

The physicians then contacted commissioners who agreed to put up a little money, and the school people offered educational help.

The first group tested was army regiments, soldiers in training camps; then children in orphanages and any other captive population groups. This was followed by the testing of business men, officers and school officials. After the approval of the community, the public schools were visited and containers distributed in the schools.

During the years 1914-1944, Dr. Ferrell was first at Washington, D. C., and then in New York City with the Rockefeller Foundation though he travelled extensively during this period.

From 1945 to 1947 he was on a Commission for the University of North Carolina which made a study of the needs of medical schools in the state.

From 1947 until his retirement in 1957 Dr. Ferrell was Director of the Medical Care Commission of North Carolina.

Dr. Ferrell has received many honors and values most highly a doctorate given by the University of North Carolina. He is still active and he and Mrs. Ferrell live in an apartment in the Carolina Hotel in Raleigh.

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THE HEALTH BULLETIN 15
Guilford History
(Continued from page 12)

In 1937, Dr. R. A. Herring was elected as full-time health officer and served through 1946.

Dr. E. H. Ellinwood, previously from the Catawba-Lincoln-Alexander District Health Department, was appointed Health Director at the June 3, 1949 meeting of the Board.

Guilford County also became the first county in North Carolina to establish a full-time mental health clinic under the health department program. Dr. J. W. Turner, the first psychiatrist, was employed by the health department, March 15, 1951.

The Guilford County Health Department was given the Merit Award for 1955 for outstanding service in public health.

The new High Point Health Center was dedicated September 11, 1955.

From March 1954, to March 1961, the scope of the Public Health Program has been enlarged. Clinics have increased to the saturation point, and the need for larger facilities has become acute. During this seven-year period, the staff and other ancillary personnel have been increased. Dr. Sikes, Chairman of the Building Committee of the Board of Health, asked permission to approach the County Commissioners and request that necessary funds be appropriated during 1960-61 for the purpose of enlarging the Greensboro Health Center.

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DATES AND EVENTS

July 16-22—Special Week on Aging
July 24-Aug. 4—Workshop: Rehabilitation U.N.C. School of Public Health Chapel Hill, N. C.
Aug. 20-23—Institute; Problems in Tuberculosis Control, Lake Junaluska, N. C.
Aug. 30-Sept. 6—World Federation for Mental Health, 6th Int. Cong. on Mental Health; Culmination of World Mental Health Year, Paris, France.
The new home of the School of Public Health of the University of North Carolina is expected to be completed by the end of 1962. This architect’s rendering shows the spacious and impressive building which will bring to realization the dreams and hard work expended by university leaders and by the faculty and staff of the School of Public Health. Dr. E. G. McGavran is Dean of the School. F. Carter Williams of Raleigh is the architect for the new building. (Story on p. 3.)

July, 1961
News Briefs

Awards given at the recent Golden Anniversary session of the N. C. Public Health Association were: Carl V. Reynolds Award to Dr. W. L. Wilson, chief of the Occupational Health Section of the State Board; Watson S. Rankin Award to J. H. Moore, sanitarian in Onslow County; Merit Award to Charlotte and Mecklenburg County Health Department; and Golden Anniversary Citation to Dr. Edward G. McGavran, dean of the School of Public Health of the University of North Carolina.

New Officers of the N. C. Public Health Association elected at the 50th Anniversary session held in Greensboro are: Dr. Benjamin M. Drake, Gastonia, president; Mrs. Betty Potts Keziah, Charlotte, president-elect; Doris Tillery, Raleigh, vice-president in charge of publications; and new members at large on the Association's executive committee—Dr. E. A. Pearson, Raleigh, and Frank Barr, Durham.

Polio shots are being urged by Local Health Directors across the State, emphasizing the fact that young parents as well as children are in danger of crippling polio unless they are vaccinated against the disease.

Choose your family doctor before illness strikes. This is the counsel of the American Medical Association. In this way the doctor can have advance knowledge of your family's medical problems and can give you the kind of protective care you expect from both a good doctor and a family friend.

Mr. John M. Gibson, Librarian of the State Board of Health, is the author of a book entitled "Those 163 Days," a southern account of Sherman's march from Atlanta to Raleigh.

Psychological testing could help prevent the licensing of potentially unsafe drivers, according to four Los Angeles researchers. They based their conclusion on the performances of 331 amateur sports car drivers in a study designed to assess factors that might affect the fitness of any motorist. The study revealed a significant correlation between certain psychological traits and driving performance during races over courses similar to actual roads.

Americans may be wasting money by buying fancy, high-priced aspirin preparations instead of plain aspirin. This was implied in an article in the May Today's Health magazine, published by the American Medical Association, which said because of its popularity "aspirin is frequently 'gimmicked up to sell for far more than it is worth.'

W. Gordon Poole (right) of Raleigh, who will become chief of the newly established Nursing Home Section of the State Board of Health on September 1, is shown in conference with D. F. Milam, M.D., medical consultant to this section. In announcing this appointment Dr. J. W. R. Norton, State Health Director stated that Mr. Poole has wide experience in hospital and related administration and comes from a responsibility as hospital analyst of the N. C. Medical Care Commission. J. F. Donnelly, M.D., is director of the Personal Health Division in which the Nursing Home Section functions.
North Carolina's School of Public Health

The School of Public Health of the University of North Carolina can in one sense be characterized as a child of the State Board of Health.

During the middle thirties, Dr. Carl V. Reynolds, then the State Health Officer, recognized the need for trained public health workers, and working with Dr. Charles Mangum, Dean of School of Medicine at Chapel Hill, inaugurated a short course for health officers in Chapel Hill.

With the passage of the Social Security Act of 1935, funds became available for training, and concurrently, Dr. Milton J. Rosenau, a mighty figure in public health, retired as Dean of the Harvard University School of Public Health. Through the efforts of Dr. Reynolds and Dr. Mangum, he was, in 1936, persuaded to come to Chapel Hill to head up a Division of Public Health within the School of Medicine. The following year Dr. Herman G. Batty, formerly of the Engineering School at Chapel Hill, joined the faculty as Dr. Rosenau's number one man. For the next several years short courses continued to be offered to health officers, but no degrees were granted.

By the academic year 1939-40, the faculty had expanded and curriculum planning had developed to the point that the Division became a School under the administration of the Graduate School of the University, and it was authorized to confer degrees, and the first degrees were in fact awarded at the 1940 commencement exercises.

In 1941 Dr. Rosenau wanted some relief from administrative duties and Dr. Harold Brown, Professor of Pathology, became Dean.

Two years later, however, Dr. Brown accepted a position at the Columbia University School of Administrative Medicine and Public Health, and in 1943 Dr. Rosenau resumed the Dean.

(Continued on page 4)
School of Public Health
(Continued from page 3)

ship which he held until his death in 1946.

Following Dr. Rosenau’s death, Dr. Herman G. Baity served as Acting Dean until the present Dean, Dr. Edward G. McGavran, was appointed in 1947. Dr. McGavran has served continuously ever since, except for a period of about one year after the University’s Division of Health Affairs was established in 1949. Dr. McGavran served as Acting Administrator of the Division and Dr. John Wright, Professor and Head of the Department of Public Health Administration, served as Acting Dean. When Dr. Henry Clark was appointed Administrator of the Division, Dean McGavran resumed his duties as permanent Dean.

The School was originally housed in a portion of Caldwell Hall, which was then the Medical School building. In 1939, however, largely through the efforts of Dr. Baity and Dr. Rosenau in obtaining funds from the Public Works Administration to match state funds, a new building was completed for the School of Public Health and the Medical School. The ground floor of this building is presently occupied by the School of Public Health.

The School has, however, long ago outgrown this space and different parts are housed under a dozen different roofs scattered about the campus and town over a two-mile radius. This situation will not obtain long, however, since funds were obtained in 1960 for a new building which is now under construction and which is expected to be ready for occupancy by the end of 1962.

The faculty has expanded manyfold since the first degrees were conferred in 1940. At that time there were four departments with six full-time faculty members. Today there are eleven departments with over fifty full-time faculty members.

(Continued on page 14)
Tetanus Immunization Is Urged

Dr. Jacob Koomen, Jr.
Assistant Director
Division of Epidemiology
State Board of Health

The ease by which it is possible to be immunized against tetanus makes it tragic that so many deaths occur each year. Protection through immunization lasts at least from three to five years and may extend to a longer period. Immunization early in life is most desirable according to the best authorities.

Here are some facts worth consideration by any thoughtful individual.

In each of the past two years (1958 and 1959) 445 persons were reported ill of tetanus in the United States. Records for the past ten years indicate a range of case numbers from 524 (1954) to the low number, 445, reported in 1958 and 1959. Tetanus was first made a reportable disease in North Carolina in 1952. In that year 26 cases were recorded; in the last year for which data are complete (1959) only one case was recorded. Provisional data for 1960 show the occurrence of five cases. In the United States 50-60 per cent of the patients die. This is a real tragedy since adequate immunization could perhaps erase this disease.

The causative agency, C1. tetani; elaborates a powerful poison or toxin producing the picture of tetanus or lockjaw. The major feature of this disease is its generalized spasticity with intermittent convulsions. While the ultimate source of the causative agent is the intestinal tract of certain animals, usually horses, man contacts the agent by introduction of contaminated soil into cuts, puncture wounds, abrasions, etc. The organism survives in soil in the spore form (possibly 10 or more years.) Organisms multiply in the dead tissues of injured areas permitting formation of the toxin. Treatment consists of removal or debridement of the infected site, administration of appropriate antibiotic (penicillin) and use of large amounts of tetanus antitoxin.

But the ease of prevention deserves special comment. The toxoids available only very rarely produce local or systemic reactions. Protection lasts at least 3 to 5 years, may extend to a period as long as 7 years, and in some individuals, a life-time. To ascertain length of protection individual blood studies are required. Since expense puts this out of the realm of the possible, the schedule usually adapted, adequate to protect all, requires administration of a booster inoculation every 3 years. Should injury occur more than 6 months to a year after the last dose of toxoid, a booster inoculation should be given at that time of injury. Thus in the currently immunized individual the necessity for administering tetanus antitoxin is avoided. This is of great importance because the many early and late reactions to horse protein are thereby avoided. Furthermore the individual may be spared exposure to horse serum, immunization to it, and possible (Continued on page 15)
A registration scene shows (left to right) Mrs. Betty Briggs, Mrs. Margaret Bryant and Mrs. Valera Cobb.

One of the best annual meetings of the N. C. Public Health Association was the Golden Anniversary session held at Greensboro the last of June. Scenes from that memorable occasion appear on this and the opposite page and on page 15.

Speakers, program features and awards held the interest in the Golden Anniversary session of the N. C. Public Health Association.

Illustrations of the excellent exhibits which made interesting additions to the constructive contributions of the meeting.
The Annual Public Health Meeting

Dr. J. W. R. Norton, State Health Director, is shown in conversation with Dr. Berwyn F. Mattison, Executive Director of the American Public Health Association who was one of the principal speakers.

Some public health pioneers spoke at a session presided over by Dr. Wyan Washburn of Boiling Springs. Those shown left to right are Dr. John A. Ferrell of Raleigh; Dr. Wyan Washburn; Mrs. Elsie Guffey of Winston-Salem; Dr. W. S. Rankin of Charlotte, the first full-time health director of the State Board of Health; and Dr. Ben E. Washburn of Rutherfordton.

J. H. Moore, (left) Senior Sanitarian from Onslow County Health Department, received the award as Sanitarian of the Year from J. M. Jarrett, director of the Sanitary Engineering Division of the State Board.
Ten Little Children

1. Little children, feeling fit and fine... One dashed across the street, and then there were nine.

2. Little children, romping in the sun... One strayed to water's edge, and then there was one.

3. Little children, seeking things to do... One plugged a socket, and then there were two.

4. Safety gates across porches and tops of stairs will prevent falls.

5. Keep inflammables of all kinds away from children.

6. Little children, laughingly alive... One played with matches, and then there were five.

7. Little children, full of joyful tricks... One tumbled down the stairs, and then there were six.

8. One plugged a socket, and then there were two.

9. Safeguard children from electrical hazards of all kinds.

10. Always stop and look both ways before crossing a street.

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little children, and life was simply great...
One took some "medicine" and then there were eight.

Keep medicines, poisons, and household agents away from children.

8

little children, in a playland heaven...
One found his daddy's gun, and then there were seven.

For safety's sake, weapons and ammunition should be locked and always kept separately.

5

little children, eager to explore...
One found an ice box, and then there were four.

Destroy old refrigerators or remove their doors.

4

little children, happy as can be...
One "armed" like daddy, and then there were three.

Children should never be allowed around machinery without proper supervision.

1

little child, still full of life and zest...
For he has learned with parents' help, that safety first is best!

But there's your child learns safety habits by watching you, so set a good example—it may mean the difference between life and death!

Your child learns safety habits by watching you. So set a good example! It may mean the difference between life and death!

TEN LITTLE CHILDREN

The clever presentation, "Ten Little Children" which appears on these two pages is one of several imaginative pamphlets produced in two colors by Imagination, Inc., 4027 Maryland Avenue North, Minneapolis 27, Minnesota.

By express written permission, The Health Bulletin presents this particular subject. Copies may be secured direct from the company at the following prices: 100 to 400 copies at 8¢ each; 5,000 to 8,000 copies at 3¢ each; and copies imprinted with the name of your organization—10,000 at 2½¢ each and greater numbers at slightly less per copy.
Industrial Health Programs Are Good Business

By Benjamin W. Goodman, M.D., Hickory

Address to Conference on Occupational Health

Our Declaration of Independence states that each one of us has inalienable rights to life, liberty and the pursuit of happiness. It is a known fact that the enjoyment of these rights, i.e., the ability to enter into the pursuit of happiness, will depend largely on the possession of a sound mind in a sound body. It follows that if we would reap the full benefits of our American traditions, each one of us has a moral obligation to contribute, voluntarily and generously, to the preservation of the health of the individuals who make up our society.

Ours is a highly industrialized community based on mass production, mass distribution, and mass consumption of the products of industry and agriculture. This requires large concentrations of people in productive organizations. These organizations, whether they are large or small, cannot produce efficiently and profitably without healthy employees.

"Periodic maintenance" is a term that is widely used in manufacturing circles, and it most commonly refers to machinery. I'm sure that every industrialist in this audience is quite familiar with the term. How many of you, then, are familiar with "periodic health maintenance"? This term is commonly applied to the most valuable asset of your business: The people who work. It has long been known in industry that periodic checks and minor repairs to machinery will produce dividends by preventing costly shut-downs and inferior finished products. It has been repeatedly demonstrated that it is good business to prevent waste, breakdowns and accidents, by applying good principles of maintenance. This same logic is even more applicable to your employees and will, in the long run, pay even greater dividends.

Think for a moment, if you will, of the time and attention that is given to any piece of expensive machinery in a factory. It is inspected, cleaned, oiled, petted and pampered every day. Then think of the man operating this machine, without whom it would be practically worthless. How much concern or attention does he get to determine if he is physically qualified to operate this machine? How much attention is given to seeing that he continues physically fit from day to day? Yet, this machine will not produce without him.

Men with training and experience become more valuable to a business year after year. It therefore follows that their services should be utilized for as long as possible, and to do this they must be "kept" in good health. I will cite you as an example, a personal experience with a brilliant young executive who could be alive and useful today if he had only been given a proctocopic examination one year earlier. He was not examined until symptoms appeared, and then the diagnosis of cancer of the colon was made. He expired two years later at the old age of 52 after 29 years of service with the same company. This was a tragic waste of vast experience, training, know-how and a wonderful person.

I can think of another situation in which a promising young General (Vanderberg) in our Army came to a premature demise because some exam-
ining physician failed to perform a simple digital rectal examination. Had this been done even a short time sooner, his cancer of the prostate gland would have been discovered and proper therapy would have added many years to his life. Shortly after this episode, it became mandatory for every man in military service beyond the age of 40 to have a rectal examination every year.

It is true that every man is responsible for his own health, but in this matter he often needs advice and guidance. Here is where industry can take the initiative through a preventive health program. Industry can and should produce "health awareness" in every employee from the president to the janitor. Each person must be evaluated as an individual, with full consideration given to his total environment. Since the whole man comes to the job, it is often necessary to look for the causes of problems outside, as well as inside, his work environment. It is in this area that a good occupational health program, well administered, can make a great contribution.

We have briefly considered periodic health maintenance; now, let's turn to another facet of an industrial medical program. First, let's say that you, as an owner or manager, have ordered a new piece of machinery, and you are having it installed. Every piece of this machine will be examined and meticulously inspected to see that it will do the necessary work, and that it is just exactly what you bought. You will then select what you consider a competent man to operate this expensive piece of equipment—you will determine his prior experience and qualifications—you will ask of his dependability and regularity; of his character and conduct—all of which inquiries are good and necessary. But, before telling this man that he has the job, do you have him inspected as you did the machine when it was assembled? Your man may have all the desired qualifications to make himself and this machine a perfect team, but on the other hand, he may have silicosis, he may have tuberculosis, he may be a schizophrenic, he may be manic-depressive. With any of these diseases he could appear perfectly normal to you and could do a fine job today and tomorrow, but next week or next month, he would be a liability and not a productive asset. This is how the pre-employment or pre-placement examination pays off; by giving you the answer as to whether or not your proposed applicant is capable of this job or any job in your business.

This examination benefits both you and the applicant. You can be assured of a healthy, productive employee and he, in turn, is reassured of his good health. However, if he is found to have a disqualifying defect he can be so informed, and then seek the curative therapy necessary to make him physically qualified for the job.

Such services—pre-employment exams and periodic health maintenance—are sometimes considered selfishly motivated. I suppose, if one searches long enough, an alleged selfish motive can be found in any human activity. I do not propose to justify an industrial medical program by simply pointing to the dollars and cents gains. I justify such a program as a moral obligation to the people who work and make the profits. A well-planned and administered industrial health program will unquestionably result in more economic production, but if this be the sole motivating purpose, it will eventually fail as do most programs inspired primarily by selfish motives.

Industrial health programs are good business—for small as well as large plants—regardless of your viewpoint. However, there is another important reason why industry should concern itself with industrial health programs. It is that if industry does not do so vol-
untarily, legislation may eventually be passed to force them to provide suitable preventive programs. One has only to look at the situation in Europe and South America to see that such legislation has already been written—in many cases, very poorly. In Italy, for example, a 1-1/2% wage tax has been levied on the company, paid fully by the company, which is to provide occupational health programs for the Italian worker. Unfortunately, these funds are being used to erect treatment hospitals instead of being devoted to the prevention of industrial accidents and illnesses or for the provision of adequate preventive programs. In certain other European countries, the number of doctors and nurses for a given number of employees is defined under the law, and the company must provide the designated number of doctors and nurses.

We come now to a brief consideration of what an industrial health program is. Quite naturally it will vary with the size and nature of the industry. In some cases, it may consist only of an industrial nurse either full or part-time, and I would insist right here that this nurse have some type of medical supervision by a physician. However, minimum standards for various sized industries have been defined by the Standards Committee of the Industrial Medical Association of which I am a member. These minimum standards have been incorporated into the I. M. A.'s industrial health certification program through the Occupational Health Institute. Basically, however, the industrial health program is a preventive effort consisting of pre-employment and periodic examinations performed by qualified personnel designed to keep the well worker well and on the job where he can be productive. It is designed to help him with health education and health counselling, and to encourage him to provide corrective measures for himself at an early phase before a disease or disability become a serious impairment to his working ability. This program is invariably more effective and more generally accepted when administered at the plant site rather than in a doctor's office or a central clinic.

