

TRANSACTIONS

OF THE

NORTH CAROLINA

HEALTH OFFICERS' ASSOCIATION

—
SIXTH ANNUAL SESSION

—
DURHAM, N. C., MONDAY, APRIL 17, 1916

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OF THE
NORTH CAROLINA HEALTH OFFICERS ASSOCIATION
SIXTH ANNUAL SESSION

DR. ARCH CHEATHAM, Durham: The Sixth Annual meeting of the North Carolina Health Officers' Association will come to order.

We will be led in prayer by Rev. Costen J. Harrell, pastor Mangum Street M. E. Church, Durham.

INVOCATION.

Almighty, God, our Heavenly Father, we render unto Thee our thanks in that Thou hast so ordered the world that we may cooperate with Thee in the work which our hands find to do. We praise Thee that in our several callings Thou dost seek to have us work with Thee. When these things come to our remembrance a sweet sacredness is cast about our common duties.

We thank Thee, Almighty God, for the great army of men throughout this commonwealth who minister to the infirmities of our bodies. As they are gathering in our city this day to take into advisement matters that have to do with the common good, let Thy blessings, Lord, attend them. Guide them in their deliberations. May their work be begun, continued, and ended in Thee. Give to them, we beseech Thee, clear minds and hearts filled with the Spirit of the Lord Christ. And when they have returned to their several posts of duty, grant that they may work as ever in their great Taskmaster's eye.

We beseech Thee that Thou wilt bless each one of us in our personal relation with Thee. Stir Thou within our hearts, we humbly pray, a living faith. Give to us individually such a portion of Thy Spirit that we may seek above all things else to have Thy will done in our lives.

Vouchsafe Thy blessings, we humbly pray, upon our State and Nation. Grant that we may become a shining light unto the nations of the earth. Guide all who are in places of authority, that they may rule with soberness and in the fear of God.

Let Thy Kingdom come, Thy will be done on earth as it is in Heaven. These things we ask through Jesus Christ, our Lord, Amen.

OFFICERS 1917

President—DR. ARCH CHEATHAM.....Durham
Vice-President—DR. D. C. ABSHER.....Henderson
Secretary-Treasurer—DR. GEORGE M. COOPER.....Raleigh

OFFICERS 1916

President—DR. D. E. SEVIER.....Asheville
Vice-President—DR. CHARLES T. NESBITT.....Wilmington
Secretary-Treasurer—DR. GEORGE M. COOPER.....Raleigh

ADDRESS OF WELCOME.

DR. J. M. MANNING, DURHAM.

Gentlemen of the Association: The first thought that came into my mind, after reading a letter from Dr. G. M. Cooper, your most efficient secretary, asking me to deliver the address of welcome on this occasion, was what could I say that would be worth your while. The citizenship of this little bustling, noisy, bell ringing, whistle blowing, city of Durham is proud to be hospitable to the stranger within her gates.

The great majority of our people begin work when the bells on our factories ring in the hour of early morn, and cease their arduous toil to the music or the whistles as they peal forth the close of another day. We have few loafers in the city of Durham, it is a notorious fact that everybody works here, even father. You will observe that I am not yet an old man, but I well remember when Durham was only a station on the old North Carolina Railroad. Trains going east towards the city of Raleigh, or going west towards the city of Greensboro stopped here only long enough for the engines to get a drink of water. A distinguished physician, now of blessed memory, whose renowned life was spent in the historic town of Hillsboro, and whose ability and learning reflected honor on the medical profession in the State, was in the habit of saying to his patients when passing through Durham on the trains to beware, breathe only when you have to, no long breaths, but be content with short ones only, for you might inhale enough of the miasma and impure air of Durham to render your case hopelessly fatal. I have often wondered what that distinguished gentleman would say should he arise from his last resting place, motor to Durham on a 1916 model, over a sand clay road, and view the little railroad station today, he would find a city of some thirty thousand population, the third largest, so the United States census says, in the State, in taxable values the first in North Carolina, collecting from the citizenship over \$250,000 in annual taxes, over 3,000 children attend the best equipped and most comprehensive of public schools in the State, the birth place of that great tobacco manufacturing corporation, whose wealth and power and marvelous success has made the name of Durham a synonym for business achievement in every corner of the civilized globe, a system of hosiery mills second to none in the nation, who are now furnishing thousands of pairs of hosiery to the soldiers on the bloody battle fields of Europe, the home of that great chain of Erwin Cotton Mills, whose products sweep the corners of the earth,

and last, but by no means least, your speaker points with pardonable pride to our well organized health department, which, operating under a special act of the Legislature, embraces under its supervision not only the city of Durham, but the county as well. In this department we have a well furnished, up-to-date laboratory, directed by an efficient bacteriologist, eight district nurses, not all directly employed by the city, it is true, but energetically coöperating with the health department in the great work of educating the masses in matters of sanitation, in the care of the sick, and in promoting every kind of community work, which has for its purpose the betterment and happiness of our people. Regulating and energizing these various departments of public health is a whole-time health officer of whom the county and city of Durham are justly proud. The good he has accomplished speaks for itself, in the reduction of our mortality rate. What he has done and what he expects to do in the future is a man's job, for the State as well as the nation is beginning to realize today, as never before, something of the possibilities to be attained in the conservation of the health of her people. The truth contained in the old Latin axiom, "*In mens sana in corpore sano*" was never so potential in diverting the thought of the world as it is today and never before in the history of the nation has there been such an active and intelligent awakening along the lines of sanitation and preservation of human life. In the great world movement for the betterment of the race I am proud to say that the medical profession is well in the lead. The physician in every community stands at the head of every movement which has for its object the eradication and prevention of disease.

