REVIEW OF REVIEWS

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MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIACION

The fifty-fifth annual meeting of the American Public Health Association was held in Buffalo, New York, from October 11th to October 14th of this year. The September number of the *American Journal of Public Health* brings the program of this interesting meeting, which was one of the largest in the history of the Association.

The New York State Health Officers and Public Health Nurses were to take an active part in the program. Special trips were arranged to places of general or scientific interest in Buffalo. Niagara Falls was also visited by the delegates attending this meeting.

Among other interesting features, there was a motion-picture program whose aim was the showing of health moving pictures. There was a meeting of the New York State School Medical Inspectors and another one of the Director of the Public Health Laboratories. Several luncheon and dinner sessions were listed in the program. Health demonstrations were made, whose aim was to demonstrate how communities of different sizes can supply for their entire population well-rounded public health service.

Among the subjects treated during this most important meeting of the American Public Health Association, there was a conference by Lewis A. Wilson, of the State Department of Education of New York on "What New York State is Doing for Cripples", and another by Dr. Edward S. Godfrey, Director of the Division of Communicable Diseases of the State Department of Health of New York, on "The Progress of the Toxin-Antitoxin Campaign in New York State". Other points of general interest that were discussed in the meeting, were: "Progress of Infant and Maternity Hygiene Work in New York State", "Control of Nuisances by Local Health Officers", "The Relation of Industrial Hygiene to Public Health", "The Problem of Community Organization to Meet an Epidemic Situation", "The Financial Aspects of Health", "The Health Hazards of Rural Mothers and Children", "Rural Sanitation", "Rural Medical and Hospital", Service", "The Essential Training for Teachers of College Hygiene", "Classification and Grading of Milk", "Ventilation

Standards", "How to Prepare a Budget for a City Health Department", "The Health Department and the Practicing Physician", "Heart Disease as a Public Health Problem", "Value and Use of Health-Department Bulletins", "Insufficiencies in Methods of Control of Certain Respiratory Diseases", "Training Teachers to Teach Health", "The Relation of the Diseases of Animals to Public Health", "Etiology of Measles", "The Chemical Sterilization of Dishes in Restaurants and Public Eating Places", "The Present Health of Mexico", "The Need for Improved Vital Statistics", "A Statistical Survey of Sanitary Conditions in Cuba", "The Need of Trained Statisticians in the Hospital Field", "The Forecasting of Communicable Diseases", "Constitutional, Statutory and Administrative Aspects of Vital Statistics Practice in the United States", "Compensation and Industrial Hygiene To-day", "Cosmetics—Their Composition, and the Dangers Involved in Their Indiscriminate Use, as Experienced by the New York City Department of Health", "The Place of the Banana in the Diet", "Public-Health Aspects of Food Preservation", "Mosquito Control Throughout the World and Its Importance as and Adjunct to Public-Health Engineering".

The different sessions were held under the following general headings: "Health Demonstrations in the United States", "Rural Health Work", "Milk", "Ventilation", "Teaching Health", "Municipal-Health Administration", "Public-Health Administration", "Laboratory", "Vital Statistics", "Industrial Hygiene", "Food and Drugs", "Public-Health Engineering", "Public-Health Nursing", "Child Hygiene" and "Health Education and Publicity".

AN INTERESTING EPIDEMIC

F. S. Churchill, of Milton, Mass., and Landis and Glusker, of Philadelphia, report an epidemic of an unusual character which occurred in Cape Cod during the summer of 1925. It was characterized by a febrile disease of sudden onset, severe pains over the lower ribs and at the epigastrium, irregular remitting fever, negative physical examinations, prostration, short course and slow convalescence.

The epidemic lasted from July to September, 1925. Fifty cases were noted: twenty girls, nineteen boys, seven women and four men. It had a tendency to attack several members of the same family. The attack would come on suddenly with a sharp pain in the epigastrium, and fever of a remitting character, subsiding after three

or four days, after which the patient would feel weak and depressed for some days. Prolonged convalescence was one of the noticeable features of the disease.

The absence of respiratory symptoms was remarkable. There were neither coryza, cough, or bronchitis, nor physical signs such as rales or friction rubs.

Laboratory studies of the urine, mouth flora, and blood showed nothing characteristic. There was a leukocytosis of 9,000 to 21,000 in most cases. Mosquitoes collected in and outside the houses of the patients proved to be mostly *Aedes Sollicitans and Culex pipiens.*

Churchill, Landis, and Glusker, in their article, which appeared in a recent number of *The Journal of the American Medical Association* (September 11, 1926), believe the epidemic to have been one of *pleurodynia.* Pleurodynia means *painful side,* and is the name applied to a disease ocurring in epidemic form in temperate zones, and bearing great resemblance to the clinical entity encountered in the present epidemic. The authors believe pleurodynia to be a form of the tropical disease *"dengue",* "the clinical picture being modified by climatic conditions of the temperate zone."