Next comes the matter of money—"How much will an industrial health program cost?" This, of course, will vary from one industry to another, and I don't think a definite figure can be given without a complete analysis of the need. In general, the smaller the industry, the larger the cost per employee. A study made by the University of Michigan a few years ago revealed that most programs cost from 1/2 to 1% of the total payroll, or from a few dollars to as much as $50 per employee, per year. There is another recent study recorded in the literature in which two hotels were studied for their health costs. In hotel A, which had an industrial medical program consisting of a full-time industrial nurse and a part-time physician, compensation costs were $12.82 per employee per year. The health services cost $10.41 per employee, per year thus making the total cost per employee per year $23.33. Hotel B had no industrial health service, and their compensation cost was $37.14 per employee, per year. Thus, you can see that at a cost of $10 per employee per year a 50% saving in compensation cost per employee was effected.

The National Association of Manufacturers conducted a survey of 1900 companies employing less than 250 each, and these are some of the facts revealed: Occupational disease was reduced an average of 41%; accidents dropped 39%; compensation premiums were 24% lower, absenteeism fell 28% and labor turnover was reduced by 25%. These are facts, and they substantiate my claim that industrial med.
ical programs are good business.

This question often arises, "How do I get a medical program started?" I won't make an attempt to answer that question now, but I do have a few remarks concerning personnel. The secret of success of any industrial health program is the medical personnel involved. The first requisite they must possess is an interest in industrial health. This may seem obvious to you, yet it has been one of the commonest reasons why many medical programs in small plants have failed to reach maximum effectiveness. By "interest in industrial health", I mean a real interest in the development of the preventive aspects of a plant health program. The majority of small plant "health programs" have developed more or less adequate handling of occupational injuries and have stopped there. While it is admirable and necessary to have good care of plant injuries, we know from experience that it is the "preventive" efforts of the program, in terms of illness as well as of accidents, that really pay dividends to the plant and to the workers.

You cannot take just any doctor and expect him to be an accomplished industrial physician. Not all doctors are of the makeup to fit industrial medicine any more than all doctors are made to be surgeons or research physiologists or hospital administrators. In this respect, I would point out to you that Dr. Shepard, a vice-president of Metropolitan Life Insurance Company, recently outlined the desirable qualifications for the part-time industrial physician². They are as follows:

1. He must be a good physician.
2. He must be flexible.
3. He must be interested in, and have some competence in preventive medicine.
4. He should have a good sense of administration — keeping records, reports, budgets, etc.
5. He should have general familiarity with community organizations and facilities.
6. He should know, or be prepared to seek advice on the effects of environmental factors on performance and well being.
7. He should be available for health counselling.
8. He must at all times have direct access to top management.

Dr. Carey McCord has said that the best of industrial physicians will have a few metal shavings in his pants cuff and a little sawdust inside his neckband. In other words, any physician working in industry must spend some time in the plant if he would know the workers and their problems.

In conclusion, I would like to give you a conclusion of the 1959 National Health Forum, that is: Industrial health programs should be extended into all industries-large and small—throughout the United States. One method by which such programs might be encouraged is through the organization of local and regional meetings to discuss and consider ways and means of developing industrial health programs suited to the particular area and industry³. It is my hope that today I can interest some of this group in going back home and developing such programs for their own localities. As chairman of the Small Plant Services Committee of the Industrial Medical Association, I assure you that I, or any member of the committee nearby, would be most willing to work and cooperate with any executive of this group who might wish to undertake a local or regional discussion of the importance of industrial health plans. This is not something that we, as doctors, can do by ourselves, since we are often accused of trying to sell our wares to industry. Rather, we need you, as owners and managers, to become interested in this and to take the initia-

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tive in sponsoring such local and regional meetings. We, as physicians, are perfectly willing to cooperate with you through the office of Dr. W. L. Wilson, Chief of the Occupational Health Section of the Public Health Department in any such programs that you may wish to undertake, but the initiative for undertaking them rests with you—not with the doctors. Through such meetings and discussions I believe it is possible to convince many of the right people that an industrial medical program is good business.

**BIBLIOGRAPHY**

3. Eckardt, R. E.: An Industrial Medical Program for Small-Plant Employees, an address delivered at the Industrial Relations Group Meeting of the 53rd Annual Meeting of the National Industrial Council, New York, New York, December 5, 1960.

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**School of Public Health**

(Continued from page 4)

...ty members. The number of students has likewise increased until in 1961 the enrollment was approximately 165 students, over 100 of whom will have received degrees before the year is over.

In addition to the production of trained public health workers, the faculty of the School have served as consultants in shaping public health programs all over the world, and the research activities of various faculty members have had a profound impact upon the general field of public health.

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**MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH**

<table>
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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>J. W. R. Norton, M. D., M. P. H.</td>
<td>State Health Director M. D.</td>
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<td>J. M. Jarrett, B. S.</td>
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<td>Fred T. Foard, M. D.</td>
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<tr>
<td>Lynn G. Maddry, Ph.D., M. S. P. H.</td>
<td>Director, Oral Hygiene Division</td>
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<td>Charles L. Harper, M. S. P. H.</td>
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<td>James F. Donnelly, M. D.</td>
<td>Director, Administrative Services</td>
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<td>Director, Personal Health</td>
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Tetanus
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reactions in the future should administra-
tion of other horse serum antitoxins be required at some distant time.

It is of course desirable that all be immunized early in life. The antigens commonly employed are the combined diphtheria — pertussis — tetanus toxoids. Such antigens must not be used for adults. Adults, or indeed children over 6 years of age, need not be immunized to pertussis. More important, however, is the fact that adults, and many individuals over age 10, show severe reactions to the usual diphtheria components. When the proper immunizations have been given in childhood, a firm foundation is built for continued tetanus immunization. In the immunization of adults, two doses of precipitated toxoid or three doses of a fluid tetanus toxoid will provide excellent protection. As measured by antibody studies, failures very rarely occur and as measured by field experience, i.e. the Armed Services experience, the protection period is better than that provided by any other vaccine. After the initial course, a first booster approximately 1 year later is desirable. Additional booster doses should then be given every three years as noted above. Coming into wide use is a Tetanus and Diphtheria antigen, labelled “For Adult Use”. This preparation contains insufficient diphtheria toxoid to produce reactions, but sufficient to keep the individual currently immunized. Its use can be highly recommended.

Immunization to tetanus is so easy, so inexpensive, so effective and so free of reactions that it can be recommended for all able-bodied individuals. Since all individuals are liable to injury, all should be actively immunized to tetanus. When tetanus — diphtheria toxoid (for adult use) is employed as the immunization (Continued on page 16)
Tetanus

(Continued from page 15)

munizing agency an important added benefit — immunization to diphtheria — is obtained.

A number of industries, county medical societies, and county health departments are actively engaged in tetanus immunization programs. Many of these programs are cooperative efforts among the groups mentioned.

It is worthy of note that the State Community Health Conference, June 29, 1960, sponsored by the Medical Society of the State of North Carolina, was devoted in part to the tetanus immunization campaign. The formal presentation relative to this subject was made by a group from Cabarrus County. The material presented is to appear elsewhere as a medical journal article. References will be furnished upon request to those interested in this field.

Ground was broken in June for a 30-bed nursing home being built just outside of Marion. The project is sponsored by the McDowell Chamber of Commerce and 40 local citizens.

Miss Asenath Cooke, president of the North Carolina Home Economics Association, attended the American Home Economics Association meeting in Cleveland, Ohio in June. Miss Cooke is Nutrition Education Supervisor of the State Board of Health.

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DATES AND EVENTS

Aug. 20-23 — Institute: Problems in Tuberculosis Control, Lake Junaluska, N. C.

Aug. 30 - Sept. 6—World Federation for Mental Health, 6th Int. Cong. on Mental Health; Culmination of World Mental Health Year, Paris, France.


Henderson County Health Center Is Dedicated

The new home of the Henderson County Health Department which was dedicated Sunday afternoon, August 20, 1961, is shown below. This is the sixth new health building which has been dedicated by local health departments in the past three years. The others include Wake County, Jones County, Charlotte-Mecklenburg County, Graham County and Madison County. The upper pictures show Dr. J. W. R. Norton, State Health Director, delivering the dedicatory address in the spacious entrance lobby of the modern building, Mr. Kermit Edney presided. Dr. J. D. Lutz is the Henderson County Health Director. (See inside back cover for other pictures of this impressive occasion.)

August, 1961
Dr. and Mrs. Floyd Johnson are greeted by Dr. J. W. R. Norton, State Health Director, on the occasion of the testimonial retirement dinner honoring Dr. Johnson for his 40 years of service as Columbus County Health Director. The health center was named the "Floyd Johnson Memorial Health Center" in his honor.

"EMPHASIS—Patient Care" is the interesting name for the newsletter of the Nursing Home Section of the State Board of Health. This quarterly publication will be a means of exchanging ideas between nursing home administrators and the State Board of Health and the local health departments.

A NEW CHAPTER

This film illustrates some of the doubts and anxieties which may exist in the minds of psychiatric patients prior to discharge. The problems facing Ben, the former patient in A NEW CHAPTER may be unlike those faced by some patients, but they provide any patient facing discharge with food for thought.

Basically, the film deals with the problem areas most common to the returning patient—family, friends, employment.

This film is available from the State Board of Health Film Library.

Pearl G. Henderson, who retired recently after 38 years of uninterrupted service as a rural public health nurse with the Durham Health Department, is shown receiving a citation from Dr. O. L. Ader, Durham County Health Director.

August, 196
**What Date . . . . Will Your Town Fluoridate?**

Turn on the water—Turn that water faucet and draw a glass of cool clear water. What a boon water is to humanity! Those versatile ad writers make many man made beverages sound like a liquid from Heaven. What could they not do with water if they were paid to put their talents to work telling of water’s uses and excellencies!

Turn that spigot and draw a glass of cool clear water—draw it wherever you are—in Edenton—or Plymouth, or Littleton—or in Raleigh or Charlotte—even in Jacksonville, Florida. In these different places, would you note any differences in the water? No! You probably would not notice much difference.

But suppose children were to drink water from these cities throughout their early formative years—say from birth to age eleven—what would water from the public water supplies in these towns and cities do to their teeth? Would it help or hinder good dental health? It would definitely help their teeth. They would have about 60 per cent less cavities; toothaches would be less frequent; general health would be aided; these children would lose fewer teeth as they grew into maturity and old age.

**Why Choose Those Towns?**

But why name those particular towns and cities? Others could be named but just for illustration these were selected because all of these have fluorides in their water supply to lessen tooth decay.

Charlotte fluoridated its public water supply in 1949, and Raleigh fluoridated its water in 1957.

But when did these other towns fluoridate their supply? Nobody knows. Nobody knows when the public water supplies of Edenton or Plymouth or Littleton or Jacksonville, Florida were fluoridated. Nobody knows the date because these and a number of other cities and towns have fluoride naturally present in their water. Actually, in some other places the cities even have to take out some of the natural fluoride content to produce the best results. Nobody added fluoride. Seventeen North Carolina towns have naturally fluoridated water.

No city council voted on it. Nobody opposed it. **Nature voted it in.**

**Why Is The Movement Growing**

Why did Raleigh and Charlotte and 32 other North Carolina towns with a total population of over one million persons put fluoride in their water—and why are many other towns and cities working toward that goal. The reason is that across the nation—over the years many thousands of tests by scientists, physicists, physicians, dentists, and other professional personnel have conclusively proved that one part per million fluoride in water keeps children’s teeth from decaying about 60 per cent better than without the fluoride. And what’s more, these thousands of tests showed that properly fluoridated water has no harmful side effects.

These facts can be illustrated and substantiated from any section of the nation—and from every section of North Carolina. Shelby fluoridated its water supply in 1954—Lenoir in 1952—
Wilmington in 1955—Elizabeth City in 1960 and Goldsboro just this past February. Those are just a few of the 34 city and town fluoridation highlights across the state.

Fluoridation Approved By Professions

Every major health related professional organization in the nation has independently examined facts pertinent to their own approach to fluoridation and each has unqualifiedly approved it. This includes the American Dental Association, the American Medical Association, the United States Public Health Service, the American Public Health Association—and on and on.

In North Carolina, fluoridation of community water supplies has the approval of the N. C. Dental Society—the Medical Society of the State of North Carolina, the N. C. Public Health Association—and many more.

The State Board of Health not only approves fluoridation but stands ready to help any community to test and determine what it would take to fluoridate its supply.

State Health Director Approves

Dr. J. W. R. Norton, the State Health Director has this to say—"To my mind it is a matter of a short time only until the fluoridation program will be universally adopted for all water supplies wherever its addition is feasible."

Parents have an interest in fluoridation. Their children's dental health is at stake—they will have fewer cavities—fewer tooth aches—fewer dental bills—and all for less than the cost of one daily newspaper per year per child.

Charlotte Study Supports Fluoridation

Charlotte and Mecklenburg County have just completed a study of some 10,000 children—using the suburban population and the city population as the two groups to compare. The city group has had fluoridated water since 1949—the county group has not had this advantage.

The results of this survey of children after 11 years of fluoridated water are these:

The City Group of children, ages 6-11 years, having had fluoridated water, had 60 per cent less dental decay in the permanent teeth than the County Group.

The cost to fluoridate Charlotte's water supply was 4.3 cents per person per annum for the fiscal year 1959-60—all for less than the cost of one daily newspaper per person per year.

N. C. Junior Chamber Favorable

The Board of Directors of the North Carolina Junior Chamber of Commerce meeting recently in Wrightsville Beach passed a resolution favoring fluoridation of public water supplies in every North Carolina community, and urging their local chapters to promote this modern means of dental health. More power to this fine civic group, and to other interested citizens sponsoring fluoridation across the state.

What date will your town fluoridate?
A General Practitioner's Viewpoint

by Hugh A. Matthews, M.D., Canton, N. C.

I am an excellent person to tell the Public Health Director exactly what he and the Public Health Service should do. During my work experience, I have held two jobs, farming, at which I was absolutely no good, and practicing as a family physician at which I am just a little better than in farming. If I had the experience of an excellent physician in general practice, and in public health, I would then know I did not have the whole answer.

I am of the opinion of an inmate at a psychiatric institution. A farmer delivering vegetables to the institution asked the inmate, "Have you ever been a farmer?" The inmate replied, "Have you ever been a schizophrenic in a bug house?" When the farmer replied, "Nope," the inmate replied, "Better try it, beats farming."

Being awakened at two in the morning by a socialite who wants a shot for hot flashes is not pleasant. This is to be desired over getting hit on the ankle by a root thrust out by a spring-tooth harrow in a new ground.

I will never go back to farming. Neither will I likely be invited to become a Public Health Director after those admissions. If I were invited, I likely could not get out of North Carolina's beautiful mountains because of entanglement in human problems of choking, smothering, low-back pain, and hot flashes.

If I were to become associated with Public Health Service, I would do some straight thinking before accepting a post. I would indelibly impress upon my mind a few undisputable and perhaps self-evident facts.

First, all practicing physicians are no more alike than all public health directors. Some are hostile, some helpful.

Some are sanctimonious, some sacrificial. All are intelligent and therefore capable of communication.

Second, all communities have devoted persons and disciplines. These parties know the problems and peculiarities, prejudices, and prides of their community better than the incoming physician. These important persons and parties are eager to help and to be helped.

Third, the best and the worst communities have their healthy and unhealthy aspects. Every community has common problems, but each has distinctive problems. Communities, like each person in them, wish to be understood and appreciated. Rapport is as important in dealing with a community, as a patient, as an individual, as a patient. In case of the community and the individual, new concepts cannot be imparted. New ideas have to grow out of the previous experiences of each.

With these concepts in mind, I would enter a community determined not to start treatment on the community patient until adequate history and physical were completed. For the history I would go to the practicing physician, ministers, school officials, Extension Service personnel, certainly the county commissioners and municipal authorities, and all para-medical resources. I would use, but not accept as all inclusive, the history of the previous public health physician in the area.

This paper was presented by Dr. Matthews before the Public Health Section of the Medical Society of the State of North Carolina on May 9, 1961, during the meeting of the Society, May 7-10, 1961.
While taking the history, I would do the general physical examination. This would give conception of the needed laboratory and specialist consultation assistance needed for treatment for my patient, the community. If surveys, the x-ray of the community, were needed, I would do the surveys or go all out to get the surveys done. If consultation services were needed, I would bombard, if need be, state and federal public health service levels for the consultants.

As Public Health Director, I would conceive of my role as a director and act within this conception. Services that were being performed adequately for my patient, I would stay out of. I would give direction for all community resources to do for my patient what these could do well. I would be willing to do the work for my patient that was not being done or could not be done by other resources. My major objective, then, year by year, would be to perfect team approach to the public health problems.

Last, (that is doubtless the most welcomed word you have read in this parade of I's), I would not rest at ease on my original history and physical. I would ever keep in mind that good public health, like good personal health, is a process and not a state.

I have reviewed what I would do prior to going into Public Health Service and what I would do after becoming a public health director. You ask, "What would you do with your disillusionment when your high ideals bogged down with cold realities?" I would go into real estate business and make the money that the community thinks the general practitioner makes.

The Health Bulletin has been entered in the International Exhibition of Medical Press which will take place in Legnano, Italy, September 16-24.

1961 March of Dimes Scholarship Winners

Thirteen North Carolina students have been awarded 1961 National Foundation health scholarships, according to an announcement by Basil O'Connor, president of the March of Dimes organization.

North Carolina scholarship recipients announced today are:

**Field of Nursing:** Ethel Marie Griffith, Route 2, Winston-Salem, University of North Carolina; Dorothy Rose Isom, 4122 Yadkin Drive, Raleigh, University of North Carolina; Constance Lee Newnam, 1821 Chestnut Street, High Point, University of North Carolina.

**Occupational Therapy:** Betty Anne Long, Route 1, Box 195, Wallace, Richmond Professional Institute of College of William & Mary; Nancy Carol Moss, 1212 S. York Street, Gastonia, Furman University, Greenville, S. C.; Martha Eloise Styles, P. O. Box 7232, Asheville, Richmond Professional Institute of College of William & Mary.

**Physical Therapy:** Juanita Christian Caldwell, 2204 Benbow Road, Greensboro, Woman's College of N. C.; Sandra Lee Lepscier, Route 3, Box 395, Murphy, University of North Carolina; Susan Mary Matuszak, Mountain View Road, Winston-Salem, Pfeiffer College, Misenheimer.

**Medicine:** Robert Lee Grubb, Jr., 1616 Brandon Road, Charlotte, University of North Carolina; Edgar Jerome Hocutt, 129 Mason Farm Road, Chapel Hill, University of North Carolina; Margaret Louise Craig Johnson, Box 121, Fuquay Springs, Bowman Gray School of Medicine, Wake Forest College.

**Medical Social Work:** Rosebud Margaret Richardson, 807 S. 12th Street, Wilmington, A. and T. College of N. C.; Greensboro, N. C.
DEATHS AND TREATMENT SERVICES CAUSED BY FIRES AND EXPLOSIONS

Two hundred North Carolinians died in fires in 1959 and, in 1960, a total of 101 Tarheel children were admitted to Crippled Children's Clinics for treatment of burn injuries sustained in fires and explosions.

These facts were revealed by the Accident Prevention Section of the N. C. State Board of Health recently while issuing a reminder about the increased incidence of such accidents which will occur during the fall and winter months.

Dr. Charles M. Cameron Jr., medical consultant to the Accident Prevention Section, revealed that 30 percent of 1959's fire victims were children under the age of 15 and another 27.5% of the 200 persons who died were past the age of 60.