Did it ever occur to you that Boards of Health, and whole time health officers in their efforts to eradicate preventable diseases are in a way antagonistic to the business interests of the doctor and the proportion to the success attained by them is the loss to the general practitioner in the matter of dollars and cents? And yet this general practitioner, oblivious of his own loss of business, is the health officer's greatest asset in his efforts to prevent disease. Did you ever hear of lawyers combining to prevent litigation? Or business men organizing to reduce their individual profits? When the lion and the lamb lie down in peace and the lamb escapes the stomach of the lion then these things may come to pass.

In conclusion, let me assure you that Durham extends your Association a most cordial welcome and may I entertain the hope that your deliberations may suggest new and more efficient methods in the fight now on against preventable disease.

RESPONSE TO ADDRESS OF WELCOME.

DR. L. B. McBRAYER, SANATORIUM, N. C.

Mr. Chairman and Gentlemen: We are glad to be here, I assure you, and are glad to hold this meeting and the meetings that are to follow here among the enterprising people of Durham, among the enterprising medical profession of Durham. We appreciate most heartily the words of welcome that have been so kindly and so eloquently presented to us by Dr. Manning and we trust that his hopes may be realized, that the meeting shall be productive of great good, and as we meet together and compare notes and tell each other of our accomplishments and failures, and as we present the advance of writers on the subject of preventive medicine as well as our own experiences, it is worthy of note, as suggested by Dr. Manning, that this is not only for the benefit of the physician, but for the benefit of the people of Durham and Durham County, and all other counties of North Carolina. And it is a pleasure to note also that the work of the members, of the individual members, of this North Carolina Health Officers' Association, is not confined to Durham County nor the other counties in which we are laboring, and by State lines, but the progressive work that is being done in North Carolina by the Health workers, one and all, is being watched with a great deal of interest by people in other States, in fact in every other State, in our Union, and some of the work has at least been copied as far away as Canada. It is pleasing then for us to know that the good we do not only redounds to the benefit of our own people but extends wherever humanity's cry is heard.

On behalf of the North Carolina Health Officers' Association, we extend our thanks and appreciation for the cordial welcome received. (Applause.)

PUBLIC HEALTH ACTIVITIES IN NORTH CAROLINA.

D. E. SEVIER, M.D., PRESIDENT, ASHEVILLE, N. C.

Mr. Chairman, Ladies and Gentlemen: To be the head of this Association is an honor for which I feel deeply grateful. I desire to express to the Health Officers' Association of North Carolina my sincere appreciation of the confidence you have so kindly and generously reposed in me. My greatest ambition has been to maintain the excellence of this Association and the high standard of my distinguished predecessors.

We have again gathered for the purpose of discussing and making definite plans for the advancement of rural sanitation in North Carolina which is one of the most vital questions of the present day. It is impossible to give an adequate idea of the magnitude of the health work done in many of the counties of North Carolina during the past year, because one must see to believe. When you consider the county-wide interest and the thousands of dollars spent yearly for the perfecting of permanent rural sanitation and knowing that the members of this Association are the men who are actually doing the work in the broadest sense of the word, you should be able to form some conception of the opportunities for advancement afforded by this Association. It is the full time Health Officer as he makes his daily rounds instructing and educating along the lines of rural sanitation, who is laying the foundation for all improved health conditions in North Carolina. In short, the entire knowledge and experience of health work in the various counties of the State is embodied in this Convention. It is to be hoped that out of the great mass of information at our disposal we shall be able to gather much that will be of immediate value to the individual Health Officer of the various counties. It is probably true that in no other department of learning has the general public been more enlightened than through our Medical Profession, and more particularly through the constant efforts of the individual Health Officer. The most essential step in public health work and the fountain head of health lies in the establishment of a full time Health Officer in each county of the State who shall take charge of the sanitation in an intelligent and energetic way and stamp out all communicable and infectious disease. This would substantially reduce the death rate within a very short time and place North Carolina first along health lines. The elevation and instruction of the school teacher in regard to the great importance of health and the prevention of disease; better school buildings, thoroughly equipped with the necessary modern sanitary school appliances should be our aim. We may then picture to the pupil the great lesson touching on sanitation in an impressive way. I am sorry to state that the sanitary conditions of the schools and surroundings in many of the counties are far from what they should be, having for drinking water supply, springs which overflow; open wells unprotected, with but few surface closets and those in an unsanitary condition. These conditions are a shame and disgrace to a civilized people. Unless this condition is taken in hand and corrected by a general law covering the State, it will continue in the same way for years to come, just as it has existed in the past, and this is a condition which our State Board of Health should remedy at an early date.

Great health work has been accomplished in North Carolina during the past year due to the efforts of the County Health Officers under the supervision of that tireless health worker, Dr. W. S. Rankin, Secretary of the State Board of Health; Dr. Rankin has associated with him a genius in the person of Dr. G. M. Cooper, Chief of the Bureau of Rural Sanitation, who has labored day and night in the interest of health and in order to render assistance to the Health Officers. I am quite sure I express the true sentiment of each physician as well as the Health Officers of North Carolina, when I say we have had great assistance rendered the profession as well as the individual citizen by that able, courteous and greatly appreciated chemist, Dr. C. A. Shore, Chief of the State Laboratory of Hygiene. I feel that our health work would be greatly handicapped without the help of Dr. Shore. With the coöperation of these gentlemen the Health Officers of North Carolina were enabled to conduct the memorable Anti-Typhoid vaccination campaign which was so ably accomplished during the past year; they administering the third treatment which is supposed to render the patient immune. More than one hundred thousand people in North Carolina were treated, which is fully one twenty-third of the entire population. This work was accomplished by the joint State and County authorities and the greater part of the work was done in twelve counties. These campaigns have done a great deal of good, not only in rendering the people immune from typhoid, but the health talks delivered along all lines have had a far reaching effect and have done more good than can ever be estimated. It is a fact that very few in the rural sections will take the time and pains to read the shortest article on health when they will gladly listen to your talk and many will carry what you have said into effect.

