

## REVIEW OF REVIEWS

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### COMMUNITY HEALTH INVENTORY

Dr. George Truman Palmer gives a convenient way of making a Community Health Inventory suitable for small cities, in an article which appeared in the graphic number of "*The Survey*" for November 1, 1925.

Dr. Truman's inventory includes twenty-five questions which if answered in the affirmative, would express the existence of very satisfactory health conditions in the community.

Here are the twenty-five questions that Dr. Palmer believes every small city of 10,000 to 100,000 inhabitants having efficient health service should be able to answer in the affirmative:

1. Have you a full-time health officer?
2. Have you consulted your health officer before making this inventory?
3. Have you a staff of public-health nurses either within or without the health department?
4. Have you a safe public water supply?
5. Is there a public sewerage system which serves the major portion of the city?
6. Is there a public-health laboratory?
7. Is there an established service for the inspection of dairy farms supplying milk to the city?
8. Is pasteurized milk so universally used that no raw milk is sold in the city other than a small amount of certified milk?
9. Are there one or more sanitary inspectors in the health department?
10. Is there a communicable-disease code?
11. Is communicable disease reasonably well reported?
12. Is there a venereal-disease clinic?
13. Is the population well protected against small-pox by vaccination?
14. Are there hospital provisions within your county for the segregation and care of cases of communicable disease?
15. Is there a tuberculosis clinic?
16. Are births well reported?
17. Is there a pre-natal clinic?
18. Is there an infant-welfare clinic?
19. Is there a pre-school clinic?
20. Do all kindergarten or first-grade children receive a physical examination at school?
21. Are there special classes for the child whose health is handicapped?
22. Is there an organized course of study for the education of the school child in health?

23. Are the daily newspapers a medium for carrying the message of health into the home?
24. Are graphic charts of the various indices of the community's health to be found in the health department?
25. Is there an advisory committee on health?

Dr. Palmer believes that this inventory should be made by an "inventory committee". "Counsel should be taken," he says, "of the health officer and the superintendent of schools before such a Community Health Inventory is launched, as they will be the source of much valuable, practicable advice in the undertaking. The inventory committee should be organized with a chairman and the gathering of the separate pieces of information should be assigned to different members of the committee. The answers turned in by the committee members should be discussed by the committee prior to entry on the chart.

"The twenty-five items selected are not meant to be exhaustive. In fact they are simple questions capable of answer. They are meant to serve merely as indexes of health work. The city that can fill in most of these items is at least on the road to success in its public health program."

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#### RURAL SANITATION WORK IN THE UNITED STATES

The problem of rural sanitation is one that is giving much concern to Public Health authorities in the United States. The following is an extract from an article in *Public Health Reports*, October 23, 1925, by L. L. Lumsden, Surgeon of the United States Public Health Service:

Rural health work is directly applicable to over 50,000,000 (or nearly 50 per cent) of our population; and, because of the increased and increasing facilities for traffic, transportation, and travel, it affects the welfare of our city dwellers. The sanitary quality of the tremendous volume of raw foods now shipped daily through interstate traffic from our rural districts to our cities has an obviously important bearing on urban health, and, in view of the interstate feature, is a matter with which our Federal Government is to some extent concerned. Because of lack of efficient, whole-time rural health service, infections of man are conveyed very frequently across interstate line. The degree of preventable physical defectiveness among the young people in our rural communities has an important bearing on the productive and defense powers of our Nation. Efficient health service prevents much more money loss than it costs. Most of our rural county governments are not disposed to establish reasonably adequate county health service without an offer of financial assistance and competent counsel from some outside agency. The lack of efficient health service in our extensive rural districts is serious and is a matter which should be of acute concern to all our units of government—individual, local, State, and National.

The appropriation for coöperative rural sanitation work in each of the last three fiscal years has been less than one forty-thousandth of the total congressional appropriation and less than 1 per cent of the amount appropriated for all the activities of the United States Public Health Service. As the expenditures from the rural sanitation funds are made on a contractual basis, it is difficult to arrange them in a satisfactory, business-like way with annual appropriations, the amounts of which can not be known by those who are to administer the work until a short time before or even after the beginning of the new fiscal year. It would appear highly advantageous to the coöperative rural sanitation work, therefore, if it could be placed on a basis of appropriation somewhat similar to that provided in the act approved February 24, 1925, to authorize the more complete endowment of agricultural experiment stations.

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### COUNTY SANATORIA IN MINNESOTA

Minnesota has been able to reduce considerably its tuberculosis rate by means of a system of county sanatoriums. The annual death-rate from tuberculosis, which in 1900-1905 was 104.04, has been reduced to 77.89 in 1923.

This is ascribed largely to the fact that fifteen thousand cases of tuberculosis have been isolated and treated in the 13 county sanatoria of Minnesota during the last ten years.

The County Sanatorium law of Minnesota was passed in 1913. It gives the counties permission to receive from the state a subsidy up to \$50,000 for the building of sanatoria, and assistance of \$5 per week for each free patient.

Each county sanatorium is placed by this law under the supervision of a state advisory committee composed of five physicians which supervises and makes suggestions to the local sanatorium committee concerning the sanatorium.