"The very young and the very old are the family members most frequently killed or injured when a fire breaks out in the home or on the farm," Dr. Cameron said.

He also pointed out that non-whites who make up some 25 percent of the state's total population experienced over 50% of all accidental deaths resulting from fires, burns, and explosions. Among whites, 65% of deaths were among males, but among non-whites only 45% of deaths were among males.

Miss Ruth Council compiled the data from the Crippled Children's Section, which showed that during the first six months of 1960, a total of 101 children were admitted for plastic surgery to correct permanent deformity and scarring resulting from fires and burns. The largest number from any single county were 10 cases recorded in Robeson County. Other high experience counties included Wake County with six cases, Martin and Lenoir Counties with five cases each and three cases each from Orange, Davidson, Rockingham, and Guilford Counties.

Miss Nettie Day, chief of the Accident Prevention Section, issued the reminder that many fires in North Carolina arise from faulty heating and cooking equipment. Space heaters, floor furnaces, and other similar types of heating equipment may easily overheat during the colder months of the year and the practice of using flammable liquids to start fires also contributes to the hazard.

Miss Day made these suggestions to prevent deaths and crippling from fires of this type:

"Have your furnace and stove installed and checked periodically by a competent serviceman. Avoid portable gas, kerosene, gasoline or oil-burning heaters which consume the room's oxygen and may give off deadly fumes.

"A screen should always be placed in front of the fireplace to keep sparks from flying onto the rugs and furniture. Keep your supply of fuel well away from the fire.

"Fires should be attended by an adult, and small children should never be allowed to throw paper or wood into the flames. Leaving small children and old adults to tend a fire is a particularly hazardous procedure."

Additional information concerning fires and their prevention is available from the Accident Prevention Section, N. C. State Board of Health, Raleigh, N. C. and many local health departments provide personalized assistance to North Carolinians interested in reducing needless deaths and suffering from fires, burns, and explosions.

August, 1961 THE HEALTH BULLETIN
Harold P. Halpert, Chief of the Publications and Reports Section, National Institute of Mental Health, has been appointed to the newly created position of Consultant on Communications and Public Information in the Institute's Community Services Branch.

In his new position, Mr. Halpert will provide consultative services to State and local mental health agencies on public information and public education, and on ways of strengthening and developing mental health programs through application of improved communications techniques and procedures.

A measles vaccine that will prevent major complications from the disease should reach the market within a year according to Dr. Henry G. Cramblett of the Bowman Grey Medical School speaking to the Mountaintop Medical Assembly meeting at Waynesville recently.

"Institutions for Alcoholics in North Carolina", a new booklet giving information about facilities providing rehabilitative programs for the treatment and cure of alcoholism has recently been published. The 24-page booklet may be secured free from the N. C. State Board of Public Welfare, P. O. Box 2599, Raleigh, N. C.

Recent visitors to the Halifax County Health Department as a part of its training program were Miss Wardah Ghattas from Jordan and Miss Lydia Holly. Miss Ghattas has had a year's post graduate work in public health in the United States. Miss Holly, a physical therapist, has had a year's post graduate work in public health at the School of Public Health, Chapel Hill.

The polio immunization program calls for a second shot one month after the first, the third shot seven months after the second, and a booster shot a year later. Then, a shot every two years is recommended. The three initial shots are required before a child enters school.

Thirty cases of tuberculosis have been admitted to the sanatorium from Bertie County in less than the past six months as against sixteen cases admitted during all of 1960. Bertie County Health Department staff are at work to help solve this problem.

Dr. Charles W. Armstrong, Rowan County Health Director for the past twelve years, recently announced his retirement, effective March 1, 1962.

Leonidas Jackson, Erwin druggist, has been elected chairman of the Harnett County Board of Health. He was elected to succeed W. C. Bruce of Overhills, longtime member and chairman of the board.

The Durham County Health Department will begin in September a new program of physical therapy and the newly-hired director of the new division, Miss Nancy Warner, has reported to work in preparation for the initiation of the first phase of a department expansion program.
The annual conference on family relations sponsored by the N. C. Family Life Council will be held in Charlotte on October 22-24. President Jesse Lanning of Linwood has announced a challenging program.

"Living in Balance Begins in the Family" has been chosen as the theme for the three-day meeting. Representatives from many professions will attend as well as many who have an interest in one or more phases of family life as members of organizations contributing to the strengthening of family relations.

Myers Park Baptist Church is to be the location of the meeting by the invitation of Dr. Carlyle Marney, minister.

A panel discussion covering the physical, mental, and spiritual health of the family will open the sessions on Sunday night. Relationships with the law and a view of parents as they are and as they might be will also be considered in this opening session. The conference continues through three sessions Monday and a closing morning session Tuesday. Mrs. J. Leonard Middleton of Raleigh is program chairman and president-elect of the State organization.

Among outstanding speakers already announced are: Dr. and Mrs. Robert N. Rutherford of Seattle, Washington; (Dr. Rutherford is a noted obstetrician; Mrs. Rutherford is a marriage counselor); Dr. Frances L. Ilg, director of the Cesell Institute of Child Development, New Haven, Conn.; and many leaders in family related fields from over North Carolina.

All interested persons are welcome to attend the sessions.

1961 Legislation affecting Health is set forth in a "Public Health Bulletin Number 6" published by the Institute of Government of the University of North Carolina at Chapel Hill. This is an excellent 18 page mimeographed review of the health legislation which was enacted (and some that failed to pass) by the 1961 General Assembly. A limited number of copies are available free from the Institute of Government.

E. A. Hastings, pioneer Halifax County Health Department Sanitarian, retired June 30th after 26 years of continuous service.

Whooping cough immunization is required when children enter school but health officials are urging parents to have their children immunized early in life.

Dr. Joe A. Bain, retired Army physician, is slated to take over as Wayne County's new Health Director. Dr. Bain is filling a vacancy left by Dr. A. S. Chesson who retired several months ago.

The University of North Carolina School of Nursing will celebrate its tenth anniversary on November 8 and 9, 1961.

The Wednesday, November 8 program, will include an address on "Unity of Nursing Care", followed by speeches on the place of the humanities, the social sciences, and the biological and physical sciences in professional nursing education. Among the speakers will be Governor Terry Sanford of North Carolina, and Mrs. Lucile Petry Leone, chief nurse officer, U. S. P. H. S.
Operating On Bottled Water

Complexities, and safeguards which accompany modern living, as well as ingenuity, are all wrapped up in the case of the contaminated water supply at Mull School, which suspended classes temporarily until the trouble could be located and corrected.

Water analysis, performed by the health department so routinely that it is taken for granted, discovered the contamination. It's just one of many protections for the public health, and the safeguard is provided even though the water comes from a State line and is given filter treatment. Plumbing systems, as for a rural school, and the possibility of uneven pressure and various other chances for contamination are not overlooked.

If there are those who think that impurities in a water supply are the result of mass living in the modern age, let them remember that the old-time rural school with one-two-three teachers may not have been closed because of contamination but it was because nobody bothered to test the water. The school had its several paths, and one was to the spring, well or pump which supplied water of unquestioned purity—unquestioned because nobody in the neighborhood knew how to test it even if they doubted.

Times have changed—in schools and in health measures. And they have changed also in the resourcefulness used to meet such problems as the Mull school's water supply. Who would have thought, a generation ago, of bottling water like milk and supplying it to a school or a city to avoid the paralysis of a water cut-off?

Out at Mull, the Burke Farmers Dairy agreed to deliver pure water in milk containers so school could continue to operate while sanitary engineers were straightening out the water system. This was done in the approved Civil Defense technique which could be used to supply a large city in the event a disaster disrupted its water supply.

Mull students, protected by health measures, could keep right on going to school because water, bottled in a dairy, was hauled by truck to their door. This is a far cry from the time the rural family walked to the spring and drank water out of a gourd, it's much safer than if several hundred people started tramping to that same spring. —Editorial from The News Herald, Morganton.

Dr. Walden R. Todd of Yadkinville has accepted a position with the Oral Hygiene Division of the State Board of Health. Dr. Todd attended George Washington University and Georgetown University, where he received his dental degree.

Clarence E. Pearson has been appointed director of field and community health activities of the Health and Welfare division of the Metropolitan Life Insurance Company. Mr. Pearson holds a master's degree in public health from the University of North Carolina.

Dr. Coradon E. Fuller of Pittsboro, who has been serving as health officer for Lee and Chatham Counties for over a year, has been granted a year's leave of absence to attend the School of Public Health, University of North Carolina, Chapel Hill. Dr. Fuller plans to study toward a Master's Degree in Public Health.

Dr. R. M. Caldwell, Mount Airy physician, has been appointed to fill the vacancy caused by the resignation of Dr. R. B. C. Franklin, who has served as Surry County Health Officer for 23 years.
Dipping Into N. C. Health History

The earliest health law in North Carolina was passed in 1712. It was a maritime quarantine law, designed to prevent persons with contagious diseases from landing at ports in the Province of Carolina. From then until the Mid-Nineteenth Century, many health laws were passed, but most were designed to prevent the spread of a specific threat to the public health.

Guilford County was formed in 1711, from parts of Orange and Rowan Counties. It was named for Lord Francis North, the first Earl of Guilford, whose son was Prime Minister of England. It was formed, like other counties in North Carolina, to hold court for the local inhabitants, to operate a jail, and to build roads.

From the time of its creation until 1868, Guilford County was governed by justices of the peace. This was the traditional form of English county government, brought from the Mother Country by the first settlers. The justices, appointed by the Governor, met four times a year at the county court house to manage the affairs of the county. They levied taxes, built the courthouse and jail, cared for the sick and the poor, built roads, and held court to settle disputes and punish those who broke the law.

“The entire State Medical Society constituted the State Board of Health in 1877 with action through a committee and the entire County Medical Society at the beginning in 1879 was the County Board of Health.

From the organization and legal establishment of the State Board of Health, the twelfth in the nation, in 1877 until 1909 the board members and the State Health Officer received no pay or even reimbursement for their many useful and pioneering services. Dr. Thomas F. Wood (1877-1892) and Dr. Richard H. Lewis (1892-1909) supplemented from personal funds the meager state appropriations of those first 32 years. Both were recognized national leaders in the public health field. In 1908 Dr. Lewis arranged for Dr. Clarence A. Shore to become full-time Director of the Laboratory of Hygiene. Dr. Lewis, the next year, proposed and obtained a larger annual state appropriation of $10,500 as a sound investment in health and stepped aside for his successor, Dr. W. S. Rankin, who served as our first paid and full-time State Health Officer.”

Dr. W. B. Hunter, head of the Harnett County Health Department for the past twenty-five years, announced at a recent meeting of the county board of health and county commissioners that he plans to retire. He is believed to have established the first diabetic clinic in the public health field in Harnett County in the '40s, and started a program of mass surveys.

The National Society for Crippled Children and Adults, and its affiliates in fifty states, reported significant expansion of medical and therapeutic care of crippled children in 1960 as well as expansion of research into causes and means of alleviating crippling.
Hundreds of tourists will converge on Wilmington for a five and a half day cruise to Bermuda, aboard the Ariadne, October 24-29, sponsored by the University of Tennessee College of Medicine and the Tennessee Academy of General Practice. This will be a medical seminar cruise and programs will be mailed shortly, according to the Allen Travel Service, 565 Fifth Avenue, New York 17, which already has begun booking passengers. Although medically sponsored, the cruise will be open to the public.

The selection of Wilmington as the port of embarkation shows that this North Carolina seaport is still holding its own for such events. It is pointed out by the sponsors that the cruise members may have the opportunity of seeing the Battleship North Carolina, which will be permanently berthed at Wilmington.

Those desiring the Ariadne's deck plan are referred to the director of the Postgraduate Department of the University of Tennessee, 62 South Dunlap Street, Memphis 3, Tennessee.

The Ariadne will leave Wilmington at 10 A.M., October 24. The following day will be spent at sea, with recreational deck facilities available, and will arrive in Bermuda, at 9 A.M., October 26. Sightseeing, bathing, golf and carriage riding will be optional. Passengers will sleep and eat on shipboard during the Ariadne's stay in Bermuda. It will sail for the return trip to Wilmington, October 27, at 5 P.M., arriving at that port at 2 P.M., October 29.

There will be medical classes during the seminar cruise, and category credits will be allowed. The ship is air conditioned throughout. It was rebuilt in 1957.

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Charles L. Harper, M. S. P. H., .............................. Acting Director, Laboratory Division
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Excerpts from material prepared for presentation by Agriculture Commissioner L. Y. Ballentine before a joint session of the Agriculture Committee of the House and Senate of the North Carolina General Assembly, May 16, 1961.

Laws to protect consumers of foods and drugs against contamination, unwholesomeness and fraudulent claims were among the first in this country to reverse the old philosophy of "let the buyer beware." They were enacted in recognition of the fact that in the commercial production and processing of such items the buyer is in no position to "beware" and the buyer's helplessness in guarding his own interests has increased as technology has made these industries increasingly complex. Therefore, the American people have come to expect that their interests will be protected by laws and regulations making it unnecessary to "beware" of these products which so directly affect their health.

About 20 meat plants in the state are operating under voluntary state inspection, and three under federal inspection. This means that a large volume of the meats and meat products sold in North Carolina have no inspection and that there is the same tendency to "cause diseased and unfit animals to be sent to slaughterhouses having no inspection."

Excerpts from a statement in support of S. B. 244 relating to the compulsory inspection of red meats before Senate and House Committees on Agriculture, May 16, 1961, by Martin P. Hines, D.V.M., M.P.H., Chief, Veterinary Public Health Section, North Carolina State Board of Health.

The purpose of meat inspection is to provide the consumer with disease free meats produced under sanitary conditions. Most of the public believe that all meats are adequately inspected and safe to eat. An examination of the facts proves otherwise. Meat inspection in many counties is limited to the sanitary inspection of the establishments by local health department sanitarians at quarterly intervals. These inspections are valuable but deal mainly with building structures, equipment and sanitary processing procedures rather than inspection for wholesomeness.

Compulsory meat inspection is needed for three major reasons. First, it will provide the consumer with wholesome, disease free meats handled under continuous standards of cleanliness. Second, it will increase the consumer's confidence in locally processed meats and thereby enhance the future growth and development of the livestock and meat industry. There is no sound reason why we should continue to feed on Indiana, Illinois, and Ohio federally inspected beef and pork when we can raise it and inspect it just as good in North Carolina. Third, adequate meat inspection helps the farmer by providing a steady consumer demand for his livestock, and as an aid to detection of disease among livestock.

The greatest resource of our state is the health of her people—healthy in mind, spirit, and body. Providing wholesome, disease free, nutritious meats will assist in protecting this great resource.

The compulsory meat inspection law goes into effect July 1, 1962.
Rejoicing in the completed Henderson County Health Center are, from the left: J. D. Lutz, M.D., Henderson County Health Director; Mrs. John S. Forrest, president of the Hendersonville Woman’s Club; Mrs. Gladys Brown, president of the Soroptimist Club of Hendersonville, and J. W. R. Norton, M.D., State Health Director. These two clubs spearheaded the drive to meet local requirements for the building.

F. D. (Bill) Dalton, chairman of the Henderson County Commissioners, accepts the building for the county.

Children were amongst the interested listeners to the dedicatory program.

State, federal and local funds made possible the construction of the new county health center dedicated recently at Hendersonville. The present total of $105,500 came from the following sources: Federal — $44,000; State — $9,200; County — $52,300.

Mrs. Mary Rowe, public health nurse, who received a special trophy for her work in initiating the plan of civic support and coordinating the efforts of all civic groups to building the health center. Presenting the trophy is Mr. William H. O’Cain, A.I.A., of O’Cain and Brackett, architects for the building.

Henderson County Health Center Dedication Scenes

(See opposite page for pictures corresponding to these cutlines.)

Presidents of civic clubs when their clubs received the N. C. Public Health Association citation for carrying forward efforts to get the new health center building, Mrs. Eula Richardson, immediate past president of the Hendersonville Woman’s Club and Miss Myrtle Barnette, immediate past president of the Soroptimist Club of Hendersonville.

Mr. O. Roy Keith who gave the land in memory of his wife, Hester Carr Keith, and Mrs. Ashley Hill Houston who contributed $25,000 toward the cost of the building in memory of her husband.
DATES AND EVENTS

Oct. 2-4—Annual Congress on Occupational Health, Denver, Colo.

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An appreciated visitor at the Western NCPHA was Lynn Nisbet (right) of Raleigh, director of news services for afternoon dailies of the State and President of the N. C. Travel Council. With him is seen another participant, M. M. Malvin, Training Specialist with the Department of Public Instruction.

August, 1961
Child Health

October is Child Health Month, with October 2 designated as Child Health Day this year. The purpose of this Congressionally authorized emphasis for this, the 33rd annual observance, is to cause a whole nation to pause and consider the health of its boys and girls.

September, 1961
A Philosophy to Eat By

By Harvey J. Rape, Executive Vice President
N. C. Association Quality Restaurants, Inc.

ONE thing man shares with animals is hunger. Man also eats artistically, emotionally, and imaginatively.

As a boy at home on the farm my most pleasant duty was that of providing and supplying the eating needs of the animals thereabout. The awareness that what a being consumes makes its body what it is and the fact that anything could eat its way to health and physical strength was probably the source of my early concern for the feeding business.

In addition to my love for animals and their care and physical welfare, the twenty-one years shared in the healthy living of my family of eight, provided some substantial convictions. Patent medicines, headache remedies, arthritis cures and cold remedies were practically unknown in our family except in forms which were actually derived from some plant or herb.

Of course, times have changed and many things have changed, but the fact that a healthy appetite stems from good health itself and that good health is more dependent upon the things that we eat and drink than anything which science has discovered cannot be ignored.

There is cause for alarm in this rapidly developing economy when more and more individuals are dependent upon public eating places, and the consciousness of the responsibility for the health and physical welfare of diners out is not much in evidence in the preparation and service of meals.

I believe:

that the approximately 4000 eating places in North Carolina need to be checked as closely and carefully on the nutritive aspect of the service as they are now being checked to guard against unsanitary conditions and health hazards;

that a large per cent of our eating establishments, excluding schools and hospitals, have little thought that their customers can suffer because of their negligence or ignorance—washing away, pouring down the drain and cooking away the vital elements of food;

that snacks, soft drinks, makeshift lunches and appetite appeasers bring about more abnormal conditions of the body than some of the vices which are so frowned upon;

that the public has as much right to demand that an establishment prepare and serve food with all its qualities as they have to demand that it be sanitary.

Live Right, Eat Right, and You May Live A Long Time, if some accident does not befall you.
New Facts —

About Diseases of Old Age

By Martha Adams

An Institute on Nutrition for the Chronically Ill and the Aged held recently at Chapel Hill has turned up some little-known facts about the elderly. The Institute was jointly sponsored by the N.C. State Board of Health, the School of Public Health of U.N.C., and the U. S. Public Health Service. Nutritionists and public health workers from 16 states and Puerto Rico attended the sessions.

The young people of the United States are bearing an increasing load of oldsters every year, however, the southern states have a lighter load than most, reported Dr. Bernard Greenberg, U.N.C. Professor of Biostatistics. In North Carolina only about five per cent of the population is over 65. In the country as a whole it is nine per cent, and in some New England states it rises as high as 10 or 11 per cent. The southern states are experiencing an explosion in the younger population which compensates for the increasing ranks of the aged.