In support of this view, Churchill, Landis and Glusker, make the following remarks:

"Dengue is defined as a noninfectious disease of low mortality, frequently epidemic, confined to warm climates, due to a filter-passing organism conveyable by *Aedes* (*Stegomyia*) *fasciata,* and characterized by an abrupt onset, headache, aching eyes, severe body and limb pains, anorexia and sometimes vomiting, a variable and usually 'diphasic' febrile course of from three to eight days, frequently a relatively slow pulse, leukopenia, and a late rash—and often by prolonged convalescence.

" 'Pleurodynia' corresponds closely with this definition both in its epidemiology and in its clinical features: The manner of its spread is still unknown; apparently it is not contagious; in our own epidemic it was not conveyed by the respiratory route; food could not be incriminated, too many sources of milk and water supply being involved; there were no intestinal excreta to spread it; weather conditions did not vary materially from the mean on Cape Cod for the last seventy-five or eighty years. Spread by insects seems the most probable explanation. Mosquitoes were unusually prevalent and thick in the affected area during the summer, and conveyance of a poison or virus by them must be considered. Small, found in the blood of two Torrey's three pleurodynia patients a protozoan organism closely resembling *Plasmodium malariae* in its cyclic development and suggestes that it be called *Plasmodium pleurodyniae.* The analogy to malaria strengthens the suspicion of a mosquito-borne disease. Small's observation, however, as he himself points out, is a limited one and needs confirmation.

"The clinical histories of our cases correspond to the description of dengue, but with differences in certain respects: the pain, the rash and the leukocyte

counts. The pain was like that of dengue in being general yet unlike in its sharp localization over the thorax and at the epigastrium; a rash is reported in about 80 per cent of cases of dengue constantly under observation; it was detected in only one of our cases; but as this sign is notoriously apt to be slight and evanescent in the former disease, it may well have escaped notice in our patients, seen only once a day for a few days. The leukocyte count in dengue is variable, normal or slightly increased counts occurring during the first few hours of an attack of dengue, the tendency toward a leukopenia, low neutrophilis and high lymphocyted becoming more marked as the disease progresses. It appears, then, that leukopenia is by no means a constant or necessary feature of this disease, and its absence cannot be regarded as negativing the diagnosis of dengue. On the whole, in view of the marked variability of the clinical picture of dengue emphasized by all students of the disease, the differences thus cited in the cases of the present epidemic might well fall within those variations, especially as the patients were living in the temperate zone.''

THE BUREAU OF VITAL STATISTICS OF THE PENNSYLVANIA STATE DEPARTMENT OF HEALTH

The organization of the Bureau of Vital Statistics of Pennsylvania is described in the September number of *The Nation's Health* by Dr. Russell B. Tewksbury, Acting Director of the Bureau.

The gathering of vital statistics is done in Pennsylvania by means of one thousand local registers which receive birth certificates from physicians and death certificates from undertakers in exchange of burial permits. These certificates are forwarded every month to the Bureau of Vital Statistics at Harrisburg.

Records of birth and marriage are checked, indexed, bound, and carefully filed away in fire-proof vaults.

Eight million birth certificates are now filed in the archives of the Bureau and one-half million are being added every year. Certified copies of these certificates are issued by the Bureau to any responsible applicants, upon demand. These copies are being demanded and used as a prerequisite in the obtaining of passports, the settlement of insurance and many other common contingencies.

The issuing of copies of these certificates, being a direct service to the public, is considered very important inasmuch as it creates a greater interest and belief in the utility of vital statistics in the average man's mind.

Shortly after the birth of a baby, the Bureau sends an official notice to the mother that a birth certificate for the child has been placed for permanent file at the State Capitol. This is another means of arousing public interest in vital statistics.

The Bureau of Epidemiology helps the Bureau of Communicable

Diseases in collecting and studying reports of communicable diseases. Further popularity of vital statistics is sought through the publication of three public health bulletins: *The Vital Statistics Bulletin,* a *Weekly Health Officers Service Bulletin,* and a general monthly bulletin of the Department of Health entitled *The Listening Post.*

Discussing the general importance of vital statistics, Dr. Tewksbury states the following:

"The value of official vital statistics is rapidly becoming more and more widely recognized. Their importance has even been recognized by the League of Nations, to the extent that a Service of Epidemiological Intelligence and Public Health Statistics has recently been established as a branch of that body. This service is now obtaining records of current disease incidence from practically all the countries of the world who have such records. Although the United States lagged a number of decades behind the European countries in the establishment of adequate vital statistics, the situation is now such that the United States Bureau of the Census has good prospect of fulfilling its slogan, 'Every State in the Registration Area before 1930'. Health officials, physicians, lawyers, and intelligent citizens everywhere are coming to realize more fully than ever before that effective human life registration is a most necessary adjunct to our modern civilization."