This advisory committee maintains a full-time dentist who visits each of the sanatoria in turn; a vocational director; and a free traveling library circulating between the sanatoria.

Two or more counties can combine to build a sanatorium.

This law has made possible the establishing of 13 county sanatoria in Minnesota with a total bed capacity of nearly 15,000 at a cost of \$628,174 to the state (amount contributed by the state for buildings).

The standardization of management in the county sanatoria of Minnesota has brought about great economy and considerable efficiency in managing the institutions. All the county sanatoria are *supervised* by the state, which passes on the site, plans for buildings, equipment and management of each one of them, and keeps a

system of cost accounting which is the same in all sanatoria. Because of this plan the county sanatoria in Minnesota have an average maintenance cost per day per patient which is two dollars less than in the Massachusetts sanatoria.

—*The Nation's Health.*

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#### NURSING EDUCATION IN TUBERCULOSIS

The *Journal of the Outdoor Life* for December, 1925, brings the following editorial on nursing education in tuberculosis:

The West Virginia Board of Examiners for Registered Nurses, at the request of the nineteenth annual convention of the West Virginia State Nurses' Association, have adopted a plan whereby all accredited schools of nursing in that state must affiliate with the state tuberculosis sanatorium for a three-months' course of their pupil nurses in the theory and practice of tuberculosis. Would that every other state nurses' association throughout the United States could bring the same pressure to bear for the training of their nurses! A few other states have done this, but in the great majority of the states of the country hundreds and thousands of nurses are being graduated from training schools with no knowledge of tuberculosis and with a horrible fear of the disease. Out of all the 18,000 to 20,000 nurses that we are graduating each year, it is estimated that not over 10 per cent are receiving any practical training for tuberculosis work, while in the United States about 400 people die every day of tuberculosis. One of the crying needs in the training of nurses today is that this neglected field of medicine and nursing shall be given a place in the teaching curricula.

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#### POISON GAS AND WARFARE

Mr. W. Lee Lewis, inventor of poison gases, after whom Lewisite is named, makes a plea in *The Independent* for September 12, 1925, favoring poison gases as a more human way of fighting than shrapnel or bullets. This article is supposed to be a response to a protocol that was drawn up at Geneva prohibiting the use of gases in warfare.

Here are some of the testaments made by Mr. Lewis regarding poison gases:

"Gas produced 28 per cent of American casualties in the World War. Less than 2 per cent of these soldiers wounded by gas, died. Of the remaining 72 per cent of all casualties, being those caused by weapons other than gas, 24 per cent died.

"Haldane states that though mustard gas caused 150,000 casualties in the British army alone, less than 4,000 about 2.5 per cent, of those died, while only about 700, or one-half per cent, became permanently unfit. Mustard gas killed

one man for every 40 it put out of action; shells killed one out of every three wounded.

“As to after effects, it is evident that gas does not disfigure as do shrapnel or bullets. The Surgeon-General's office has failed to establish any predisposition to pulmonary trouble in such casualties. These conclusions are supported by similar studies by the Allied and Central Powers. Actually there has been more tuberculosis among non-gassed than among gassed soldiers. As to the blinding effects of gas: 783 men in the American Army were blinded in one or both eyes. Of this number 29, or 3.7 per cent, were blinded by warfare gases.”

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### TRACHOMA CONTROL IN THE UNITED STATES

(From the monthly bulletin of the Philippine Health Service, April, 1925)

Campaign against trachoma in the United States began in 1897 in the immigration service. During the last seventeen years, all arriving aliens have been carefully examined for trachoma with a view to excluding those infected.

The Surgeon-General of the United States Public Health Service has recommended the establishment of small hospitals for the treatment of trachoma as being the best means of combating this disease. According to the report of the Surgeon-General, United States Public Health Service, in 1920 five trachoma hospitals have been established. Since these trachoma hospitals have been opened between nine and ten thousand cases of trachoma have been treated. There have been fifty-five field clinics conducted at which 20,882 persons of all ages were examined. There were 1,526 operations performed, 1,156 of which were performed under general and 370 under local anesthesia.

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Seven States of the United States require a medical certificate before marriage. Fourteen other states, though not requiring a certificate, have laws which aim to prevent venereal-disease infection through marriage.—*U. S. Public Health Service.*

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The Department of Health of New Zealand keeps a Dental-training Clinic for school nurses. The idea is to train them in dental work, so that they can take care of the teeth of school children. There are at present 33 dental nurses doing work in different schools, and fifty-six whose preliminary work is in progress.—*The Nation's Health.*

There are over 5,300,000 cases of malaria in Russia, according to the third Russian Malaria Congress.

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From 1 to 3 per cent of all the women of child-bearing age in China are affected with osteomalacia, and from 2 to 3 per cent of pregnant women die from this cause. It is believed by some that the incidence of Osteomalacia in child-bearing Chinese women may rise as high as ten per cent.

Osteomalacia is a deficiency disease, due to lack of mineral matter in the diet, and it causes marked softening of the bones which leads to certain bone deformities. The disease is very rare in America. Only three cases have been diagnosed in the lying-in Hospital in Harvard Medical School in ninety years.