Old People Require Long Hospitalization

The number of old people requiring long hospitalization for chronic diseases before death has increased startlingly in the last half century. Four out of five can now expect their lives to terminate in a lingering disease, according to Dr. George M. Warner, director of the Bureau of Adult Health and Geriatrics, New York State Health Department. In 1900 only two out of five faced this kind of death.

Modern science has done little toward increasing the life expectancy of persons already over 60, U.N.C.'s Dr. Greenberg also said. Only one year for men and three years for women have been added since the 1930’s, whereas great gains have been made for the younger age group during the same period. Your chances of reaching 60 are better than they have ever been, but after that you are not much better off than your grandparents were. Any change in this situation will depend on medical developments in the degenerative diseases of heart and cancer which together carry off about 80 per cent of the older population.

Malnutrition Is a Problem

Many of our senior citizens are starving themselves into an early senility, according to Dr. Robert I. Goodman of the Benjamin Rose Institute, Cleveland, Ohio. “More elderly persons suffer from malnutrition than from obesity,” he said.

Malnutrition caused by bad eating habits in old age can bring on muscular atrophy, mental disturbances, decrepit appearance, a “crotchity” disposition, and even total collapse, Dr. Goodman reported. “General malnutrition in the aged is too often overlooked by doctors, nurses and relatives who are more interested in noticeable chronic diseases,” Goodman said.

What the pig whose pork chop you eat has been fed on may make a difference in your chances of getting heart disease, according to Dr. J. Gordon Barrow, director of the Heart Disease...
Control Program, Georgia Department of Public Health. Animals fed on certain products contain more dangerous saturated fats than animals fed on other products.

Dr. Barrow emphasized that foods containing cholesterol are not the only villains in our diets. The body is capable of transforming other fats into cholesterol even when it is completely absent from the diet. Some carbohydrates and proteins have also been shown to change the cholesterol level in the blood serum.

**Dependence and Restriction Cause Suffering**

Elderly men suffer more than women from the dependence and restriction of activity forced upon them by chronic old-age diseases, according to Dr. Margery Mack, social science consultant of the U. S. Mental Health Service. Lower class women accept the difficulties of declining age more philosophically than middle class women. Lower class men take this change in life harder than any other group.

Contrary to popular opinion, Dr. Mack said that belief in an after-life decreases in old people suffering from fatal chronic diseases rather than increases. Elderly persons therefore find it harder to adjust to a disease that threatens their lives than to one that severely disables them or causes them physical pain.

The use of nursing homes for the aged is increasing in the United States. The word “nursing home” is no longer the sign of lack of affection for one’s parents or relatives that it was 10 years ago, reported Dr. Robert O’Connor, chief of the Nursing Home Service Section, U. S. Public Health Service.

Dr. O’Connor said that attempts are being made to improve standards in nursing homes without regulating many privately owned institutions out of busi-
THE 4-H’ers of North Carolina are doing an outstanding job in improving their own health as well as that of their families and communities.

The 4-H Health Improvement Project is a required project for every 4-H’er. North Carolina is represented each year by a Health King and Queen in Chicago at the National 4-H Club Week. This king and queen are selected for having the most outstanding Health Improvement record from two hundred different county health winners, and represent all the one hundred counties of the state.

In North Carolina there have been several National Health Kings and Queens who have received $500 scholarships. This year, North Carolina is being represented by Arlita Lowery of Robeson County and Frank Knox of Iredell County; both of whom have done a truly outstanding job in health improvement.

Activities that some of the 4-H’ers carry on are through health exhibits, demonstrations, distributing health pamphlets, discussing health improvement with neighbors, clubs, and other organizations; making numerous personal health improvements, sponsoring clean-up campaigns and many other worthwhile health improvements.

One of the main purposes of 4-H is to help boys and girls reach a higher goal in life, and the health program that 4-H offers will help every boy and girl reach his or her goal. All 4-H’ers are striving to make North Carolina a better state for their motto is: “To Make the Best Better”. In the past year the 4-H’ers of North Carolina have been hard at work selling litterbags which are necessary to promote cleaner highways. This is just one of the ways that 4-H’ers are working for better health.

The 4-H’ers are a group of the most outstanding boys and girls North Carolina has. They work continuously to make their lives, homes, communities, state and nation a better place in which to live.

One factor proving that 4-H has the support of our state is that many companies have given money and support to 4-H and its activities. The Medical Society of the State of North Carolina sponsors the health program through 4-H, and the health awards are given by it.

This past summer the 4-H delegates from each county met in Raleigh for a week of instruction and pleasure. Among these 4-H’ers were the 4-H county health winners. The program of one night session during the week was wholly devoted to health. On this night the annual North Carolina Health Pageant was held which included a play entitled “What Fools These Mortals Be”.

I salute 4-H and its outstanding health program!

The North Carolina 4-H Health King and Queen shown are Frank Knox, 17, of Iredell County, and Arlita Lowery, 15, of Robeson County.
Custom Built Incubator Saves State Money

When the Laboratory Division of the State Board of Health needed additional incubator space during the last quarter of the fiscal year, 1960-61, it was found that there were insufficient funds in its equipment item to purchase incubators from the scientific supply houses. An American Board of Health Model with water jackets 25" x 30" x 18" costs $790.00. A walk-in type 4'7" x 6' x 7' costs $2,200.00.

The problem of building a walk-in incubator, with materials purchased locally was taken up with Russell Carroll, Stock Supervisor, and Bryant Rogers, Stock Clerk, who in addition to their duties as stock clerks also maintain laboratory equipment such as incubators, water baths, centrifuges, shaker machines and similar equipment. They figured the materials needed to build an incubator equivalent to the commercial walk-in incubator would cost approximately $250.00. The actual cost was $233.00. Offset hinges were obtained from used refrigerators. Advice was obtained from J. Sidney Kirk, Property Control Division, on heating coils and electrical switches needed.

The incubator, as finished, looks as good as the commercial type and holds the required temperature of 37.5° C to within one-half degree, and by means of forced air circulation this temperature is maintained in all parts of the incubator.

The construction of this incubator saved $2,000.00.

This is one example where these men have saved the State money. Another example is the construction of a sheet metal-break out of scrap machine blades and angle iron which enables them to build animal boxes and test tube racks for approximately one-tenth of the commercial price.

Funds budgeted for community mental health services throughout the U. S. during 1961 totalled $91 million, an increase of about 100 per cent since 1957, the Public Health Service announced. In one year alone, between 1960 and 1961, total Federal, State, and local funds budgeted in State plans for these purposes increased by 41 per cent from $65,000,000 to $91,000,000.

The latter figure included Federal funds amounting to $6,000,000—less than seven per cent of the total. Ten years ago, Federal funds accounted for twenty-seven per cent of total budgeted funds.

The Laboratory's do-it-yourself walk-in incubator is now in full operation as can be seen. The two men who saved the State $2,000 by building this one now have another one nearing completion. They are Bryant Rogers, left, and Russell Carroll. Dr. Lynn G. Maddry is acting director of this economyminded Laboratory Division.
Eastern Public Health Association Meets at Morehead City

(See also pages 8 and 9)

Leaders in the public health program of North Carolina contributed to the interesting, well-planned and constructive Eastern Public Health Association meeting held at Morehead City early in September. From the left these are: Dr. Benjamin M. Drake of Gastonia, Local Health Director of Gaston County and president, N. C. Public Health Association; Dr. L. E. Kling, Local Health Director of Jones, Lenoir and Pamlico Counties and president of the Eastern Association; and Dr. J. W. R. Norton, State Health Director.

New officers taking over at the Eastern Public Health Association meeting held in Morehead City are, from the left: W. A. Browne, Local Health Director of Craven and Beaufort Counties, Chairman, Health Officers Section; J. H. Batten, Senior Sanitarian, Wayne County, President-elect; and Mrs. Elsie Thomas, Public Health Nurse, Wake County, Secretary-Treasurer.
Among secretaries attending the annual Morehead City public health meeting were these caught in an informal chat in the lobby. From the left, Ruth Bowen, Martin County; Lena Golding, Craven County; and Betty Neal, Halifax County.

Dr. Robert D. Higgins, Director of the Local Health Division of the State Board of Health, presented a constructive paper by request, entitled “How to Improve Administration in Local Health Departments and Mental Health Services”. Many local health directors and other leaders participated in the discussion. (See above on both pages.)

Sanitarians put in long hours in the meeting at Morehead City.

In the fellowship hours at Morehead City, Dr. Robert D. Higgins, Director of the State Board's Local Health Division, responded to the demand for music. Whether on the organ or the piano, Dr. Higgins was equally talented. The enthusiastic group singing which resulted attested the popularity of this informal feature.
Informal discussion hours in the Morehead Biltmore Hotel lobby and elsewhere enhanced the benefit of the formal program at the Eastern Public Health Association. Seen here are, from the left: Dr. Jacob Koomen, Assistant Director, Division of Epidemiology, State Board of Health; Miss Nettie Day, Chief, Accident Prevention Section, State Board of Health; Dr. Phillip Nelson of Greenville, Director of the Pitt County Mental Health Clinic; Mrs. Lula Belle Rich, Chief, Health Education Section, State Board of Health; and Mrs. Robert M. Fink of Raleigh. (below)

Steaks were on the menu for lunch on the second day at Morehead City during the Eastern Public Health Association meeting. Doing justice to the challenge are Ed Foster (left) of Greenville and Bill Holder of New Bern.

Mrs. Mary K. Kneedler, chief of the Nursing Section of the State Board of Health, led this conference for public health nurses at Morehead City.
Changes Recommended For Safer Football Helmet

The hard plastic football helmet with protruding face guard and "knife-like" rear rim was criticized by two physicians and two athletic officials writing in the Journal of the American Medical Association.

Richard C. Schneider, M.D., Edward Reifel, M.D., Herbert O. (Fritz) Crisler, S.B., and Bennie G. Oosterbaan, A.B., University of Michigan, Ann Arbor, Mich., reported on a study of 14 fatal injuries to the head and spinal cord in American football players in 1959 and several others in 1960.

The study was prompted by "a slowly progressive upward trend" in football injuries involving the head and spinal cord since 1947, they said.

The authors urged the use of more resilient materials in the structure of the helmet, the removal of, or changes in, the plastic face guard and improvement in the chin strap.

Three cases were described in which a fatal injury to the spinal cord occurred when the player's face guard was knocked up and back, driving the sharp rear edge of the helmet against the back of the neck and injuring the spinal cord.

"Some coaches have recognized that the protruding face bar may be responsible for serious injuries," they said. "With its introduction neck injuries have increased in number."

The face guard, extending three and one-half inches, represents a handy lever, the authors said, and in professional football it is permissible to grab the face guard in tackling.

The face guard also has been shown to hinder the player's vision whereas his ability to see an opponent who is about to block or tackle him can prevent injury, they said.

"The face guard, if it continues to be used and is made of solid plastic material, should be shortened and placed closer to the face," the authors said.

"This would provide the following advantages: (a) a less accessible bar for the opponent to grab; (b) cut down on the leverage available if backward thrust is employed; and (c) permit better vision due to less visual field cut; and (d) provide less overriding surface of the bar which might injure an opponent's face."

The firmly-tightened chin strap which holds the helmet in place despite severe blows also was criticized by the group.

"There may be a place for the development of the chin strap which would release at certain safely determined pressures similar to the safety bindings on skis," they said.

Regarding more resilient materials, they said:

"The head is held in an extremely rigid and unyielding plastic helmet with a webbed sling or padded inner lining. From our observations it would seem that a less solid material like leather, heavy sponge rubber or some other resilient material which would permit some slight degree of deformation of the helmet might prevent the marked stress from deceleration when the head was struck.

"Even with less rigid helmets than the present plastic ones, a skirt or flap of moderately firm sponge rubber or some other material should be incorporated into the back of the helmet so that its posterior margin will be a pliable flange which will not administer a serious knife-like blow to the cervical spine when severe hyperextension of the cervical spine occurs suddenly."

The Michigan group concluded:

"The remarkable thing about such an investigation is that considering the vast number of participants in football there are only an infinitesimal number of fatal injuries."
Nursing Home Association Gains Recreational Advisor

Miss Mae Crandall of Mooresville joins the N. C. Association's staff as Recreational Advisor. Her duties will take her across much of North Carolina where she will advise and coordinate recreational activities for Association-member homes.

Funds for Miss Crandall's work were made available through a Federal grant to the State Board of Health for a pilot program in recreational therapy for nursing homes. Within the next few weeks, Miss Crandall will contact Association members via mail on her plans for the program. The Association has expressed its gratitude to the State Board of Health for its active interest and assistance in this project which will brighten the lives of so many elderly people.

Until recently Miss Crandall was director of the Mooresville Recreation Department. While there she organized a "Senior Citizens Club" and other programs for the aged.

She has served as chairman of the senior citizens committee of the N. C. Recreation Society, and she is a former president of that organization.

A native of Jasper, Ala., Miss Crandall earned a degree in Education at Howard College in Birmingham. She begins her duties for the Association at Mayview Convalescent Home in Raleigh. After initial work there, Miss Crandall will visit many Association-member homes to advise or to conduct workshops.

New Faculty At UNC In Chapel Hill

Seventy-four new faculty members joined the University of North Carolina staff this fall it was announced by Chancellor William B. Aycock.

This total encompasses full time faculty from the Divisions of Academic Affairs and Health Affairs.

In the Division of Health Affairs new faculty by schools are:

**School of Medicine:** Prof. Clayton E. Wheeler, Jr., Asst. Profs. Marilyn T. Erickson, Charles E. Morris, Harry Gooder and Claude McClure Jr., Assoc. Prof. Everett H. Schultz, Instructors Wallace A. Clyde, Reed P. Rich, and Rex W. Speers, and George D. Penick has been reappointed as assoc. prof. and director of the hemorrhage and thrombosis project;

**School of Dentistry:** Asst. Profs. Walter T. McFall Jr., James W. Bawden and William E. Creighton (jointly with the School of Public Health);

**School of Public Health:** Prof. Frank E. Law, Assoc. Profs. Norman Miller, Arthur L. Arnold, David A. Fraser, Asst. Profs. Nora Cline, Lydia Holley, and Acting Asst. Prof. James D. Johnson, Research Assoc. Donald Berg, Instructor Howard A. Peters;

**School of Pharmacy:** Asst. Profs. James C. Kellett Jr., Margaret A. Shaw, Jack K. Wier, and Paul J. Wurdack.

Scientists of the Public Health Service's National Cancer Institute have produced in rats lung cancer which may serve as a prototype for study of the disease in man. The chemically induced tumors are similar to human lung cancer both in cell structure and behavior, the investigators found, and strongly support the theory that the process of tissue damage and repair in lungs contributes to the disease.
News Briefs

A Wedding of Interest . . . Mrs. Ann Caroline Baker of Willow Springs, RFD, and William Holt Richardson of Raleigh were married on September 1, 1961 in the Episcopal Church of the Good Shepherd in Raleigh. Mr. Richardson served until his retirement as Public Relations Officer of the State Board of Health. They will reside at 1913 Alexander Road, Raleigh.

An all-new health service will be available to Durham County residents in 1962. The Better Health Foundation has made plans to add to its direct assistance program a visiting nurse service which will provide part-time bedside nursing in the home during illness or convalescence. The only exception will be those who are receiving welfare assistance. A similar service, being planned by the Durham County Health Department will provide for persons in this category.

The Occupational Health Council of Greater Charlotte and Mecklenburg County held its quarterly luncheon meeting in September and emphasized the problems of alcoholism. The Reverend Joseph L. Kellermann, director of the Charlotte Council on Alcoholism Information Center, was the speaker. Shown at the head table from the left: Dr. William A. Kelemen who reported on a diabetes testing program; George Dowdy, the newly elected president of the Council; Dr. William C. Matthews, retiring Council President; Mr. Kellermann; Harry Mitchell, director of public relations for the Mecklenburg County Chapter of the American National Red Cross; and Dr. William B. Townsend, President, Heart Services of Greater Charlotte and Mecklenburg County.

The Central Region of the N. C. Mental Health Association was organized recently in Thomasville. Mrs. Robert L. Bridger of Wadesboro was appointed organizational chairman of the Region.

Dr. William C. Matthews, retiring president of the Occupational Health Council of Greater Charlotte and Mecklenburg County, is shown with the Reverend Joseph L. Kellermann, director of the Charlotte Council on Alcoholism Information Center. Mr. Kellermann spoke on alcoholism in industry at the quarterly luncheon meeting of the Council held in September.
News Briefs

The school of nursing at the university of North Carolina is considering a special course in nursing care for professional and practical nurses employed in licensed nursing homes.

The course, to be developed by the School of Nursing, will consist of a series of classes in nursing care of the chronically ill and aged patient. Dr. Virginia Stone, Professor of Nursing, will be in charge of the program. She will be assisted by Miss Rebecca Hill of the Nursing School faculty.

Plans for the course were discussed in August at a meeting at the State Board of Health in Raleigh. Dr. D. Frank Millam, Mrs. Mary K. Kneadler, Mrs. Nan Cummings and Miss Janet Campbell represented the Board of Health. Two Association members were present, Mrs. Dorothy Joyner, President of the Nursing Home Section, and Mrs. Edith Chance.

Dean Elizabeth L. Kemble and Dr. Stone represented the School of Nursing, and nursing consultants from the Public Health Service included Misses Emily Smith, Lola Hanson and Margaret McAulaghlin.

An advisory committee will be appointed to develop and implement the special course. Ideas and suggestions will be welcomed by Dr. Stone. Her address is Post Office Drawer 389, Chapel Hill, North Carolina.

The 1961 convention of the American Nursing Home Association gets underway Monday, October 2, at 8 a.m., at the Pick-Carter Hotel in Cleveland, Ohio. Two members from each State Association are eligible to attend.

Prior to the convention, an Educational Workshop will be held September 28-30, directed by Mrs. Edith Chance of Fayetteville. The workshop session will be "Improved Nursing Care Through Improved Financing," and will feature a number of speakers. Travis Tomlinson, the State Association's Chairman of the Board will talk on costs of care in nursing homes.

Mrs. Chance also is a candidate for First Vice-President of the American Nursing Home Association, and Mrs. Dorothy Joyner, President of the Nursing Home Section, has sent a letter supporting Mrs. Chance's candidacy to ANHA state presidents in all 50 states.

Newly elected officers of the N. C. State Employees Association were installed at the September meeting of this 10,000 member organization which includes many staff members of the State Board of Health. From the left the officers are: Mrs. Elizabeth Rogers of Raleigh, General Treasurer; Ralph Sprinkle of Fayetteville, State President; and John L. Boyd of Raleigh, Vice-President.
Health leaders from other countries as well as from the United States will discuss health problems of children October 4-8 in Duke University's Symposium on the Commonwealth of Children. Speakers include The Raj Kumari (Princess) Amrit Kaur, who served as secretary to Mahatma Gandhi for 16 years and has held a number of governmental positions in India including that of Minister of Health; Dr. Victoria Winncka of the World Health Organization, Geneva, Switzerland; Miss Mary Switzer, director of the Office of Vocational Rehabilitation, U. S. Department of Health, Education and Welfare; and others.

Dr. Luther L. Terry, Surgeon General, announced recently the appointment of a special committee of nationally-known scientists to develop long-range objectives for the environmental health program of the Public Health Service. Dr. Paul M. Gross, of the Department of Chemistry, Duke University, and president-elect of the American Association for the Advancement of Science, will be chairman of the 16-member group.

Tetanus—or "lockjaw," as it is sometimes called—is still fatal to more than half of the people who contract the disease, the Public Health Service reports. The sources, symptoms, prevention and treatment of this disease can occur among all age groups and in all parts of the United States.