The individual health officer, the members of the Legislature as well as the people are looking to our Association for enlightenment and instruction in enacting proper health laws for North Carolina; therefore, we should not allow modesty to prevent our asking our representatives to enact such health laws as are so badly needed and would prove so beneficial to the general public. What we need most is more members of our profession representing us in the General Assembly, enacting such laws as our Association might agree upon, and who would then see that they are carried into effect. There are golden opportunities awaiting many of our talented medical men, and while they might not at the time crown themselves with glory, high honors would most assuredly come in the course of time. The laws of the various counties are enacted by the County Boards of Health so you can readily see how easily many counties may proceed with practically no laws, while others

have the most rigid. This is largely responsible for the spread of communicable diseases and the present high death rate in North Carolina; this death rate could be greatly decreased if the laws were uniform throughout the State. Take a county with rigid laws, surrounded by counties with no laws, as we have it in many places, you will find the Health Officers overworked and unable to prevent the spread of disease and unable to reduce the death rate owing to the negligence of other health boards and officials of other counties. It is an evident fact that the methods and laws now in operation are far from what they should be, and I can see but one solution, namely,—have our Association formulate such rules and regulations as would be applicable to all counties and secure their enactment by the State Legislature, allowing our County Health Boards to remain, that each county might have the health laws still more rigid. We should give the State Health Board power to force the appointment of a health officer in each county, and when this is done rural sanitation will be placed on a firm and lasting basis; the spread of disease will cease, the death rate will be greatly reduced and North Carolina will claim her place at the head of the column along health lines.

Up to within a few years ago but little was said or done along the line of handling or preventing the spread of tuberculosis. Today there is practically no difference of opinion as to the various modes of infection which usually take place through the respiratory and digestive tracts. This matter is naturally attracting the closest attention of our best and most enlightened citizens. This has been brought about mainly in North Carolina by the efforts of the Health Officers' Association, and the most excellent work which has been accomplished by that great health advocate, Dr. L. B. McBrayer, who is now in charge of the State Sanatorium for tuberculosis. It is an undisputed fact that since this institution has been placed under the management of Dr. McBrayer, it has been elevated to an institution that is well known by each and every household in North Carolina, a home of sunshine, happiness and contentment; an institution of which North Carolina feels justly proud.

We recognize the tubercle bacillus as the most deadly germ which science has to combat; naturally it becomes our duty to resort to such measures as will prevent the continuous spread of this most deadly disease. I hardly think it necessary for segregation, but I believe each and every case should be reported and a heavy penalty placed upon the physician in charge should he fail to report the case as required by law, or fail to instruct the patient in the most minute detail as to the necessary precautions. It has been said that a careful tuberculous

patient is not a menace to health. He is not, but how many do you suppose are careful? Perhaps not one in a hundred. Many practitioners never even so much as advise their patients to use the sputum cup, and not one in a hundred instructed to protect the mouth with a handkerchief when coughing, or advised as to proper sleeping quarters or disinfecting the hands, all of which is very necessary. How can we accomplish this great end unless we have the coöperation of the attending physician and the ones vitally concerned? It is highly essential that we have such laws enacted, that our physicians and members of a tubercular family would be required to report all cases that they might be properly instructed and not allowed to become a menace to other members of the household. It is astonishing to know how often cases have gone undetected until they are in the last stages of the disease and have reached a point where the condition cannot be arrested, finally becoming county charges and a menace to public health in the locality in which they live.

Now what are we to do in a family with limited means, though they have ordinary intelligence, if they are unable to employ a physician or purchase the necessities of life, to say nothing of the essentials in the sick room? I might say here that it has been suggested that these cases be cared for at the various county homes. This is impracticable for many reasons: It is impossible to get this class of patients to become charges of a county institution. Again this would require many counties to erect suitable quarters compelling them to keep a resident physician in attendance at all times, with two or more competent nurses which would naturally cost a large sum of money; the worthy and unfortunate subjects must be cared for, and how is the most reasonable way to do it? We realize that we have more than fifteen thousand open cases of tuberculosis in North Carolina, and many of them a menace to health, with an institution only capable of caring for ninety cases instead of thirty times this number.

The only solution of this question and the sane thing to do is for the Legislature to appropriate a sufficient sum to house and care for the helpless. Under the present method each county has to pay one dollar per day per patient, and this method naturally deprives many of having the comforts of this institution where they would be delighted to go. I would be glad to see North Carolina appropriate five hundred thousand dollars, or more if necessary, yearly for this work, and stop the spread of tuberculosis in this State.

The recent admission of North Carolina to the registration area for vital statistics marks the passing of a milestone in North Carolina health work which has placed the gauge of measurement for the value of all

public health endeavor. The medical profession of North Carolina have asked and urged for the vital statistics law. Now we not only have it, but we have the Federal Government standing behind it and saying to the world—"They are correct, we vouch for them."

Our average efficiency as graded from Washington on vital statistics was rated by the United States authorities as 94.62 the minimum of 90 admits to registration area. Again our death rate for 1914 graded rated, I mean by the United States, was only 13.6 about the same as the nation at large, so here is another step in the direction of having the United States Government Authorities to prove the South is not a pest hole of disease to be avoided.

DR. G. M. COOPER, Raleigh: Before reading my report, I want to make two or three announcements. One is that tonight after the papers, the address of Dr. McBrayer and Dr. Cyrus Thompson. Immediately following Dr. Thompson's address, we will have a demonstration of moving pictures by Dr. J. C. Braswell, of Nash County, with two reels, for about twenty or thirty minutes. Immediately after that, Mr. Booker will show about two reels, demonstrating a method of teaching public health that he has recently devised. This will be very interesting, and I wish you would tell all the doctors in Durham that it will interest them, and it will be open to the general public. I do not know whether we can have the meeting here. Mr. Booker, there is not room here, is there? We will announce this afternoon all that. Either one will be a big attraction.