Dr. Tewksbury considers that the following statistical facts are those of the greatest interest from the public-health viewpoint. First of all, he considers the general death rate. Is it more, he asks, than 12 per 1,000 population? Then comes the birth rate. Is it lower than 25 per 1,000 population? Other important facts are as follows:

"Are there more than 75 infant deaths per 1,000 live births? Are there more than 80 tuberculosis deaths per 100,000 population? Is the 'diarrhea and enteritis under two' rate per 100,000 population over 40? How many mothers per 1,000 confinements die in childbirth—more than 6? Are there *any* diptheria deaths? *Any* typhoid deaths? *Any* small-pox deaths? Are influenza and pneumonia deaths taking any sudden abnormal climb? Do the reported cases of scarlet fever, measles, diptheria, or whooping cough begin to show 'outbreak' proportions? Are there any poliomyelitis, meningococcic meningitis, or lethargic encephalitis cases in the vicinity? If abnormal conditions do exist in any of the above particulars, why? Are your high death rates due to a large negro or foreign born population? If so, what are your death rates, specific for color and nativity? In what social classes is your worst infant and maternal mortality found? Is your typhoid predominantly among children, leading you to suspect a milk-borne source? How does your diphtheria age-distribution change as time goes on and more and younger children are immunized? Is it fair to compare your city's death rates with those of corresponding cities? If not, how do rates 'standardized' for age, sex, color, or nativity, compare? Better still, how do your various 'specific' death rates compare?".

TREATMENT OF LEPERS IN KOREA

A considerably large number of lepers is to be found in Korea, according to R. M. Wilson, of Kwangju, Korea. He estimates that there are from 5,000 to 20,000 of them in the island, and adds that it is almost impossible to make an accurate estimate of the number. More women than men are known to be affected with the disease.

The frequency of the different symptoms in 938 cases of leprosy studied by Wilson in Korea, is stated by him in *The Journal of the American Medical Association* as follows:

"Anesthesia occurred in 96 per cent of the cases studied and was the first symptom observed in these cases. This is the most reliable symptom, as in a large percentage of the cases the bacillus cannot be found.

"Neuritis was the most troublesome symptom in 26 per cent of the cases.

"Rheumatism was the chief complaint in 58 per cent of the cases. Frequently it was observed that these rheumatic and neuritic symptoms appeared after the treatment had been begun. It was so closely related to the treatment as to suggest that the treatment had set up some sort of reaction in the system which was responsible for the pain.

"Fever was observed in 56 per cent of the cases and mainly associated with the treatment.

"Ulceration occurred in 37 per cent of the cases, and leprous amputations of fingers and toes in 20 per cent.

"Facial paralysis was a common symptom noted, and occurred in 28 per cent.

"Following the facial paralysis it is common to note a conjunctivitis and drying of the eyeball. Iritis is also very common, and in many cases there are adhesions of the iris to the lens so that application of atropin is without effect. Also it has been noted that leprous tubercles may appear on the cornea or almost any part of the eye and set up an active irritation which is very difficult to treat."

Treatment in the cases studied by Dr. Wilson consisted of injections of oleum hydnocarpiae with 1 percent camphor added, from 4 to 8 cc. subcutaneously, once every week.

Active work is urged on the colonists at the leper colonies of Kwangju and Fusan (where these cases were studied) and hot baths with massage of the still joints are considered an important part of the treatment. Plain chaulmoogra oil is supposed to give as good results as the ethers.

In the colonies mentioned, three hundred and eleven deaths occurred in the last twelve years, among 1,109 cases. Only about two per cent of the deaths occurred directly from leprosy. The rest were due to complications such as tuberculosis, nephritis and pneumonia. Dr. Wilson has seen apparent cures in thirty per cent

of the lepers treated, in spite of the fact that many of the cases came in the advanced stage, and in 75 per cent the disease was arrested.

Wilson believes that gardening is excellent exercise for lepers. "Our lepers erect all buildings," he says "make brick and tile, and do carpentry, tinning, blacksmithing, and others jobs.

I am firmly convinced that the old way of isolating lepers as hopeless incurables with nothing to do is a mistake. They should be given some active occupation and taught to help produce part of their care at least. The active life is the thing for the leper today."