A $33,000 grant to study "Continued Care Through the Relation of Hospital Care to Community Resources and Rehabilitation" has been awarded to Duke University by the Office of Vocational Rehabilitation, U. S. Department of Health, Education and Welfare. Dr. James H. Semans, professor of urology and chairman of the Duke Medical Center's rehabilitation committee, will be the medical director of this program. He has been concerned with rehabilitation work for a number of years.

MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH
Charles R. Bugg, M. D., President .................................................. Raleigh
John R. Bender, M. D., Vice-President .............................................. Winston-Salem
Glenn L. Hooper, D. D. S. ............................................................... Dunn
Lenox D. Baker, M. D. ................................................................. Durham
Roger W. Morrison, M. D. ............................................................. Asheville
Jasper C. Jackson, P.H.G. .............................................................. Lumberton
Ben W. Dawsey, D. V. M. .............................................................. Gaston
Oscar S. Goodwin, M. D. ............................................................... Apex
D. T. Redfearn ................................................................................ Wadesboro

EXECUTIVE STAFF
J. W. R. Norton, M. D., M. P. H., ......................................................... State Health Director
M. D., .......................................................... Assistant State Health Director
J. M. Jarrett, B. S., .......................................................... Director, Sanitary Engineering Division
Fred T. Foard, M. D., .......................................................... Director, Epidemiology Division
Robert D. Higgins, M. D., M. P. H., ................................................ Director, Local Health Division
E. A. Pearson, Jr., D. D. S., M. P. H., ................................................ Director, Oral Hygiene Division
Lynn G. Maddry, Ph.D., M. S. P. H., ................................................ Acting Director, Laboratory Division
Charles L. Harper, M. S. P. H., ........................................................ Director, Administrative Services
James F. Donnelly, M. D., .............................................................. Director, Personal Health

THE HEALTH BULLETIN
September, 1961
In an after-session question period, Dr. Caroline H. Callison, Local Health Director in Sampson County, and Dr. Derrmont Lohr, Local Health Director in Davidson County, get Roddey Ligon's legal counsel on health matters.

Dr. J. W. R. Norton, State Health Director, is shown with some of the local health directors who attended the two-day meeting at the Institute of Government in September.

We missed it by 30 years. That's the margin of error in the paragraph last month about the planned retirement of Dr. Charles W. Armstrong as local Director in Rowan County. Instead of 12 years service, it has been since May 15, 1919. This is in about the same class with the record of service of Dr. E. R. Hardin of Robeson County, the dean of this select few, who began his work as a Local Health Director in Sampson County in 1915.

Walter C. Stallings, sanitation officer for Cleveland County Health Department since 1944, died at his home in Shelby, August 25, 1961. Mr. Stallings was active in national and state sanitation organizations and assisted in the organization of the N. C. Public Health Association Sanitarians' Section and was its first chairman.
An upswing in the influenza cycle is likely to hit this country during the fall and winter. Dr. Luther L. Terry, Surgeon General, recommends immediate vaccinations for persons in the three groups which accounted for most of the 86,000 flu-triggered deaths between September, 1957, and March, 1960. These groups are: Persons with heart disease, pulmonary disease, diabetes and other chronic illnesses; persons over 65; and pregnant women.
Miss North Carolina, Susan Kay Woodall, shared the platform with Governor Terry Sanford, center, and Secretary of Commerce Luther Hodges during the ceremony that opened the N. C. Trade Fair in Charlotte in October. The State Board of Health was represented by an exhibit on "Radiological Health" among the many exhibits coming from every section of the State and including every phase of the State's life. See pages 8 and 9 for a picture of the exhibit.

(Charlotte Observer Photo by James Denning.)

October, 1961
Opportunities Offered By Community Health Facilities Act

The community health facilities bill, approved by the Congress, represents one of the most important advances in the history of Federal health legislation, according to a statement by Secretary of Health, Education, and Welfare Abraham Ribicoff.

Full use of the opportunities afforded by this new law can result in substantial improvements in the quality of care given to the nation's chronically ill and aged. (Read address on opposite page.)

North Carolina will benefit in many ways if agencies and communities take advantage of the law's provisions.

The new law authorizes additional grants in aid to states to build up health services for the chronically ill and provides for special grants to enable communities to test out various types of coordinated home care programs. It also authorizes more funds for nursing home construction, for experimental research in the construction and operation of hospitals, and for assistance in the construction of health research facilities. Another provision liberalizes the terms for securing Federal aid for the construction of rehabilitation centers.

To get the new programs started immediately, the secretary reported that a supplemental budget for fiscal year 1962 has been submitted to the Congress. The request includes an additional $4 million for grants to states, making a total of $6 million specifically earmarked for health programs for the chronically ill and aged. This fund would be allocated to State health departments on a formula which takes into account the State's own resources and the proportion of the nation's aged who reside in that state.

The additional budget would also include $3 million to be awarded to community health agencies to conduct studies of new types of service programs for the aged and chronically ill. For nursing home construction, the Service is requesting $9 million in addition to the $10 million already included in its 1962 budget.

All over the country, there are thousands of instances of patients entering hospitals unnecessarily and remaining in hospitals longer than necessary because of the shortage of home care services, of nursing homes, and of other services and facilities for long-term patients. This legislation will help such patients to get services tailor-made to their special needs and will free beds in general hospitals for the acutely ill who need the more intensive and costly care that these hospitals are equipped to give.

Special needs of the chronically ill and aged which the new legislation is designed to meet include:

Restorative Services. It is estimated that the crippling effects of arthritis, strokes, fractures and other chronic disabilities can be reduced by 50 to 75 per cent if special restorative services are widely used. Under the new legislation, it will be easier for communities to build rehabilitation centers to diagnose and treat these conditions. It will also be feasible for many communities to employ therapists and other specialists to give these services to patients (Continued on page 4)
New Frontiers in Health Services to the Aged


It is a pleasure for me to be here tonight and to discuss with you some of the great responsibilities and some of the new opportunities facing all of us who are interested in the health and well-being of our people.

In this room are many outstanding leaders in the voluntary health and welfare programs of this nation. I am pleased to salute and to commend all of you for your generosity, your determination and your accomplishments in the past. I predict that still greater challenge and accomplishment await you in the future.

Secretary Ribicoff recently and well said that you who work in voluntary associations such as the National Council on Aging collectively constitute one of our national assets. Certainly, the country benefits from your work as it benefits from the spirit, the zeal, and the sense of purpose with which you infuse our national life.

As members of the National Council on the Aging and as former members of its predecessor organization, the National Committee, you have long known and strongly advocated that it is not enough for medicine and science merely to insure that more of us will live longer. The record of your past endeavors and your very presence here tonight testify to your belief in the need to enrich life even as we have been able to extend it.

It is to this purpose that the American people need you now more than ever before. For we in government, no matter how willing and eager we may be to fulfill our responsibilities for the health and welfare of the people, cannot do the job alone.

The Community Health Facilities Act of 1961

Today, for the first time, there is available both the money and the program with which to make a beginning toward providing the full spectrum of health services which you have so long envisioned for the chronically ill and the aged in our population.

For the first time we have within our grasp a means to more fully employ the health knowledge we have gained through research to provide services to people throughout the nation.

I refer, of course, to the Community Health Services and Facilities Act of 1961, an Act which Secretary Ribicoff has called "one of the most important (Continued on page 6)
SECRETARY RIBBICOFF
(Continued from page 2)

in their own homes and in nursing homes.

There is provision for Nursing Homes. The nation needs a half million more beds in nursing homes and chronic disease hospitals. With the additional funds requested, it would be possible for communities to start construction this year of homes to accommodate almost 6,000 more patients.

The new law also helps existing nursing homes to improve their services. Funds could be used, for example, to give special training to nursing home employees, to set up pools of dietitians, therapists and other specialists who could serve all of the nursing homes in the community and to provide various services that no one nursing home could afford.

The law provides for Home Services. Many patients could get all the care they need in their own homes if communities had visiting nurses, practical nurses, domestic workers and other personnel to serve them. The new legislation would help communities organize such services so that, whenever a patient needed home care services, he could obtain the ones he needed through a central source.

Hospital Research is possible under the law. Changes in conventional patterns of hospital care can often result in better service at lower cost. For example, research in one hospital has led to a change in design of the unit caring for critically ill patients so that one nurse can keep 12 patients under continuous observation, making it unnecessary for each to have his own nurse. The increased Federal aid authorized for hospital research is designed to encourage more research on the development, utilization, and coordination of hospital facilities.
Dr. Jacob Koomen, Jr.,
Named Assistant
State Health Director

The State Board of Health named Jacob Koomen, Jr., M.D. of Raleigh as full-time Assistant State Health Director in the September meeting.

A member of the staff of the State Board of Health for the past five years, Dr. Koomen will assist Dr. J. W. R. Norton, State Health Director, in his new post.

Dr. Norton told the Board the appointment has been fully approved by Governor Terry Sanford. Dr. Koomen took over his new work on October 1.

A native of Bristol, New York, Dr. Koomen is 44 years old. He received his undergraduate and graduate degrees from the University of Rochester in New York and served as a Lederle Fellow in Medicine there from 1947 through 1948. He was later an instructor in medicine and served as associate director of the Rochester Health Bureau Laboratories.

In 1954, he joined the U. S. Public Health Service, working out of Atlanta, and was assigned to work with the State Board of Health. From 1956 until the present he has been Assistant Director of the Division of Epidemiology and Chief of the Communicable Disease Control Section for the State Board.

Dr. Koomen has been active in recent years in investigating contagious diseases in North Carolina and has published many articles in medical journals.

He and Mrs. Koomen live at 909 Dogwood Lane and are members of White Memorial Presbyterian Church. They have four children—two boys and two girls.

The Board has been authorized a full-time Assistant Health Director for four years, but until a year ago the post was filled on a part-time basis by Dr. J. H. Hamilton who has retired.

JACOB KOOMEN, JR., M.D.

Newly elected and newly appointed members of the State Board of Health were sworn in before a group of interested friends immediately before the September meeting of the State Board. Seen in the Senate Chamber on this important occasion were the following: (from the left) Charles R. Bugg, M.D., Raleigh; John R. Bender, M.D., Winston-Salem; Lenox D. Baker, M.D., Durham; D. T. Redfearn, Wadeboro; Glenn I. Hooper, D.D.S., Dunn; Governor Terry Sanford; Associate Supreme Court Justice Emery B. Denny; and J. W. R. Norton, M.D., State Health Director.
DR. KNOTT
(Continued from page 3)
advances in the history of Federal health legislation."

I think that no one in this room would disagree with the Secretary's estimate of this legislation. You, the leaders in health and welfare movements throughout the nation, know better than most the tremendous size of the chronic disease problem, especially among our older people. You know, in fact, that the most pressing challenge facing public health and the Nation today is to relieve the increasing burden imposed by chronic disease and disability upon millions of individual lives and upon the strength and security of our Nation.

On February 19, 1961, President Kennedy in his special health message to the Congress expressed a concern for this problem when he said: "The Health of our Nation is a key to its future—to its economic vitality, to the morale and efficiency of its citizens, to our success in achieving our own goals and demonstrating to others the benefits of a free society."

The President also said that the ability of an individual to afford adequate health care is to no avail if the necessary community facilities and services for providing such care are not available.

The Community Health Services and Facilities legislation directly resulted from the President's awareness and that of his Administration that the facilities and the services are not available in most communities to provide quality, comprehensive health care outside the hospital.

The Community Health Services and Facilities bill has been enacted by the Congress; the President and the Congress have done their part—now it is up to us, to you and to the people in every community to make use of this legislation.

Briefly but specifically, the Act provides:

1. An expanded program of matching grants and other services to States to build up health services for the chronically ill.

2. A new program of special project grants to conduct studies, experiments, and demonstrations for developing new or improved methods of providing out-of-hospital community health services, particularly for the chronically ill and health of the aged.

3. An appropriation authorization increase which would double the annual Hill-Burton grant funds available for construction on non-profit nursing homes.

4. A broadened grant program for stimulating research and demonstrations to improve the design and function of hospitals and related health and medical facilities.

The Act also provides: Increased appropriation authorization for grants-in-aid to schools of public health for programs of training and consultation, liberalized eligibility criteria for construction of Hill-Burton rehabilitation centers; extension of authorization for hospital construction loans under the Hill-Burton Program; and finally makes certain modifications in the program for the construction of health research facilities.

Although I shall be glad to answer questions pertaining to any of these items, I presume that we here tonight are more especially interested in the first two provisions—namely, the additional grants to the States for building up services for the chronically ill and more particularly the provision of project grants for demonstrations, studies and experiments of new improved methods of providing health services outside the hospital particularly for the chronically ill and the aged.
Dwayne Orton (center) Editor of THINK, the widely read magazine of the International Business Machines Corporation, and one of the principal speakers at the annual meeting of the National Council on the Aging, is shown conversing with Ollie A. Randall, vice-president of the Council, and Dr. Robert H. Dovenmuehle, Research Coordinator, Center for the Study of Aging, Duke University.

State Grants

The first of these two, State grants, provides for increasing the authorized amount of Federal funds allocated yearly among State health departments. These are known as formula grants, so called because they are distributed on the basis of a formula prescribed by the Surgeon General of the Public Health Service. These additional funds as appropriated by the Congress may by law be earmarked for specific purposes. Further, the grants are made available to each State only if the State submits an acceptable plan for utilizing such funds and is able to match the grant with its own monies in whole or in part, again as determined by the Surgeon General.

For the remainder of this fiscal year, for example, the Congress has already appropriated $6 million as formula

grants under the provisions of this new law. This will be allocated to State health departments in accordance with the States' own resources, the total population and the proportion of the Nation's aged who reside in the State. No State will receive less than $40,000, and in each case the grant must be matched by $1 of State monies for every $2 of the Federal grant.

State plans for utilizing formula grants must be directed to increasing the availability, scope and quality of out-of-the-hospital community health services for the chronically ill and the aged. As you may expect, these plans will vary from State to State. In some cases the funds will be used primarily to develop or expand services at the State level, such services to provide training, consultation, technical assistance, recruitment programs, the assignment of professional personnel to local areas, the strengthening of licensure procedures, the development of educational materials plus other activities.

Mrs. Geneva Mathiasen, executive secretary of the National Council on the Aging, is seen in conversation with Charles C. MacLean, Jr., of a Wall Street law firm and attorney for the National Council.
designed to help local areas meet their health needs in providing better care for those afflicted with long-term illness.

In other States funds may be used principally to give direct financial aid to local communities which, in turn, will, on their own, develop and expand appropriate out-of-hospital services in accordance with local needs. Still other States will use a combination of these methods for putting Federal grants to use.

In speaking of out-of-the-hospital services, we visualize such programs as nursing care of the sick at home; homemaker services; coordinated home care which renders a wide range of services including medical as well as nursing, therapist and social service provisions under a coordinated plan of operation; information and referral services to assist patients in getting to the right type of facility or service; diagnostic or screening activities for the early detection of disease at a time when treatment can be the most effective in preventing complications and disability; education and training programs for professional and lay health personnel who are concerned with services for the long-term ill or aged. Out-of-the-

hospital also encompasses consultation, training and technical services aimed at the improvement of patient care in nursing homes.

You have probably noted the emphasis placed upon home health services. We firmly believe that many chronically ill persons can be adequately cared for in their own homes provided community services are available to meet their needs. This is much preferred by many patients and may significantly reduce the cost of service to the individual or to the agencies or communities supporting them. Nursing home care, however, is the only answer for other patients and efforts must be directed to assist as well as require that good standards of care prevail.

All of these services mentioned exist to some degree in scattered areas throughout the country. The number of patients served, however, is exceedingly small compared with the need. Existing coordinated home care programs, for example, serve about 5,000 persons; only about 3,000 families have the benefit of homemaker services; about half the 1 million completely home-bound cases receive nursing service. Rural areas are the most deficient but nearly 200 cities with population of

The State Board of Health presented an exhibit entitled "Radiological Health" at the N. C. Trade Fair held in Charlotte in October. This exhibit showed the contributions of State and Federal governments in this vital area of concern and included an Emergency Radiological Health Kit and other instruments and information. Dr. W. L. Wilson, chief of the Occupational Health Section of the State Board and the staff of this section created a most commendable exhibit which can be seen in the composite photograph across the bottom of these pages.
25,000 or more lack home nursing service. I need not explore with you the many problems and needs relating to nursing home care. Although use of State formula grants is not limited to these specific areas of interest, the grants are designed to assist States and their communities to initiate, expand and develop the kinds of activities that will prevent disability, restore the disabled to maximum function, and keep them in their own communities and preferably in their own homes when that is feasible.

Project Grants

This brings us to the second provision of the new law which is of particular interest to us here—the special project grant. The basic objectives of the formula grant as just described is to extend or improve the availability, scope and quality of services primarily for the aged and the chronically ill. The project grant objective, by way of contrast, is to study, conduct experiments and demonstrate new or improved methods of providing such services. Although the basic objectives differ, the two kinds of grants-in-aid may to some extent overlap, but out of the emphasis on study and experimentation in the project grant we not only hope but earnestly believe that there will emerge more effective and more economical ways of organizing and delivering preventive as well as care services. As in the formula grant, the emphasis here is placed on services outside the hospital.

Examples of the type of projects that could be considered for special project grants are listed in informational materials now ready for distribution to interested communities and agencies. I was fortunate in obtaining a supply for distribution to you who are present this evening. To give some idea of what is sought, may I mention just a few of these examples:

-Demonstrating how nursing programs can prevent or reduce disability.

-Comparative study of the quality of a particular service rendered by personnel who have had particular training as contrasted with those who have not.

Mr. and Mrs. B. M. "Mike" Smith of Raleigh who were representing the State Board of Health at the Board's exhibit at the Trade Fair for a part of the time. Mr. Smith is currently assigned to the Radiological unit of the State Board from the U. S. Public Health Service. The kit in the foreground is North Carolina's Emergency Team Equipment of the Field Survey Unit.
-Investigating costs and effectiveness of health services as provided under differing circumstances.

-Testing new ways of organizing or combining various types of services in terms of effectiveness in improving patient status.

-Demonstrating ways of preventing or reducing the need for institutionalizing the ill or the disabled or ways of returning the institutionalized patient to his community without jeopardizing his health.

These and others you will see in the materials before you are but examples. The project grant presents the opportunity to put to use imagination, to test ideas, to venture in new paths for improving the lot of those who run the risk of disability as well as those actually disabled.

Project financial grants can be made available to any State or local public agency or any non-profit private organization. These include health departments, welfare groups, social agencies, voluntary health associations, hospital and educational institutions. The materials distributed to you give the procedures for making application and the general information that will be needed. All applications should be forwarded directly to the Public Health Service for processing and consideration. Comments from the State health department and other official State agencies that may have an interest in the application will be solicited by the Service and will be considered in reviewing the merits and justification for the grant.

Implications for the Local Community

Since project grants are designed to a large extent to assist individual groups and local communities in setting up services that may be new to its area or to test new ideas, how can the community best prepare to take advantage of this opportunity? What are the implications?

1. Organization. First and foremost, some organized community group must take the leadership in becoming familiar with grant requirements and in developing suitable projects for consideration. As already indicated this may be a local governmental health or welfare department or some established non-profit agency. Persons experienced in developing community wide services, however, are keenly aware of the need to consider relationships with other organized community groups that have an interest or concern in the subject of any health undertaking. Nor can we exclude the general citizenry and the people who are to be served.