Also this afternoon, by request, I am down here on a paper "what the State Board of Health Can Offer." In connection with this paper, Dr. C. A. Shore will demonstrate his new method of making smallpox vaccines whereby the greatest objection is removed, that is, the big running sore and local trouble that follows. He thinks the new method will obviate all that to a great extent. He is going to demonstrate some cases. That is a matter of vital interest to every doctor in North Carolina. I hope, Dr. Manning, you will tell all the doctors. After my paper Dr. Shore will make this demonstration and this explanation, which will be very interesting.

REPORT OF SECRETARY-TREASURER NORTH CAROLINA HEALTH OFFICERS' ASSOCIATION.

I have sent out two hundred and fifty multigraph and individual letters to boards of commissioners and county health officers and county physicians regarding the annual meeting. I have had official stationery printed for the President, vice-President, and Secretary.

The cost of the above, with the consent of Dr. W. S. Rankin, has been borne by the State Board of Health.

This is done for the reason that it is recognized that this Association is a great factor in aiding in the diffusion of public health knowledge among all the people of the State.

I have on hand in bank at Raleigh, April 1st, the sum of twenty-two dollars and sixty-six cents.

We are deeply indebted to the Medical Society of North Carolina for furnishing us a stenographer, and for publishing our transactions free in the past.

G. M. COOPER, *Secretary-Treasurer.*

APPOINTMENT OF COMMITTEES.

Nominating Committee—DR. L. B. McBRAYER, Chairman; DR. C. V. REYNOLDS, DR. E. F. STRICKLAND.

Committee on Resolutions—DR. ARCH CHEATHAM, DR. J. W. HALFORD, DR. C. T. NESBITT.

Auditing Committee—DR. J. H. McCracken, Chairman, DR. W. M. JONES, DR. C. DALIGNY.

PRESENT STANDARDIZATION OF COUNTY HEALTH WORK IN NORTH CAROLINA.

M. T. EDGERTON, HEALTH OFFICER, PITT COUNTY.

At this time county health work is in its plastic stage. Most organized health work is, and always has been in cities. Methods applicable to cities will not always prove suitable in rural districts. In many instances the needs in the country are even greater than in the towns. Likewise the obstacles to overcome are greater in the country than in the towns. We who are engaged in this work are keenly interested in improving our methods in any way if thereby we can accomplish more.

No one can say now just what methods will finally prove most efficacious. Those that will be finally adopted will have to stand the test of efficiency in actual work. It is a question whether a pattern can be cut which will fit every local condition in every county in North Carolina. Just so long as the financial support of county health work is entirely local just so long will local influences affect the methods of work. For under these conditions public sentiment guides rather than your better judgment. Once you could get health work supported by the State, you would have a big obstacle removed from getting uniform methods of County Health Work. Each County Health Officer would occupy a position in the State analogous to the position occupied by a Marine Hospital physician in his relationship to the U. S. Government. Central and uniform methods could be adopted and be carried out without fear or favor. Even then certain local modifications would have to be made to suit local conditions.

We have plenty of health literature on the problems in the towns, but very little on problems in the country. A good monthly journal devoted to country health problems would undoubtedly prove of considerable mutual benefit to the County Health Officers of the State. The people of the State need to know the laws of hygiene and sanitation, and the health officers need to know the best methods of teaching these laws.

Another factor which detracts from the efficiency of county health work is that the duties of county physician fall to the lot of the health officer. This not only takes him from his other work, but it also makes it impossible that he can always be sure he can fill any appointment he may have. Ultimately it will be found that it is more profitable to let practicing physicians do the emergency work at least. In the beginning until the health work gets well under way, most counties will let the health officer perform the duties of County Physician.

With one health officer in charge of a county, the large area which he covers makes it necessarily follow that several factors come into play and affect the results of the work. It is manifestly impossible that one man unaided can bring about great reforms in health work. In every field of his work he must have the active coöperation of those with whom he works in that field. To get the fullest and best coöperation, his fellow workers must be conversant on health problems. There are several different phases of county health problems which perhaps had better be taken up separately.

School Work. With twenty per cent of the children defective in the eyes, ears, nose or throat, and with an equal number infected with hookworm is it any wonder that many children fall behind in their school work? It is fairly easy to detect these defects and notify the parents of the children. The problem is to get the parents to realize how harmful the defects are to the child and thus get the defects corrected. Ignorance and poverty cause thousands of children in North Carolina to be handicapped in their school work by defects which can be corrected. Any system devised will always be blocked as long as the parents fail to realize the true significance of the defects.

One of the greatest factors in the school work is the teacher. In the first place, she must have definite knowledge of the common laws of hygiene and sanitation, and then she must teach these principles to the children and, through the children, the parents. Each teacher should consider herself the health officer for that particular school district, and she should not only be a model in personal cleanliness and neatness, but she should see to it that her school house is kept sanitary at all times and thus instill into the minds of the children ideas of personal cleanliness and sanitary home surroundings. It is a very easy task for a mediocre health officer to get good results where the teacher is conversant on health matters and interested in the work while it is a herculean task to do much when the teacher is ignorant and indifferent towards the work. The normal schools and colleges should devote more and more time to hygiene and sanitation. This is essential to intelligent health work in the schools of the State.

Contagious Diseases. The handling of most of the contagious diseases rests with the public and the successful stamping out of the particular disease will depend almost entirely upon the attitude of the people to that particular disease. Smallpox, mild as it generally is, will cause a whole community to become alarmed and go to all sorts of means to prevent its spread, and then this same community will view whooping cough with apathy and indifference while it spreads through the town. The explanation is the answer to handling of the contagious diseases.

It is all a matter of the people being educated up to the dangers of smallpox (as it was twenty years ago) and not being educated up to the dangers of whooping cough. Few people realize that about twenty-five people die with whooping cough to one with smallpox.

While most of us agree that vaccination is the only effective means of controlling smallpox, and that proper quarantine regulations will generally control diphtheria and scarlet fever, I wonder if there is any one who will claim that he can limit the spread of whooping cough to any degree. It is a deplorable fact that there are difficulties in the way of controlling whooping cough which are almost insurmountable. The difficulty in diagnosis in the early and most contagious stage, and the tendency of the parents to conceal it are two factors which are hard to circumvent. The difficulties in the handling of measles are perhaps almost as great. Until we can get a specific vaccine for these two diseases to use as a preventive, their control will be difficult.

The efficient control of all the contagious diseases is largely dependent on the hearty coöperation of the medical profession. In some instances this is not given as freely as it might be, but in time the delinquent ones will be forced into line by the demands of public sentiment.

I question the feasibility of gaining this coöperation by legal procedure. The difficulty of conviction and the antipathy produced would be factors which would make prosecution undesirable.

General Sanitary Measures. The improvement of sanitary conditions in the town and in the country meet with several obstacles. In the first place there is the lack of appreciation of the real benefits to be derived from good sanitary surroundings, and in the second place, the financial conditions of many people are such that it is practically impossible to improve on the existing conditions. It is a point that is not generally dwelt upon, but poverty is at the bottom of a large percentage of the ill health and poor sanitary conditions in the State. The general prosperity of a country affects the health conditions of that country. Typhoid vaccine may keep a man from having typhoid fever, but it will not take the place of good food.

In a word improved sanitary conditions will only be obtained after the public is educated up to the dangers of their unsanitary conditions. It is a gradual process of creating a demand and then supplying it. And even after the needs are clear, it is difficult to get the administration officers in small communities to initiate any measures which call for any great expense. The best way to get improved sanitary conditions is to have State laws passed which will compel the towns to pass sanitary ordinances which will guard the health of the people in fact as well as in name.

County Hospitals. The county hospital serves two purposes. The first is the treatment of indigent sick and the second is, it provides a place for the treatment of your defective school children. About sixty per cent of the children are in the country and are unable to go to much expense to get their defects corrected. An inspection of school children with no means near at hand to have their defects corrected will avail little. To get physical defects corrected, there must be a hospital in the county where this may be done. In the case of the poorer children, this service should be done gratis at the expense of the county. Most of the existing defects are among children whose parents are unable to have them corrected.

Preventive Measures. The prevention of diseases by vaccination is one of our easiest tasks. It requires little educational work, and the results are easily recognized by the people. It not only cuts down the death rate of the particular disease, but it gives the tax payer some visible returns for his money. In addition, it educates people along health lines. Greatest of all, the campaign last summer proved the great value in carrying out the same thing in the same way throughout this State.

Educational Work. In all the different lines of health work education of the people is the keynote to the whole situation. It is the chief need in health work in North Carolina today. Frequent use should be made of the press to convey information to the people. Health talks should be given not only to the school children, but to the adults. Especial stress should be made to get as much health literature as possible to every county and city official in the State. Every school teacher and school trustee should receive the publications of the State Board of Health.

As regards a standard method of County Health Work in the State, it would be desirable to formulate a definite set of plans to be guided by. This we do not feel competent to do at this time. Means should be provided so that the best methods in use shall become the common property of all the Health Officers of the State. A monthly journal would help do this. All would mutually benefit by this. While we do not feel competent to formulate a definite set of plans for county health work, we do feel that we have pointed out some of the greatest defects and needs as they appear to us. It would seem to us then that the present system could be improved by the following:

1. A monthly journal gotten out by the State Board of Health and contributed to by the Health Officers wherein their problems can be discussed.

2. Relieving the health officer of the emergency work of the county physician.

3. Getting the active coöperation of the organizations, clubs, and officials in the work.

4. Educating the teachers and parents as regards the significance of defects in children as well as the laws of hygiene and sanitation.

5. Educating the public as to the dangers of the contagious diseases, and getting the voluntary activity coöperation of the Physicians in the handling of the same.

6. Getting improved sanitation by the enactment of State laws covering same and by educating the people.

7. Providing a county hospital so the poor may be treated, and the children may have their defects corrected free if they are unable to pay.

8. Finally, education of the people by means of the press, lectures and literature.

DR. BENJ. K. HAYES, Oxford: Mr. President, as this paper and the one which is to follow are quite analogous, would it not be well to hear both papers before the discussions are taken up?

THE PRESIDENT: Do you offer that as a suggestion?

DR. BENJ. K. HAYS: I will make that motion.

Moved and seconded that both papers be heard and then both discussed at the conclusion.

VANCE COUNTY METHOD OF HANDLING TUBERCULOSIS, AND EDUCATING THE PEOPLE IN DISEASE PREVENTION.

D. C. ABSHER, M.D., VANCE COUNTY, HEALTH OFFICER.

This paper is presented, not for the purpose of airing a new theory, but simply as a history of some things that have actually been done.

Only a few months ago the Vance County Board of Health adopted rules which require: (1) That all cases of tuberculosis shall be reported to the County Health Officer within twenty-four hours; (2) that the health officer shall visit all such cases within three days after the report is received and instruct the patient and family as to how to prevent the spread of disease; and (3) that no room used by such patient shall be occupied after the death, recovery or removal of such patient until after the room has been thoroughly disinfected by being scrubbed with a

1-500 solution of Bichloride of Mercury, and such further means as may be prescribed by the County Health Officer.

In operation, these rules are proving very satisfactory. The doctors are reporting their cases in a satisfactory way, and teachers, social workers, and others report a number of cases that have no attending physician.