As a general rule, therefore, I believe that a project applicant should, in the planning stage, seek the advice, assistance, and preferably participation of other groups that have like or related interests or who may be affected or involved once the project is established. Certainly this would include the health professions; official and voluntary health and welfare agencies; governmental groups—particularly elected officials; industrial and labor leaders; civic and fraternal organizations; professional membership organizations; the clergy, insurance interest—Blue Cross and private health insurance groups, education representatives; and last but not least, the representatives of the press, radio, and TV.

As "old hands" in the realm of human relations, you will agree, I am sure, that early involvement of interested or affected parties can do much to enhance the eventual understanding, acceptance and future financial support so essential to the sound establishment of a new service.

In this connection I would urge that you confer with your appropriate State agencies; they can be the source of good advice and as explained in my remarks on formula grants, the State health department plan may provide

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a system of financial aid to give initial support for developing or expanding local services. Seeking counsel, of course, does not mean that the applicant should divest itself of responsibility for project sponsorship if it feels competent to do so. Counseling with others is suggested as the means of assuring success by avoiding misunderstanding, conflict and fragmentation of service.

2. Determination of Need and Resources. Another essential early step is to determine the need and resources existing in the community. Need may be determined through direct application of findings from a number of excellent sources. Among them are the extensive findings of the McNamara Subcommittee on Aging of the United States Senate, the excellent reports submitted by the State preliminary to the White House Conference on Aging, the final recommendations of the White House Conference itself and the information and findings provided by the National Health Survey.

By means of information gathered from such sources we can calculate that for “X” population there will be “X” amount of need. Caution must be exercised, however, to be reasonably sure that national data are applicable to the community in question. Communities vary in their population characteristics with respect to age composition, economic incomes, industrial interests and in other ways. It is possible, of course, to go to the extreme of conducting a door-to-door survey within the community. But the method is costly, time-consuming and not always necessary.

Most communities need only to follow the in-between approach used in Guilford County, North Carolina. Here the yardstick for planning was fashioned by an assessment of need among individuals already known to various agencies or professional groups.

In the beginning all the physicians in Guilford County were asked, over a month-long period, to report on all the long term illness cases they saw. The physicians submitted reports on what they felt were the unmet needs of those individuals as far as health services were concerned. During the same month, a canvass was made of patients in local nursing homes and hospitals. The VHA were asked to report on the long-term patients on its roster. The resulting collection of data provided the community with a good, general idea of the extent of their problem. The second step was an evaluation of existing resources to meet demonstrated need. The third step was a comparison of the total demonstrated need and the extent to which this need was being met by available resources. The difference, of course, constituted

Josephine Lowman (right), author of the syndicated newspaper column, “Why Grow Old?”, found plenty of material in interviews during the meeting of the National Council on the Aging in New York Oct. 8-10. This interviewee is Mrs. Georgia W. Powers, Chattanooga, Tenn., president of the Senior Neighbors and a member of the Tennessee State Planning Committee on Aging.
the extent of the community problem.

Among other things, the community learned that many individuals in hospitals did not need the intensive services of the hospital. The community learned as well that many patients in nursing homes or in their own homes were not getting the kinds and amounts of services they needed.

On the basis of this brief but thorough study, Guilford County determined that it should give highest priority to the unmet need for care services in the home.

The point to remember here is that each community must determine its own needs and resources. Each community must answer for itself such questions as these: What are the population characteristics in this community? What is the pattern of illness? What are the unmet needs? Are there any particular health problems that are not being met as well as in the case of others? What is the existing pattern of medical care? Is there a tendency to hospitalize immediately? Is there an existing program to provide services in the home? If so, are these services adequate—is the environment within the home acceptable? What services are available through the social agencies in the community?

3. Suitability of Project. With the determination of need, resources and gaps in service, the community should then proceed realistically with the development of projects that are feasible and within the realm of possibility. Such efforts may be only a beginning to fill the gaps.

My family recently developed an interest in sail boats; for us, I assure you, this is a study, a demonstration, a new experiment. (I wish I could apply for one of those project grants!) Like most others would do, I began with a very simple, inexpensive model, to "learn the ropes," which I have since learned to call lines, and to gain basic experience. My pocket book, with some regret, is now taxed with the inevitable, and we are looking for a bigger and better model.

So should it be with the community and its health service planning.

It is equally essential to any successful community program that regardless of where the patient lives, who he is or what his ability to pay that he receives all the available services when and as he requires them. Again, we believe that it is better for a community to plan limited services upon a broad base than to have intensive services for a small section of the individuals in need of services. Making such services available to all, including those with the ability to pay, is a reversal of the usual public health policy.

In most public health programs, those who can pay are not included; here it is vital that they be included. Chronic disease and disability are no respecters of personal status. We recommend, therefore, that most communities establish a fee for service based on ability to pay at the very start of their program. If you have a demonstration program with free services for three years, don't expect the community to be willing to pay for something that they previously got without charge.

Moreover, gradually increasing financial support can be derived not only from fees for services, but also from agencies within the community which see the demonstrated values of such a program.

4. Value to the Patient. I think, too, that it is important in the "tooling up" phase of the community program to remember that care and treatment services for the older person, while basically no different from services required by all age groups, is often very different in extent of services required.

We know that the average older person needs a larger volume of services.
for example, and that some services he requires are more complex, more comprehensive and needed over a longer period of time.

In any program of community health services we must, therefore, strive to provide appropriate, adequate, comprehensive and continuous care to the aging individual according to his changing needs.

In other words, as Dr. Ed Crosby of the American Hospital Association has so aptly said, "our goal should be getting the right patient in the right place at the right time."

If the community is to meet the goal of the right patient in the right place at the right time it is necessary to contact, evaluate and coordinate available services and facilities. This suggests some centralized system of information, counseling and referral service.

With the growing concern about the health and health-related needs of the chronically ill and aged, there have been considerable modification in the patterns of existing information and referral services. Some of the most important modifications include: Assistance to the patient, his family and his physician in working out the best treatment plan to meet the patient's total needs; better utilization of existing community resources through more appropriate referrals; and documentation, on a continuing basis, of unmet or inadequately met needs so that appropriate groups in the community can be made aware of these and take steps to provide additional services and facilities.

Finally, it is of importance to examine the potential of the individual community program for influence beyond the borders of the community. One of the basic purposes of the Community Health Services and Facilities Act is to encourage and support more than the "garden variety" of local program. Hopefully, each community program will be designed to meet the challenge of providing example and precept for the benefit and guidance of other communities.

In closing, I should like to quote Secretary Ribicoff in a recent speech before the National Foundation in New York. He said: "A research discovery in the laboratory, until it is applied, saves mice, not men! Breakthroughs in research should not be followed by breakdowns in delivery."

But you and I know that all too often there have been breakdowns in delivery—in the transfer of research benefits from mice to men.

The Community Health Services and Facilities Act of 1961 holds out to us the promise of an end to breakdown. It offers the tool by which we may build a closer partnership within our states and communities—a partnership, carefully organized and operated to deliver services to people.

I believe that it is toward this goal of providing services to people that we, as leaders in health and welfare movements of America, can make a significant contribution. The Community Health Services and Facilities Act of 1961 will be only as effective as the leadership we exert upon our States and communities.

I challenge you to make full use of this unique opportunity to narrow the gap between the acquisition of knowledge through research and the application of knowledge through direct services to the increasing millions of aged and chronically ill among us.

You may be sure that we in the Public Health Service stand ready to support and assist your efforts. We want to work with you to the end that our older people may find in their declining years new opportunities for usefulness, satisfaction, self-esteem and enjoyment of a higher level of physical and mental health.
HEALTH IS NOT A MONOPOLY

There is a tendency at times for public health people to assume the attitude that anything pertaining to health in their community is their exclusive province. They keep a jealous watch over their programs, and regard as encroachments on their territory any activities with health implications undertaken by other agencies.

But the purpose for which the health department should exist is not self-preservation but to render the greatest possible service to the community. If the department personnel wish to do their job well, there is far more for them to do than they can handle. They should recognize their limitations and encourage other agencies when these show willingness to take on part of the public health burden.

There is further duty that health department personnel owe their community. As the broad health problems of the area in which they operate frequently extend beyond the limits prescribed for action by their department, they should recognize the health significance of projects proposed by other governmental agencies, and consider it a moral responsibility to lend their support for the improvement of the community as a place to live.

Where the department and its members give aid to others, they may in turn expect that the others will try to understand their problems and render assistance.

It should hardly be necessary to point out that when everyone works together everyone benefits, and the greatest gainer is the community as a whole. Health department activities are extremely important but in many instances a poor public relations job is being done. Editorial—Elizabeth City Advance

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MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH

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EXECUTIVE STAFF

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<tr>
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"The Road Back From Stroke" was the theme of the exhibit of the State Board of Health at the State Fair held in Raleigh during October. Physical Therapists and Public Health Nurses staffed the exhibit throughout the week. Mrs. Lula Belle Rich was chairman of the staff committee of the State Board which planned the exhibit and Robert Davis of Studio Arts in Chapel Hill executed this most artistic and effective presentation.

THE WHITE HOUSE
WASHINGTON

I am happy to send greetings to those who are attending the eleventh annual meeting of The National Council on the Aging.

The experience, capacities, and wisdom of our older citizens constitute one of our Nation's fundamental strengths. This administration believes that new opportunities for service must be opened to older citizens; that they must be encouraged to make their full contribution to the life and strength of the Nation; and that those who require it must receive help in coping with individual problems that they cannot solve alone.

The Federal Government alone cannot achieve this goal. An intensified effort by States, communities, private organizations, and individuals will be needed to achieve adequate opportunities and help for older people. The National Council on the Aging, and other organizations like it, are making a valuable contribution to this nationwide effort.

I am confident that in the nineteen sixties your organization will reach new heights of service to the older citizens of America. I wish you every success in your significant endeavors.

(signed)
John F. Kennedy
D I V I S I O N O F H E A L T H A F F A I R S
N. C. M E M. H O S P. U. N. C.
C H A P E L H I L L, N. C.

If you do NOT wish to continue receiving The Health Bulletin, please check here and return this page to the address above.

D A T E S A N D E V E N T S

Nov. 13-15—N. C. Section, American Waterworks Association Convention, Asheville.

Every Saturday—State Board of Health Radio Program over WPTF (Raleigh) 7:30 P. M.

T H E S T A T E B O A R D O F H E A L T H pictured at its September organization meeting.

From the left, the members of North Carolina's official governmental health body are: Roger W. Morrison, M.D., Asheville; Ben W. Dawsey, D.V.M., Gastonia; Lenox D. Baker, M.D., Durham; Glenn L. Hooper, D.D.S., Dunn; Charles R. Bugbee, M.D., Raleigh, president of the Board; J.W.R. Norton, M.D., State Health Director; John R. Bender, M.D., Winston-Salem, vice-president; Oscar S. Goodwin, M.D., Apex; and D. T. Redfoarn, Wadesboro. Jasper C. Jackson, PH.G., the ninth member of the Board could not attend this meeting.

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Miss America Opens 1961 Christmas Seal Campaign In North Carolina

Patsy Tipton of Asheville, representing the children on the 1961 Christmas Seal, gave Miss America, Maria Beale Fletcher, the first Christmas Seals issued.
The Message of The Christmas Seals

For the 55th Christmas Seal Campaign, Mrs. Heidi Brandt has created some joyous family scenes in a four-panel illustration of family life which make up the 1961 Christmas Seals. Each scene reflects the happiness and optimism of a family together. While Mother puts the star atop the tree, two children help decorate the branches with festive lights. As Father hangs the wreath, a daughter wraps a Christmas surprise. A musical family trip is joined by Grandpa, who leads the carol singing, while Grandma rocks the baby. Nearby the family puppy adds his voice to the merriment.

Families all over the country enter into the spirit that the artist has illustrated. One of the greatest joys a family has at Christmas time is that of being together.

There has been much progress in the fight against tuberculosis. There remains a great need for a concerted and all-out attack on TB and other respiratory diseases which have separated hundreds of families and loved ones in the past and continue to interrupt the lives of many in the present. Because people care, there is hope for the future.

Artist Heidi Brandt was inspired by these thoughts and wished to portray the theme of keeping the family together.

Born on a homestead near Great Falls, Montana, Mrs. Brandt received her education and experienced her first ventures into the art world in Seattle, Washington. Since these early days, Mrs. Brandt has done advertising art, industrial designing, murals, book illustrations and greeting cards. She is married to a college professor and lives in Colorado Springs. The family boasts three handsome sons, who as young children served as models for their mother. In 1956, Mrs. Brandt was awarded a Fulbright Scholarship for a year's study in Germany where she attended Stuttgart Art Academy, working in graphic arts, and glass and stone mosaic. She also studied in Mexico and has exhibited her art in this country and abroad.

This is Mrs. Brandt’s second Christmas Seal design. Her first was the 1956 Christmas Seal which marked the 50th anniversary of the Christmas Seal.
Notes on

Tuberculosis Control and Eradication in North Carolina

By William A. Smith, M.D.
Chief, Tuberculosis Section Division of Epidemiology
State Board of Health

There is no denying the fact that if present trends persist the number of clinical cases of tuberculosis and deaths, particularly deaths from this disease, will continue to decline throughout the country. There are, however, certain historical facts and recent trends which indicate that control and elimination of tuberculosis is still a long way off.

Of historical interest, if we can consider events 25 years ago a matter of history, were the findings among a low income group of over 7,000 young men applicants for the Civilian Conservation Corps. These young men showed that one in every 100 had active tuberculosis, over one in every 100 activity questionable and five in every 100 inactive disease. In addition to tuberculosis these young men also had other chest diseases such as chronic pleurisy, heart abnormalities, severe spinal curvature and other chest troubles. Many of these persons are living and make up the present large reservoir of cases belonging to the middle and older age groups.

Fifteen years later the Veterans Administration, for a period of two years, made chest X-rays on over a million hospital admissions and found that 5.5 in every 1000 had active tuberculosis, 16 in every 1000 had inactive tuberculosis and 7.1 in every 1000 had suspected tuberculosis. This group were average American and men for the most part, and represented adults of all ages seeking hospital treatment.

The above findings were among what we might term "captive groups," that is those groups had this examination as a matter of routine and could not evade the examination.

Lessons From Recent "Flare-ups"

More recently in 1960-1961 there have been two, what we might term "flare-ups" in tuberculosis incidence, and both flare-ups were in northeastern counties. In one of these counties in a township of 440 person just off the mainland, there have been 3 active cases among adults and 65% of children tuberculin skin tested in the school in the area showed a positive skin test. This means that these children had at some time picked up the infection from a person who had active disease and they now harbor the live tuberculosis germ. The three active cases among the adults in the area had evidently infected many of the population.

In another northeastern county, population 24,350, thirty persons were admitted to hospital with suspected tuberculosis during the period January 1961 to June 19, 1961. Seven of these persons were white and 23 negro. In July 1961, 20 of these persons had been diagnosed as active tuberculosis of whom four were negro children, one other person had tuberculous peritonitis, two no disease, one (1) other tuberculosis, one (1) sarcoid, one pulmonary disease etiology undetermined, and the others still under observation. Such "flare-ups" can occur at any place and (Continued on page 13)
DR. NORTON IS NAMED APHA PRESIDENT ELECT

In the 1961 annual convention of the American Public Health Association held in Detroit, Mich. in November, J. W. R. Norton, M.D., M.P.H., North Carolina's State Health Director, was named President Elect. His term as President will begin one year hence when the Association meets in Miami, Fla. Dr. Norton's many North Carolina friends, as well as his other friends across the world, will rejoice in the well deserved honor and opportunity which this office brings.

OUR COVER PICTURE

Patsy Tipton of Asheville, representing the children on the 1961 Christmas Seal, gave Miss America, Maria Beale Fletcher, the first Christmas Seals issued. Patsy's father, John L. Tipton, was appointed by the Junior Chamber of Commerce as manager for Miss Fletcher when she was Miss Asheville and also as Miss North Carolina. Mr. and Mrs. Tipton accompanied Miss Fletcher to the Atlantic City contest. (Picture courtesy of the Buncombe County Tuberculosis and Health Association.)

Dr. James T. Googe became the Health Director of Jackson-Macon-Swain District Health Department on September 11, 1961. Dr. Googe came to North Carolina in 1959 from the Erie County Health Department, Erie, Pennsylvania. He was Health Director of the Alleghany-Ashe-Watauga District Health Department until June, 1961.
The Tuberculosis Association

The People’s Organization

By Hal Wilson, President
North Carolina Tuberculosis Association

The “people’s fight” against tuberculosis in the United States started with the organization of the National Tuberculosis Association in 1904. It was the first voluntary organization formed by doctors and laymen to work together against a specific disease. This concept of a medium through which citizens from all walks of life may band together toward a common goal, was quickly and widely adopted. Our own North Carolina Tuberculosis Association was organized just two years later.

The objectives of our state organization and its 84 local affiliates, broadly stated, are to eventually achieve the elimination of tuberculosis as a public health problem and reduce the incidence of other respiratory diseases.

In North Carolina we have accepted the challenge of the National Arden House Conference on Tuberculosis which calls for a rededication and redoubling of effort to reduce unnecessary suffering caused by man’s age-old enemy, tuberculosis.

As the 55th Christmas Seal Campaign gets underway during this Yuletide season, I am confident that Tar Heel citizens will continue to support the voluntary tuberculosis association and hopefully exceed the $531,292 raised in North Carolina last year.

During the 1961 year Christmas Seal funds were well spent in support of research projects conducted in our own state by outstanding research scientists. A new vaccine (known as the R1 Vaccine) has been developed and tested in North Carolina research laboratories which shows great promise in animals. The North Carolina Tuberculosis Association is the sponsor of an exciting five-year project which proposes to (Continued on page 14)

Mrs. Sallie Baker Everett of Palmyra, State Christmas Seal Chairman, Arthur C. Davis (Uncle Sam), Rocky Mount postman for 28 years, now retired, and J. W. Porterfield, Durham County rural mail carrier, display the first 1961 Christmas Seals to be mailed in North Carolina. Mr. Davis and Mr. Porterfield are representative of the hundreds of U.S. postal employees who for 55 years have delivered mail bearing these Christmas Seals, thus contributing to the success of the Christmas Seal Campaign. This service has its important part in the fight against tuberculosis.
Pertinent Points in Patient Patrol

Robert F. Young, M.D., M.P.H.
Halifax County Health Director

If the term Patient Patrol seems harsh or militaristic, then, Webster's definition of Patrol as "to go the round—for watching or protecting" will soften this harshness and actually describe what should be done for tuberculosis patients or even suspects.

In reviewing our experiences during the past five years to determine what factors might have accounted for our measure of good luck in processing new active cases of tuberculosis, it seems that we come up with a "natural" or seven basic elements.

1. First, a Tight Organization among the local physicians, State Sanatorium personnel and our health department seems to have given us a definite advantage in handling new active cases of this disease.

Almost invariably, the physicians will notify the health department by telephone regarding a new tuberculosis case or suspect. This call is given high priority, with a public health nurse making contact with the physician and his patient within a few hours.

In return for this cooperation from the physician, the health department completes the application for admission to a state sanatorium, including any further diagnostic procedures indicated, and including the examination of all contacts. This is sort of a "don't quibble, leave the driving to us" procedure.

More and more often, we call the state sanatorium requesting admission of patients rather than clearing the application by correspondence. Although the Local Tuberculosis Association does not play an active role in this phase of our Tuberculosis Control Program, it provides strong support through other activities.

With the physician calling us and with our, in turn, calling the state sanatorium regarding admission, it should be evident that we have been affected somewhat by the jet age.