When the patients are visited the health officer finds that his efforts are appreciated. Even those who do not know and do not want to know, that they have tuberculosis appreciate our efforts, if we approach them in a tactful manner. The health officer makes no effort to enforce observance of preventive measures. He merely states that he came to see if he could be of service in advising the patient and family as to how to prevent the spread of the disease. This statement is usually kindly received by patient and family; it is then easy to get information as to what methods they have been using. After conversing with the patient and showing him the importance of preventive measures, he is supplied with a dozen sputum cups and instructed how to use them, how to dispose of them, and where to get more. Finally a leaflet giving rules as to "How to keep others from catching the disease," and "How to get well" is placed in the hands of the patient.

The Bureau of Tuberculosis of the State Board of Health is sending literature to all reported cases, but there is every reason for believing that the influence of a personal visit is far more valuable, but of course these personal visits are not possible in counties not having full-time health officers.

Some one will say that this is work that should be done by a visiting nurse. Very true, but what are you going to do if you have no visiting nurse? Some of us are compelled to do work that should be done by a sanitary inspector. One is as much our work as the other, and I, for one, believe that if we must have our hands tied by lack of help or by inefficient help, we should have them tied to the more important work. I think that it is more important to instruct tubercular patients as to the danger of plastering tubercular spit all over the baby's lips and face than to prosecute some city dweller for having such an unsanitary (?) thing as a pile of chips or old papers in his back yard. It is the purpose of health work to reduce the amount of sickness and the number of deaths. Tuberculosis is guilty of causing more sickness and more deaths than any other disease. Let us direct our efforts where they will count for most.

As to disinfection after "death, recovery or removal," that rule is a little more difficult to enforce, because deaths, recoveries and removals are not always reported to the health officer. However, this rule is

proving more and more satisfactory as it becomes better known to the people; and, besides, we must recognize the fact that the *patient* is the chief source of danger.

I might say just here that phases of work like this cannot be tabulated so as to show big results on paper, consequently, they are not taken into consideration by some who make comparative estimates as to the effectiveness of the full-time health officer; but I want to say that even the petty politicians are beginning to see that such work is important.

As to educating the people in disease prevention, several methods are available. The easiest, as well as the most important method is that of working with and through the schools. In Vance, during the present school year, a "school health day" has been held at every white school in the county as well as at several of the colored schools. The patrons of the school were invited to the exercises, and the program consisted of a lecture illustrated with charts by the health officer; often the county superintendent of schools and other citizens made short talks, after which each child was examined for defects and any found were reported to the parents on cards prepared for the purpose. Finally a public health catechism was given to each pupil and a prize offered to the child who learned it best. To the high school pupils a medal was awarded for the best paper on certain public health subjects.

The hearty coöperation of our school forces deserves the highest praise. To the medical profession belongs the credit for founding preventive medicine, but further progress in putting those discoveries into practical use depends largely upon the educational forces.

I said that teaching the children is the most important method of teaching disease prevention, and it is, for the children will rule this country a few years hence; but it is important for our present purpose to reach the adult population, and *how* to reach them is the burning question. We all realize that "it is hard to teach an old dog new tricks," but it must be done. We can reach some of the adult population through the school children, the others will have to be taught by casual conversation, occasional talks at churches and other public gatherings, and through newspaper articles.

A month or two ago we arranged for some meetings in Henderson which have been productive of much good. Dr. McBrayer, of the State Sanatorium, addressed two of these meetings on Sunday at churches. On the following evening a public health conference was held in the graded school auditorium. At this conference our four definite county health problems (Tuberculosis, Malaria, Sewage Disposal, and Control of the Contagious Diseases) were stated, and then discussed from every point

of view by doctors, health officers, lawyers, educators, county and city officials, dentists, newspaper men, and others.

I mention this conference merely to indicate a method of reaching, interesting and teaching the adult population; and I believe that this method could be used to advantage in many other counties.

I believe the present public health problem is largely one of education. Teach the tubercular, and he and his family will protect themselves and others better; teach the children how to live hygienically and we will have a stronger race tomorrow. Some one has said: "If the people knew more they would do more." We might add that *before* they do more they *must* know more. Ours is not a people that can be driven to do things blindly; there must not only be a reason, but the people must *know* that reason before we can expect their intelligent cooperation with our efforts in their behalf.

DISCUSSION.

DR. W. S. RANKIN: Our meeting is honored with the attendance of two of the Virginia health officers and I want to take this opportunity to introduce Dr. Brumfield and Dr. Collinson, who are connected with the health work of Virginia.

DR. SEVIER: We are pleased to have Dr. Brumfield and Dr. Collinson, and we hope they will take part in the discussions. If I call on you I want to have the correct name. If I should not know the correct name do not feel embarrassed if I call on you for it.

DR. W. A. BRUMFIELD, Richmond, Va.: I was too late in getting in to hear all of the papers and I came down here not to talk, but to listen.

We of Virginia think that in some respects you people down here are getting decidedly ahead of us and we are going to find out how, if possible, and that is the reason we are down here. I certainly enjoyed those that I did hear all the way through. I fully agree with the idea and the education, but, as I said, what we would most like to know is how you got your people educated far enough to have some whole-time health officers, which we seem not to be able to do in Virginia. I thank you.

THE PRESIDENT: We would indeed be glad to hear from Dr. Collinson.

DR. JOHN COLLINSON, Richmond, Va.: It is a great pleasure to be with you. I have not anything to say except that the papers were very excellent and certainly contained some very good suggestions. (Applause.)

DR. B. K. HAYS, Oxford: Just to get the ball in motion. The doctor is next door neighbor to me in the county work and the methods which he is pursuing are very efficient, bring about very gratifying results. I had the pleasure of attending this public health conference there in Henderson and I was much impressed. I went home and tried to get up one like it. The method consisted in getting a dozen leading members of the laity to write five minute papers on health subjects. I think I went Dr. Absher one better. His spokesmen were all men. I placed on our program alternately a lady's paper and a man's paper, and as the ladies always do things better than the men I think our meeting in Oxford was better, but I want to give him credit for the idea, and I want to say that where it is undertaken it will bring about good results. If we can teach people to think, to get interested in the subject, we will have accomplished our purpose no matter what they think of us personally.

Another method in connection with this was offering a prize to the children for the best essay on the subject, "How Diseases are Spread." We offered \$10, divided into four prizes, the leading prize \$5, the second \$2, and three of \$1 each, so that five children got prizes, and to me it was marvelous to see the amount of information that those children had gotten together and put into those papers. Of course, the papers were not original, but the mere fact that they did the reading and knew enough about it to copy and make it their own seems to me to have made it abundantly worth while. I enjoyed these two papers very much, and as I said, I got up to get the discussions started.

DR. J. E. MALONE, Louisburg: Speaking of tuberculosis, in the presence of Dr. McBrayer, "Never speak of war in the presence of Hannibal." All I have gotten on tuberculosis outside of my own experience I have gotten from Dr. McBrayer.

I just want to tell you that last year I took up the matter with my commissioners and asked them to organize a warfare against it in Franklin County, and they agreed to do so. I went to work to see every family in the county. I worked through the paper and asked all the physicians and all the people to report all cases of tuberculosis or suspects, and when I got the name I went to the family in person, and by that means I got every name of every tubercular patient and every suspect, and after making diagnosis of the cases, if I could not get them with Dr. McBrayer at Sanatorium I established a condition of things and environment at their homes, as nearly on the lines of a well ordered sanatorium as you can get in the rural districts, or even towns. Of course, I had to use our literature on tuberculosis, and I used it freely. I put this literature into the hands of the family when giving verbal

instruction, reasonably plain instructions, and then left the literature with them, seeing to it that the families in the neighborhood got this same literature. I have had very good success.

Since last spring I know of several that have been in what I call my country sanatoriums that are well today. I have gotten the name of every patient in my county and I go to see them. I have at present twenty-three, and I not only have the names, but I have when they were taken sick, their first symptom, what their condition was, and look after the family history of these cases.

Now, there are a good many within my knowledge with chronic consumption, no danger of death, nowhere near death or the last stages, people who are able to work, and those, if they don't know they have it, are a great menace to those who come in contact with them. I am very certain to talk with them a long time on the subject, and give them my personal experience with it, leaving this literature on tuberculosis with them, and telling them what a menace they are to those who surround them, their friends, relatives and attendants.

I have the people in my county pretty thoroughly interested. I go back frequently to my office two or three times a day and find some one who says he wants me to come down to his neighborhood and see what can be done. I set Sunday afternoon. At three o'clock Sunday I will be there and talk to the Sunday School about tuberculosis. That means I reach the school children and sometimes I get the grown people. Sometimes they give me thirty minutes, sometimes as much as I want. While I give these instructions on tuberculosis, the danger of it, the effects of it, it seems to waken them up. I leave literature there in that church; people come up and get the literature and take it home.

The trip I made last Friday was, I went to twenty-two homes in a community where tuberculosis had been from time immemorial. I talked to one old lady, explaining that tuberculosis is not necessarily hereditary. She said, "Doctor, you are mistaken; we have had it all our lives." How did you get it? There is a man right there who sleeps with a little child three years old. I asked where the other children slept. "Over there in my bed with me." I said, "Move the bed out of here. Don't let any one except the man sleep in here." He is a man eighty-six years old. A very wealthy man in our county was lying on the bed covered with covering that was fit only to fumigate a room with. I told his wife about it. You think you have consumption and here you have that seven-year-old child sleeping with you. I said, "How many children are there?" "Six. The youngest is seven." Are you going to take him in there where the tubercular man is? Not unless you want it to die with consumption. That old man is one of these men who

won't take anything new. He won't vote for anybody who is against liquor. But before I left him I told him I was going to cure him if he had consumption. I read the literature to him and got the old man pretty badly scared up. One of the grandchildren said, "How much money will it take to keep you here and keep up with that in the way you have started?" I said, "I don't want any money."

I went to my county commissioners and asked them to let me go to work on tuberculosis like I did on pellagra. They were satisfied with my work on pellagra and paid my expenses. They said, "Go ahead." I do not charge anything, just want the county to pay my expenses. I said, "Just keep your money. If you want to make me a present of a box of cigars you can do it. It don't cost you a cent."

I feel more gratified in getting that old man, a man of great influence, on my side than most anything I have done.

I have got six on my list that I feel satisfied are free from all symptoms of tuberculosis, and I put them through the very same treatment, as near as I could in the country, as Dr. McBrayer gives at Sanatorium. I give them a room upstairs, I move all furniture not necessary for comfort, and nobody sleeps in the room but the patient, and use all that precaution with regard to washing things, and everything about coughing, sputum cups, and so on, as near like Dr. McBrayer's sanatorium as I can get. I have had these patients, I believe, that are thoroughly cured, that have come back to life, and I am proud of them, so is the county, and so are they. That is an object lesson. I have gotten my county aroused and it is very gratifying. I do not charge anything for it. They are interested and they are going to accomplish a great deal of good in Franklin County. Literature is gotten out on the subject which is very full and easy to understand, telling what you are doing, the menace the consumptive is to his neighbor, with instructions as to spitting, ventilation, etc., and those people are mighty hard to get. It is the hardest matter in the world to get one to sleep with the window up. I told them to be put in stuffy, ill-ventilated rooms will kill their loved ones and friends.