2. Speed lends a definite advantage in that it impresses the patient, his relatives, and his community with the serious implications of active tuberculosis. The average interval between diagnosis and admission of our patients in 1960 was eight days. No hurdle is more devastating to tuberculosis control, in my humble opinion, than "dilly dallying" and "pussy footing". Speed should be qualified only by the time reasonably required to condition the patient for sanatorium life.

To further intensify and speed up our control program in a high incidence area of 12,000 population within the county, we are using, among procedures, two veteran public health nurses who are spending full-time in tuberculosis activities. They are completely free of all other assignments in our General Public Health Program. This project has been made possible by a Contract Project with the Public Health Service.

Furthermore, when the physician sends a film to the state sanatorium or corresponds with this facility regarding a suspect, the health department receives a copy of the report from the state sanatorium and distributes it to the local physicians immediately, thus speeding up the process.

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Furthermore, when the physician sends a film to the state sanatorium or corresponds with this facility regarding a suspect, the health department receives a copy of the report from the state sanatorium and distributes it to the local physicians immediately, thus speeding up the process.
sanatorium, thus alerting us regarding a possible new patient.

3. Another factor which seems to have been beneficial in processing patients is **Maintaining a Strict and Constant Patrol** of a new patient or suspect from our first contact with him until he is finally admitted to a sanatorium or other disposition is completed.

This is done by keeping a Log Book on the progress of the patient's diagnosis and application for admission, with one key person in charge of the "Log". This procedure has been considerably shortened in recent years since it is not uncommon now for a new patient to be completely processed within a few hours, particularly if his disease is far-advanced.

We don't mean to imply that we forget the patient after he is admitted for sanatorium care, but certainly we can breathe a lot easier once this is accomplished. Since practically all of these patients are medically indigent to various degrees, they are referred back to the health department after being discharged for the usual follow-up laboratory and x-ray procedures and for drugs when ordered by the sanatorium. These drugs are issued weekly on a day when the Health Director or another physician is present. They are provided free when indicated.

4. The thorough and sympathetic Conditioning of the patient and his family by our public health nurses regarding sanatorium life has proved to be an important factor in holding patients until they are dismissed.

Incidentally, we have had only five (Against Medical Advice) patients out of 215 hospital admissions during the past five years, with only one admission requiring legal procedures.

Not uncommonly, AMA's have been prevented by the sanatorium calling us regarding a problem or problems disturbing a patient, such as some bad news from home. We will send a nurse promptly to the patient's home to learn the facts and relay this information back to the sanatorium by telephone. As a rule, we are able to assure the patient that the problem at home has been worked out. We recently transported a patient's wife to the sanatorium so that he could discuss some problems that were bothering him. This prevented this patient with active disease from going back home where there were several young children.

5. A fifth potent factor has been the **Pressure of Public Opinion** brought about by the educational impact of ten Chest X-ray Surveys since 1946, and of other phases of the Tuberculosis Control Program.

In other words, a new patient usually finds his community breathing hostility down his back if he should even hint he wants to remain in the community with active tuberculosis.

6. Still another factor that helps us tremendously in patient handling is the **Friendly and Understanding Attitude of the Sanatorium Staff** toward our pa-

(Continued on page 12)

Mrs. Betsy Thompson, Public Health Nurse in Pamlico County, is shown in a tuberculin testing scene.
Mrs. Robert N. Rutherford (center), a marriage counselor from Seattle, Washington, was the charming and effective luncheon speaker during the annual meeting of the N. C. Family Life Council in Charlotte. She is shown with Irene Kossove, M.D., a physician from Charlotte, and Vladimir B. Bensen, M.D. of Raleigh.

Retiring President Jesse Lanning of the N. C. Family Life Council stands in front of the beautiful sanctuary of the Myers Park Baptist Church to discuss the successful conference with James Banbury, local publicity chairman.

The panel on the Family which opened the annual conference of the N. C. Family Life Council in Charlotte was composed of (from the left) from Charlotte, Patricia Ann Lawrence, M.D., Charles Starling, M.D., Dr. Carlyle Manney, and Judge Willard I. Gatling; from Greensboro, Dr. Irwin V. Sperry. Dr. Mildred I. Morgan (standing) of Black Mountain, served as moderator. Dr. Morgan is a past president of the State Council and of the National Conference on Family Relations.
At the Family Life Conference

See also opposite page and page 12

New officers of the N.C. Family Life Council, who were installed at the annual meeting in Charlotte, are shown at the after-conference session luncheon. These are Mrs. J. Leonard Middleton (standing) of Raleigh, President; Rev. James W. Ray of Raleigh, 1st Vice-President; and Mrs. Kate B. Garner of Greensboro, Secretary.

Frances L. Ilg, M.D. (center) of New Haven, Connecticut, was the principal speaker at the closing session of the annual conference of the N.C. Family Life Council held in Charlotte. Dr. Ilg, who is Director of the Gessell Institute of Child Development, is shown with Mrs. J. Leonard Middleton (left) of Raleigh, the newly installed President of the Council and Mrs. Ethel Nash of Chapel Hill and Winston-Salem, marriage counselor and member of the Bowman Gray Medical School faculty.

Robert N. Rutherford, M.D. (left) of Seattle, Washington, an obstetrician and Editor of the Western Medical Journal, was a principal speaker at the annual Conference on Family Relations held in Charlotte. He is shown engaged in interested conversation with Dr. Gelolo McHugh of Duke University.
# NEW ACTIVE TUBERCULOSIS CASES BY STATE, 1960
(with rates per 100,000 population and the rank order)

## FINAL DATA

<table>
<thead>
<tr>
<th>State</th>
<th>Newly Reported Active Cases</th>
<th>Rate</th>
<th>Rank Order</th>
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<td>Puerto Rico</td>
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Is the Nation's Battle Against Tuberculosis Slowing Down?

The Nation's battle against tuberculosis shows signs of slowing down, according to a warning statement by Dr. Edward T. Blomquist, Chief of the Public Health Service's Tuberculosis Program.

Data just received from 50 States and the District of Columbia put the number of new active cases of tuberculosis reported in 1960 at 55,494, a rate of almost 31 per 100,000. Although this represents a five percent decline in rates from 1959, the drop is below that considered necessary to eliminate the disease as a major public health problem, Dr. Blomquist said.

For the years 1952-1959 the annual rate of decline in the new case rate averaged 8 percent. Public health authorities say that with presently available means of control the rate of decline should be 10 percent.

"We do not expect an upsurge in tuberculosis in this country," Dr. Blomquist said. "But the problem has reached the stage where the decline must be accelerated or the prevalence of disease will level off, and tuberculosis will drag out a long-term, expensive public health problem."

The nation pays over $700 million each year in the director cost of tuberculosis. Until the case rate can be reduced to the point where special control programs are no longer necessary and surveillance of the disease as part of general health programs will keep it controlled, no sharp drop in costs is anticipated.

"With the combination of drugs that are potentially 90 percent effective in treating people with newly discovered tuberculosis and with the protection offered to their families by isoniazid prophylaxis, we do not feel that an annual 10 percent decline in new case rate is an unrealistic goal," Dr. Blomquist said.

"By and large, we know there the strong-holds of disease are, we know how to find the unknown cases, and we know what to do about them when they are found. It is really a matter of taking our present knowledge and using it promptly and in the best way we know how."

PROGRESS REPORT ON SEAT BELT PROMOTION AT STATE BOARD OF HEALTH

In May through cooperative efforts of the Academy of Public Health and the Accident Prevention Section, a seat belt promotion program for State Board of Health employees was begun. Since mid-May, seventy employees have purchased and installed 182 belts.

The State Board of Health is not the only official health agency to become active in seat belt promotion for its employees. The Buncombe County Health Department began its program last winter. The Charlotte and Mecklenburg County Health Department, Cabarrus County Health Department, and Durham County Health Department initiated programs in the late summer. Other county health departments have programs in the planning stage. We are encouraged by the increasing number of public health workers who are recognizing that "Seat Belts Save Lives."
PERTINENT POINTS
(Continued from page 7)

With the single exception of white male alcoholics, our patients soon become well adjusted and contented to remain under sanatorium care until they are discharged. Then, when they return home, word is spread regarding the good care they received at the sanatorium.

For example, a patient’s daughter once stated in an open meeting that her father, who was a discharged tuberculosis patient, declared that if he could not go to heaven, he wanted to go back to Eastern North Carolina Sanatorium.

Furthermore, our personnel, particularly our secretaries and public health nurses, find it a real advantage to know the staff personally at our state sanatorium to which we refer most of our patients. For example, I attend Surgical Conferences periodically at the sanatorium, while one of the sanatorium physicians visits us weekly to hold our Chest X-ray Clinic.

During the rare occasions when a patient returns to our county from a sanatorium Against Medical Advice, we are alerted by the hospital staff so that we can have a reception committee waiting for him. Such a patient is Promily advised that he will have to be Readmitted to another sanatorium immediately, or face a court commitment to the Prison Division of the State Sanatorium.

For example, a white male patient recently left our state sanatorium against medical advice to return to his home community where he was refused admission to his own home, as well as to several other homes, whereupon he moved on to a neighboring county where he continued to meet with the same cold reception. This patient, within a week, called us in desperation requesting readmission to another state sanatorium.

7. Finally, it seems to me that having a well staffed Chest Clinic readily and regularly available to physicians and their patients and to our staff, including adequate laboratory and X-ray facilities has been of tremendous value in accelerating the diagnosis and prompt processing of new cases of tuberculosis.

Halifax County is indebted to the State Board of Health for the X-ray equipment in this clinic and for a portion of the X-ray films that are used.

When we move with conciseness, coordination and confidence, patients also seem to “get in step” and move along with equal ease, harmonious adjustment and reassurance, making patient patrol nowadays more of a friendly and peaceful watch than the “riding herd” vigilance required in the past.

Conferences for age groups were a feature of afternoon sessions during the annual Conference on Family Relations held at Charlotte in October. This group was led by Mrs. Fred Fletcher of Raleigh, with Mrs. Henrietta C. Jeffries of Greensboro as recorder.
NOTES ON TB CONTROL
(Continued from page 3)

is convincing evidence that tuberculosis is a highly contagious disease and there is great danger in an active case being “on the loose” and not under medical control.

Number of Active Cases Determine True Situation

In evaluating the true tuberculosis situation we no longer do so by considering the number of deaths as a standard for evaluation. The effective drugs as well as advances in chest surgery have reduced the death rate markedly and at this time the tuberculosis situation is judged from the active cases in an area.

Since 1951 the death rate has decreased by 69.3% or from 627 to 192 in North Carolina and cases by about one half or by 35.9%.

Since 1951 there have been a total of over 14,000 new active cases reported to the State Board of Health, and hence a large number of contagious cases who must be periodically observed. Many of these cases are at home under treatment, the majority were admitted to hospital.

It is interesting to note that in 1960 there were 3,212 under drug treatment at home, or an increase of almost 300 persons over 1959. There were 869 active cases at home and a total of 8,854 persons diagnosed as tuberculosis at home.

The question arises as to whether it is good policy to have active cases at home and not under hospital supervision. Such a condition cannot be helped but it is not a healthy situation, for the complete isolation of active tuberculosis or any other contagious disease is extremely difficult.

There are now probably more persons at home on drugs in the country at large and also in North Carolina than at any time during the past 15 years. This large number at home is a problem for local medicine.

In 1960 our public health nurses visited 6,626 diagnosed cases in the home, and the total visits to diagnosed cases was 26,484 and visits to cases suspects and contacts was 72,073. This is indeed a genuine chore.

In comparing North Carolina and other areas, this State has had a lower death rate from tuberculosis than the national rate since the late 1930’s.

The active case rate has also been lower than the national rate for several years and in fact lower in 1960 than any State east of the Mississippi River except Wisconsin and 5 New England States.

The death rate was lower than any State east of the Mississippi River except Wisconsin and three New England States.

As to treatment and diagnostic facilities, 72 counties have chest clinics either in the local health department or in the near vicinity and 86 counties have facilities for making X-rays of the chest.

Last year 26 counties had no deaths from tuberculosis and the year before 31 counties had no deaths.

The recent “flare-ups” in active cases in certain areas should not be a cause for alarm but should convince everyone that tuberculosis is a dangerous contagious disease and complete control and eradication is in the far future.

November, 1961
THE HEALTH BULLETIN
THE PEOPLE'S ORGANIZATION
(Continued from page 5)
test the R\textsubscript{1} Vaccine in human field trials in Haiti. This stimulating, but expensive, research will become a reality provided sufficient funds are obtained from foundations and philanthropists.

Another interesting five-year project has just been completed in Pamlico County where the entire population has been periodically tuberculin tested in accordance with epidemiological and scientific procedures. Co-sponsors of this endeavor were the State Tuberculosis Association, the N. C. State Board of Health, the N. C. Sanatorium System, the Public Health Service and the Pamlico County Health Department. It was supported by money from tuberculosis associations, as well as funds and services from the State Health Department and the other co-sponsoring agencies. It is significant that this tuberculin testing pilot study has received national attention, and will be summarized soon, hopefully resulting in recommendations of value to all in the Tar Heel State.

Tuberculosis associations continue to support and promote programs of health education, case finding and rehabilitation. They strive every year to acquaint the public with facts about tuberculosis and urge people to use facilities available in the community for personal health protection. They underwrite X-ray and tuberculin testing programs in cooperation with their official agency partners in an effort to discover unknown disease which still plagues our communities. TB associations engage in patient service and rehabilitation programs which help patients return to gainful employment as productive members of the community.

The strength of the tuberculosis association rests in its being the people's organization, consisting of physicians and laymen alike, who are banded together to support community action programs in the fight against tuberculosis.

MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH
Charles R. Bugg, M. D., President .............................................Raleigh
John R. Bender, M. D., Vice-President ........................................Winston-Salem
Ben W. Dawsey, D. V. M. .............................................................Gastonia
Glenn L. Hooper, D. D. S. .........................................................Dunn
Lenox D. Baker, M. D. .............................................................Durham
Roger W. Morrison, M. D. .........................................................Asheville
Jasper C. Jackson, PH. G. .........................................................Lumberton
Oscar S. Goodwin, M. D. ..........................................................Apex
D. T. Redfearn .................................................................Wadesboro

EXECUTIVE STAFF
J. W. R. Norton, M. D., M. P. H. ......................................................State Health Director
Jaeb Koomen, Jr., M. D., M. P. H. ...............................................Assistant State Health Director
J. M. Jarrett, B. S. .................................................................Director, Sanitary Engineering Division
Fred T. Foard, M. D. .................................................................Director, Epidemiology Division
Robert D. Higgins, M. D., M. P. H. ...........................................Director, Local Health Division
E. A. Pearson, Jr., D. D. S., M. P. H. ...........................................Director, Oral Hygiene Division
Lynn G. Maddry, Ph. D., M. S. P. H. ...........................................Acting Director, Laboratory Division
Charles L. Harper, M. S. P. H. ....................................................Director, Administrative Services
James F. Donnelly, M. D. ..........................................................Director, Personal Health
Retirement System Progress

Following are the Local Health Depart-
ments now under the N. C. Local
Governmental Employees' Retirement
System:

Alleghany-Ashe-Watauga
Anson
Avery-Mitchell-Yancey
Beaufort
Bladen
Buncombe
Burke
Cabeaus
Caldwell
Carteret
Catawba-Lincoln-Alexander
Craven
Cumberland
Davie-Yadkin
Duplin
Durham
Edgcombe
Gaston
Greene
Guilford
Harnett
Henderson
Hoke
Hyde
Iredell
Jackson-Macon-Swain
McDowell
Madison
Martin
Mocklenburg
Moore
Nash
Northampton
Onslow
Orange-Person-Chatham-Lee-Caswell
Pamlico
Pasquotank-Perquimans-Camden-
Chowen
Pender
Pitt
Robeson
Rockingham
Rowan
Rutherford-Polk
Sampson
Scotland
Surry
Transylvania
Tyrell-Washington
Wake
Wilkes
Wilson
Charlotte

GENERAL ALFRED M. GRUENTHER VISITS NORTH CAROLINA

General Alfred M. Gruenther (center), President of the American National Red Cross, was the evening banquet speaker at a one-day state-wide conference held in Greensboro, October 31. With him in the picture, from left, are: Dr. Elmer A. Lodmill of Greensboro, retired head of the radiological department of Walter Reed Hospital; Dr. W. L. Wilson of Raleigh, head of the State Board of Health's radiological program; General Gruenther, chief speaker for the closing session; Dr. Robert Lee Humber of Greenville, State Senator from Pitt County, keynote speaker at the opening session; and Dr. Charles H. Morgan of Gastonia, chairman of the conference, which was attended by 450 representatives of Red Cross Chapters throughout the State.
DATES AND EVENTS

Dec. 2—N. C. Mental Health Assn., Board of Directors meeting, Wilson.


Feb. 16-17, 1962—N. C. Assn. for Mental Health, Jack Tar Hotel, Durham.


May 3-21—15th World Health Assembly, Geneva, Switzerland.

Every Saturday—State Board of Health Radio Program over WPTF (Raleigh) 7:30 P.M.

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SLIDES ON RESCUE BREATHING

The Metropolitan Life Insurance Company has produced a set of 26 black and white 2" x 2" slides on Rescue Breathing. The slides illustrate the important steps to follow in applying mouth-to-mouth artificial resuscitation. Accompanying the slides is a discussion leader’s guide.

Local groups interested in using these slides may obtain them without charge by writing directly to the Metropolitan Life Insurance Company, Health and Welfare Division, One Madison Avenue, New York 10, New York. The Accident Prevention Section has secured a set of the slides on long term loan from Metropolitan; this set, of course, is available on free loan.

THE HEALTH BULLETIN

November, 1961
THE HEALTH BULLETIN
The Official Publication Of The North Carolina State Board of Health

U.S. POSTAGE

NURSING

December, 1961
We Go Where We're Needed

By Bette Elliott, Raleigh Times Woman's Editor

She can briskly inform a forgetful mother that a child MUST be immunized against polio before he goes to school.

She can kindly tell a new mother not to be frightened over a baby's strange digestive system.

And she can weep silently over a dying man who wanted so much to live.

Her job takes her to the beginning of life and the end of it.

From a muddy road in the dim reaches of the county to a small side street in Raleigh's suburbs.

She travels hundreds of miles a month, alone except for her specially equipped bag that contains the tools of her trade.

She's the Public Health Nurse, and she has entered a specialty within her profession that still cries out, as it has for years, for more and more of her.

"We go where we're needed," said veteran Mrs. H. J. (Ruth) Will. For 20 years, she has tended the sick in the area embracing the Millbrook, Jeffreys Grove, Wake Forest and Du-Boise school areas. She also holds immunization and baby care clinics at Wake Forest.

Mrs. Will came to her job after years of being a private duty nurse, and admits she had some qualms about the public health field—at first.

Results

"It takes a long time to see results of your work," she said. "But after a year, I was in love with it."

"Results" are the medical and nursing professions' pride—the reason for their existence. And Mrs. Will can tell of many dramatic ones.

There was the two and a half pound premature baby born out of wedlock to an ignorant teenager, born in terrible poverty. There weren't enough premature beds to go around in the hospital, so Mrs. Will taught the baby's grandmother how to keep him warm by lining his little bed with hot bricks.

She taught the family cleanliness and the importance of proper diet. "That baby thrived," said Mrs. Will. "And now he's going to school.

Friend to All

The public health nurse is a friend to the lonely, the chronically ill, the stranger.

Mrs. James (Clara) Ginther, a newcomer to the staff, has under her wing

(Continued on page 4)
Learning formula-making — Sharkawi, who is receiving an advanced degree in math at State College, is a good pupil.

(Continued from page 2)
a young Egyptian mother who has been in this country but a few months.

Soon after Mrs. Abdelfattah (Sonia) Sharkawi, wife of a graduate student at State College, gave birth to her first baby, Mrs. Ginther arrived at their Groveland Avenue apartment and found a frightened young woman who could not understand her baby’s digestive upsets.

Mrs. Ginther soothed her, called Mrs. Sharkawi’s doctor and soon was busy in the kitchen teaching Mrs. Sharkawi how to make a formula, and later when the young couple became bewildered at the doctor’s orders to feed young Ashraf baby food, explained that in America, such food was available at any supermarket.

The family and Mrs. Ginther are firm friends, Ashraf is the picture of health, and best of all, said Mrs. Ginther, “I feel really needed.” She sees the longed for “results.”
A Salute to the Public Health Nurse

By Mrs. Mary K. Kneedler
Chief, Nursing Section of State Board’s Local Health Division

A young woman, dressed in blue and carrying a little black bag, is often seen by citizens of the community. Those who attend the health department clinics see her there; the students and teachers of the nearby schools see her there; and parents and families greet her at their doors.

Who is this young woman? She doesn’t wear the white uniform and cap, is she a registered nurse? What does she do? What group of people does she serve? The young woman is a Public Health Nurse—a well-trained, alert and helpful asset to community well-being.

A Public Health Nurse is a graduate, registered, professional nurse whose basic preparation in nursing included or was supplemented by preparation in public health nursing. Most collegiate schools of nursing prepare students for public health nursing as a part of the basic program in nursing. Graduates of hospital schools of nursing enroll in accredited collegiate schools of nursing or schools of public health for public health nursing preparation. In North Carolina, all nurses coming into public health who have not had this preparation are expected to begin a series of courses at the University of North Carolina School of Public Health and their nearby community colleges.

The public health nurse wears a blue uniform rather than a white one for obvious practical reasons. A white uniform is no longer immaculate after changing a tire nor are white shoes shining white after trudging down a dusty lane. The blue of her uniform and the little black bag have become symbols of the nurse whose work centers on the family and extends from the home into all parts of community life. In carrying out her activities, the nurse works closely with physicians, sanitarians, health educators, nutrition-
ists, physical therapists and others of the health professions.

In North Carolina, she is most often employed by a local health department, while in other sections of the country she may be employed by a school system to work only in the school, or a visiting nurse association to provide nursing care only to the sick in their homes. In our state, her services are generalized—that is, she serves the entire population in a geographical area, working in schools and in homes, serving the well in addition to providing some nursing care to the sick in their homes. This seems to be the most economical and desirable pattern in the efficient use of our limited nursing resources.

There are 540 public health nurses employed in North Carolina by local health departments. Twenty percent of the counties employ only one and 75% of the counties have five or fewer public health nurses. The ratio of nurse to population varies from approximately 1:5,000 to 1:23,000.

The National League for Nursing has defined public health nursing as the following:

“Public health nursing is a field of specialization within both professional nursing and the broad area of organized public health practice.

It utilized the philosophy, content and methods of public health and the knowledges and skills of professional nursing. It is responsible for the provision of nursing service on a family centered basis for individuals and groups, at home, at work, at school, and in public health centers. Public health nursing interweaves its services with those of other health and allied workers, and participates in the planning and implementation of community health programs.”

The duties of these nurses vary according to the health needs of the community, the established program of the agency to which she belongs, and the other resources available in the community for meeting these needs.

Mrs. Barbara Johnson, Wake County Public Health Nurse, checks the weight of a baby during a clinic at the A. C. Bulla Health Center.
helping families prevent disease before it strikes and prevent further disability and strive toward rehabilitation when disease does occur, by guiding the family toward better health, the public health nurse safeguards and improves the general health of the community as a whole.

There is no "typical" day but during one day a public health nurse might:

Assist a middle age man and his family adjust to the diagnosis of tuberculosis and make plans for hospitalization and for the examination of the family contacts.

Aid a teacher in screening the pupils in her room and referring those who seem to need medical examinations.

Meet with the Health Council of the school and attend a teachers' meeting.

Visit the family of a school child referred for medical care to plan with the family for securing the needed care.

Teach a member of the family to provide the nursing care necessary for the rehabilitation of a patient who recently had a stroke and is now partially paralyzed.

At the request of a physician, teach an elderly woman, recently diagnosed as having diabetes, how to give herself insulin.

Demonstrate the preparation of baby's formula to a young mother.

By referral of the state hospital for the mentally ill, help a family understand and accept the emotional illness of a member and plan for his return. In the same family, plan with a mother for the care of her baby.

Visit an expectant mother referred to her by a physician of the community.

In the general clinic, give poliomyelitis and other immunizations to a large number of children, give tuberculin tests and other screening tests.

In the evening, attend a P.T.A. meeting.

What of the Future?

What is the future of public health nursing? With other workers in the health field, the nurse will take her part in every advance in public health and medical science.

Such growing fields as mental health, geriatrics and rehabilitation demand the nurses special skills. She is an active participant in the drive toward early detection and treatment of disease.

There is an increasing demand for her services in hospitals, out-patient clinics, schools of nursing, industry, research, nursing homes.

The future public health nurse will give more leadership to community health planning and administration; she will assume broader responsibilities in international health.

There seems to be no limit to the opportunities and needs for service that awaits the public health nurse.
Mrs. Lucile Petry Leone, Assistant Surgeon-General and president of the National League for Nursing, is shown with Dr. Henry Clark, (left) director of the Division of Health Affairs at the University of North Carolina, and Dr. M. B. Bethel, Assistant Dean of the School of Public Health. The picture was taken on the occasion of Mrs. Leone's visit during the Tenth Anniversary celebration of the School of Nursing.

Portrait of Dean Elizabeth L. Kemble of the School of Nursing of the University of North Carolina which was presented by the Alumnae Association of the School of Nursing on the occasion of the Tenth Anniversary of this important institution. Dr. Kemble has been Dean of the school since its establishment in 1951. The artist was Thornwell Connelly Pridgeon of Troy, N. C.

Mrs. Lucile Petry Leone, (left) Assistant Surgeon-General and president of the National League for Nursing, who was the principal speaker at the Tenth Anniversary celebration of the School of Nursing of the University of North Carolina. She is shown with Dean Elizabeth L. Kemble of the School.
Major Frontiers in Nursing

by Mrs. Marie B. Noell, R.N., Executive Secretary,
N. C. State Nurses' Association

Meeting the clinical needs of nurses, better utilization of existing nursing personnel, and continuing improvement in nursing education programs are the major concerns of the nursing profession today.

Nursing is the largest health profession in this country. In North Carolina there are more than 10,000 licensed, practicing professional nurses. Yet according to today's health standards, these are not enough. While efforts are being intensified to recruit more qualified people into nursing, equally intensive efforts are being made to improve the quality of education these students will receive and to improve the educational opportunities for those already engaged in nursing practice.

There is a growing trend within the professional organization — on national and state levels — toward designing learning sessions more adequately to serve the clinical interests of nurses and provide for anticipated development within specialized areas of nursing. On the national level, the American Nurses' Association early in 1961 conducted a series of four institutes throughout the country providing practical help for hundreds of nurses in all areas of practice. Five other clinical sessions were held on psychiatric nursing practice and operating room nursing.

Advances in nursing knowledge and trends in clinical practice will be a major focus of ANA's 1962 convention next May. Plans are underway for 20 simultaneous clinical sessions to be held on each of two days. This will be the first time that an ANA convention has placed so much emphasis on specific clinical skills. On the state level, the North Carolina State Nurses' Association last spring conducted seven clinical institutes and conferences, sponsored by its various sections, to assist the nurse in her individual practice. At the NCSNA annual convention this fall, several clinical program sessions on clinical subjects were conducted by the sections.

Nurses have worked together in recent years on a national basis to develop statements of functions, standards, and qualifications for 16 nursing positions. These are being used by the

Mrs. Marie B. Noell, Executive Secretary of the N. C. State Nurses' Association and newly elected president of the N. C. Health Council.
individual practitioner to measure the quality of her performance. Using these statements as a basis, work is under­way toward the identification of a common core for all competent nursing practice.

A greater emphasis on the nursing profession's activities in nursing education was crystallized in 1960 when the American Nurses' Association platform was expanded to include a specific reference to the association's concern in this area. Study was launched on the proposed goal that within the next 20 to 30 years the education basic to the practice of nursing on a professional level should include components of both a professional and liberal education and toward that end, ANA should promote the baccalaureate program.

Also in process of formation are two new ANA committees—one in nursing education and one in nursing service. It has been suggested that the initial task of these committees will be to develop standards of nursing education and nursing service.

The nursing profession has pinpointed as its greatest single need, in terms of supply, an increase in adequately prepared teachers, administrators, and supervisors. Much of its legislative effort in recent years has been the successful promotion of legislation to pro­vide traineeships for preparation in these areas and in public health nursing. Emphasis also has been placed on legislation to provide financial support for collegiate schools of nursing.

Here in North Carolina, professional nurses have aimed recent legislative efforts toward improving nursing education programs in the hospital schools of nursing, where more than 70 per­cent of our students are enrolled. We were successful during the 1961 General Assembly in obtaining this state's first scholarship program for teachers in diploma schools, and several nurses in recent months have enrolled in collegiate programs with the aid of these scholarship funds.

Today one out of every five teaching positions in the diploma schools is vacant and only about one-third of the nurses teaching in these schools have baccalaureate degrees. The $50,000 Nurse Scholarship Fund being administered by the North Carolina Medical Care Commission no doubt will make a significant contribution toward enabling these nurse teachers better to prepare themselves for the field of education and to provide opportunity for other practicing nurses to become teachers.

Others areas in which professional nurses are channeling collective efforts are: assisting state boards of nursing in improvement of nursing education and maintenance of high standards of practice; improvement of state licensing

Interest in medical and other health professions should be encouraged at an early age, we are told. This would seem to be the case with Emily and Stevie Miller of Stony Point in Alexander County. They are the children of Mr. and Mrs. J. Harry Miller, Jr. Mrs. Miller is a Public Health Nurse in that county.
laws; improving the economic and social welfare of practitioners; supporting legislation which would help provide health care and facilities for everyone.

Because no profession can advance rapidly without an expansion through research of the knowledge upon which the profession is based, nurses today are devoting a great deal of effort toward supporting and promoting research. Nurses in North Carolina have participated in the American Nurses' Foundation Fund-Raising Campaign, which soon will be concluded. The national goal is $1,000,000 for nursing research. North Carolina nurses and friends of nursing already have contributed $11,770.16 and nurses hope that support from business and philanthropic foundations in this state will go a long way toward reaching the goal of $20,169 for North Carolina.

This year complete results from the new national inventory of professional registered nurses will be released. North Carolina nurses are working on compilation of a roster of inactive nurses for use in disaster nursing and in development of programs within local communities for nursing care in the home of chronically ill and aged patients.

Judging from present trends, we can expect within the nursing profession in the years immediately ahead: More and more emphasis on providing for anticipated development within specialized areas of nursing, improvement in nursing education programs, and greater emphasis on better utilization of nursing personnel currently practicing. We can expect for the citizens of our country better nursing care, toward which all efforts of the nursing profession are aimed.

An international committee, sponsored by the World Health Organization, met in Geneva, Switzerland in November. Dr. James F. Donnelly of the N. C. State Board of Health, (3rd from the back on the left) represented the United States on this important committee which considered revisions of the "International Classification of Diseases".
E. Jack Story, (left) director of the Nuclear Reactor Project at N. C. State College and chief consultant to the State Board of Health on Radiological Health, was the speaker at the November meeting of the N. C. Public Health Academy. He is seen with Mrs. Lula Belle Rich, Academy president, and Dr. William L. Wilson, chief of the radiological health program of the State Board of Health.

Dr. J. W. R. Norton, (left) State Health Director, welcomes Mr. Levitte B. Mendel, assistant director of the National Health Council, on the occasion of Mr. Mendel’s visit to North Carolina to speak on the program of the annual meeting of the N. C. Health Council.

MEMBERS OF THE NORTH CAROLINA STATE BOARD OF HEALTH

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EXECUTIVE STAFF

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<tr>
<td>J. W. R. Norton, M. D., M. P. H.</td>
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<td>Lynn G. Maddrey, Ph. D., M. S. P. H.</td>
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<td>Charles L. Harper, M. S. P. H.</td>
<td>Director, Administrative Services</td>
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<td>James F. Donnelly, M. D.</td>
<td>Director, Personal Health</td>
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American Public Health Association Elects New Officers

Dr. Charles Glen King, president of the Nutrition Foundation, New York, became president of the American Public Health Association at the conclusion of its 89th annual meeting in Detroit November 17th.

Dr. J. W. R. Norton, state health director of North Carolina, became president-elect. He will succeed Dr. King at the end of the 90th annual meeting in Miami Beach October 15-19, 1952.

New vice-presidents are Dr. B. D. B. Layton, principal medical officer of the Department of National Health and Welfare, Ottawa, Canada; Dr. Richard K. C. Lee, health commissioner of Hawaii, and Dr. Oscar Vargas-Mendez of San Jose, Costa Rica. Dr. D. John Lawer, medical director of International Telephone and Telegraph, New York, was reelected treasurer. Dr. Leroy E. Burney, vice-president of Temple University, Philadelphia, and former Surgeon General of the U. S. Public Health Service, was elected to the newly created position of speaker of the Governing Council.

Re-elected to the executive board are Dr. Wilson Sowder, director of the Office of Aging, Bureau of State Services, U. S. Public Health Service, and former health commissioner of Florida, and Dr. Milton Terris, head of the Chronic Disease Unit, Division of Epidemiology, Public Health Research Institute of the City of New York.

The American Public Health Association is the professional society bringing together members of the many professions participating in public health. Through its annual meetings, publications and activities of expert committees, the Association works toward improvement of public health standards and the continuing education of practitioners so that they can apply new scientific knowledge to their daily efforts to prevent disease and improve community health.

The Association, with a membership of 13,500, together with 20,000 members of its 51 affiliates, is the largest health organization in the world. Headquarters are at 1790 Broadway, New York.
Welfare Department
and Birth Control

Editorial in Durham Herald

Repeated attempts, both in North Carolina and elsewhere in the nation, to shorten the welfare rolls, especially those involving children born out of wedlock, intensify the interest in the birth control program now being carried on by the Mecklenburg County Public Welfare Department. The plan, though, may have less impact on the problem of illegitimacy in its relation to welfare than on other aspects of the Aid to Dependent Children program.

In taking a watch-and-see attitude, the Durham Public Welfare and Health Departments are properly prudent. The Mecklenburg experiment may run into problems on several fronts. While the objective in the birth control experiment is desirable, an experiment in birth control, sponsored by a public welfare agency, inevitably runs the risk of being charged with exerting pressure on its clients to participate. In so intimate and delicate a matter as this, the Mecklenburg department must exercise the utmost caution. Participation in the program must be voluntary and patently so.

The initiative in this area belongs more properly to the public health agency than to the welfare department. The latter’s motives are much more likely to be suspect than the former’s in such a program. Dr. O. L. Ader, director of the Durham Health Department, is quite right in his view that conduct of the program belongs to that agency’s pre-natal clinics and “planned parenthood” program. A birth control program has social implications, but it should be kept basically medical in character.

To give the initiative and principal responsibility to the health department does not, of course, exclude the public welfare department from participation. Welfare case workers can refer their clients to the health department’s program in this area; they may even recommend to their clients that they look into the possibilities such a health department service provides. But the conduct of the program properly belongs with the health agency, rather than with the welfare. Under health department auspices the program can be kept in its proper perspective and avoid the misinterpretations so likely if carried on under welfare department auspices.
More Tares in the Wheat

By Ralph McGill

A new organization, typical of those which spring up like tares in honest wheat, is one dedicated, it says, to eliminating illegitimate children from eligibility as dependent children. The members seem to be exclusively feminine and one assumes that none of them has an illegitimate child.

This organization is founded, like so many in our time (as well as those of bygone years), on a myth. Now and then, of course, some poor, retarded, belligerent woman makes the front page with a story of five or six children, each with a different father, and all allegedly on the public assistance rolls.

This causes those to whom such items are like a narcotic "fix" to a heroin addict, to quiver and swear that the government is corrupt and run by witness do-gooders and wastrels. Such persons do not want to learn the facts. They prefer myths. Also, if they learned the truth they would not be able to form organizations, elect officers, have letterheads printed on which to write letters to their congressmen.

The only trouble is that such persons and organizations assist in perpetuating harmful myths. The facts are often not readily available, while myths abound.

There is the further fact that truth carries with it a decision as to responsibility. If there is public distress, then there is a national duty to deal with it. Coping with it is expensive. Therefore, myths not only deaden conscience. They permit the believers in them to feel self-righteous and frugal, instead of callous. The myths enable one to bypass action which is a requirement of all civilized peoples.

The official facts are these: Only one out of eight illegitimate children receives public aid. Recent magazine stories have sensationalized the problem by selecting the exceptional abuses. These exceptions represent not more than one-half of one per cent of all aid for such children. The perpetrators of false myths, nonetheless, persistently imply that most of the children who received aid are illegitimate.

The further facts are that a vast majority of children born out of wedlock—87 percent—are supported by parents or relatives, or through sources other than aid to dependent children. The emotionally, and irresponsibly, publicized mothers of litters do not receive aid for each child. There is a cutoff point which varies with the state. The peddlers of lies conjure up a picture of a comfortable sinner living in luxury off aid paid her for illegitimate babies. The facts of every such case are those of ignorance, retarded mentality, a squalor of poverty and vice. There is no ease or luxury in them.

Basic in the attempt to discredit aid to children is prejudice. Much of it stems from the fact that some of the relatively few notorious cases recently publicized have involved Negro mothers. Hence, the pamphlet-press of the various hate organizations is filled with the most filthy falsehoods imaginable. There is a campaign to make the exceptions appear to be the rule.

Nor are the 7,250,000 persons on public assistance a lot of chiselers. Some 5,500,000 of these are children, of which only a few are illegitimate. The others are persons more than 65 years of age, or those blind or markedly disabled. They are not bums and chiselers. It is significant that most of the complaint about aid to such persons is from two categories—the very comfortable and those callously cruel sons or daughters who have not been able to get an aged mother or father on the rolls.

Secretary Ribicoff is preparing legislation to modernize the welfare system. This is long overdue. The basic legislation was written almost 30 years ago. But the need for federal aid is great and legitimate. The need will not go away. It must be met with all the responsibility a civilized people can muster. The real chiselers are those who seek to avoid their duty to the innocent and the helpless.—from Editorial Page of Raleigh (N. C.) News and Observer.
North Carolina has been chosen as one of the six states in which an initial survey will be made of professional nurses who maintain State registration but are not actively practicing.

Our Cover—The 4-cent Nursing commemorative stamp, which will be first placed on sale at Washington, D. C., on December 28, 1961, was designed by Alfred Charles Parker. Featured on the stamp is a young woman lighting the traditional candle, symbolizing her dedication to the profession.

DATES AND EVENTS
Feb. 16-17, 1962—N. C. Assn. for Mental Health, Jack Tar Hotel, Durham.
April 24-26—N. C. Assn. of Nursing Homes and Homes for the Aged, Battery Park Hotel, Asheville.
April 24-25—N. C. Tuberculosis Assn., Jack Tar Hotel, Durham.
May 3-21—15th World Health Assembly, Geneva, Switzerland.
Every Saturday—State Board of Health Radio Program over WPTF (Raleigh) 7:30 P.M.

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