In 1886 or 1887 an intelligent man in my county was taken with tuberculosis, also a colored man. The white man was twenty-eight and the colored man thirty. They put the intelligent man in a room surrounded by all the comforts of a well equipped house, brussels carpets, damask curtains, the windows all down, and all the things put about the patient that you want when you want to do everything for him, nauseating, loathsome drugs were given, the windows were kept down all the time, in attendance were physicians and nurses, they did not have trained nurses in those days, one or two stayed in the room all the time, slept

in there. The other man was in a frame house with weather boarding up and down, was illiterate, but he had wholesome country food. The one in the well equipped room died and the other one I saw yesterday. He has made a little fortune farming. He lives out doors on the farm. He is one of the medium wealthy men in our county. That has been since 1887. That shows some of the results from open air. I take these cases around as an object lesson. I had one's photograph taken awhile ago, I haven't it with me, but the man is living and the disease is stopped. The old man is living and is enjoying fairly good health. He could not run up a hill or play baseball, but he has done the work of a farmer and is accumulating a good little fortune.

I just wanted to speak of what Vance and Franklin counties were doing. My neighbor in Vance County and I try to work along the same lines and I think he and I are going to accomplish some good. I get the doctors to report the cases and we are getting the names of all the patients. We go to see them all and I hope we will accomplish some good along these lines. I wish I was able to tell you what I have done but I am broken down now in voice.

DR. L. B. McBRAYER: I want to express my appreciation of both the papers presented and to say that Dr. Absher is doing a most splendid work down in Vance County, and his conference, I believe, was productive of more good than any meeting I have ever attended. I attempted to study the cause of the success of that meeting. Of course, Dr. Absher was the vis-a-tergo, but his ability to enlist all the various interests of the town, and county, the mayor, the commissioners, the preachers, the dentists, the lawyers, was a wonderful aid. He had a representative there on the program from every profession and activity in that county, it seemed to me, and they were intelligently interested. The crowd was not large. It was not a great mass meeting, but it was perhaps better than that. It did have a goodly number of representative people of the town and county and he had their own people, the laymen, to talk on these various subjects. I do not know whether he wrote all the papers for them or not. But, anyway, they were all mighty good, right to the point, and it showed an interest that I have really never seen in a public health meeting before.

Dr. Malone is following the same plan in regard to tuberculosis and I believe it is a most valuable thing. I do not believe we will ever get away from the personal touch no matter what we do, or what we don't do. The other things are of great importance, but I don't think there is anything to equal the personal touch among our people, and in some instances it is absolutely necessary.

I enjoyed Dr. Edgerton's paper very much. The matter of putting on a model health organization for rural communities is a matter of great importance, and it is also a matter, as the doctor suggested, of great difficulty. The State Board of Health has made arrangements with the United States Public Health Service to make an attempt to put on a model health organization in a county in this State; but when they do they will have to copy a great deal of work that has already been done in North Carolina by the health officers today, and, perhaps, the larger part of their knowledge in regard to this administration, the administration of county health problems, will come from the experience of health officers who have done the real thing.

I think this has been a most profitable morning. It certainly has been to me.

DR. MALONE: I do not like to talk too much about what I am doing, though we have to talk a great deal in order to get the people interested in public health matters. Our town gets its supply of water from Tar River and the law requires the owners of this water plant to have this water shed inspected and a quarterly report made in duplicate. One of these reports goes to the mayor of Louisburg and the other goes to the Health Department at Raleigh. Several years ago I learned that the town had no water shed inspector. I brought this matter before the town commissioners and told them that we had gotten several letters from the State Board insisting on the town having this inspection made. They finally appointed a committee of three to select and appoint a good man to do this work. This committee met and selected a competent man and agreed to pay him four dollars and fifty cents per day. The man undertook the job and after getting half over the water shed he gave up his office, saying "That the work was too much for the money." Then the town was without an inspector. After being urged by the Health Department at Raleigh to have this inspection made at once, I went to the committee, of which I was one of the members, and insisted on their meeting to get another man. Failing to get them to meet, I told them that before I would let them (the town commissioners) get in any trouble that I would undertake the work myself and would expect them to see that I was paid a reasonable amount for doing the inspection. The other two members replied that "They didn't see any better way." The water shed extends fifteen miles up Tar River and a goodly distance from the river bed on each side. (You gentlemen know what a water shed inspector's duties are.) He has to go to every house on each side of the river as far up the stream as fifteen miles and at each house he has to inquire all about what kind of disease and sick-

ness they have at present, and also what kind the last year and how they managed the case as to sanitation, disinfection, etc., give verbal instructions, and leave them the necessary literature on health in general, see that their privies, hog pens, horse stables, etc., are not located in such places that the drainage from these could get into the river. Also, to report all dead animals found on the water shed. In my work as inspector I found sixty-nine homes on the water shed, so you see it is a big job. I found that this way of inspection would cost the town rather steep. I tried to think of and devise some way to reduce this expense. I organized a negro health society up the river about half way between the intake and the other end of the fifteen miles. We were very successful in this undertaking, so we now have an organization with nearly a hundred members and they are very enthusiastic and interested, not only in keeping the water shed clean from dead animals, but they keep their own homes and premises clean and sanitary. These homes up there are having sanitary privies and they are doing a good work. When they meet they have papers on different health questions read, they have a large choir with an organ and four other musical instruments, they make good music. They have a vocal band with fifteen members in it and they "make the welkin ring" with this old-time singing. They have four members to read papers on some health question at every monthly meeting, and we give the one who has the best paper a prize. You would be astonished to hear those papers. When we go up to their monthly meetings we take some of our citizens with us, and they enjoy it and the negroes enjoy and appreciate their coming. They say it encourages them. One prominent preacher who went told the negroes at the close of one of the meetings that he wasn't throwing any bouquets at them, but that he just wanted to tell them that while he had been a teacher, speaker and preacher for many years, "that he had learned more right here in one hour than he had in any one hour before in his life." That remark lifted the negroes off their feet. We are going to try to have a public health society in every township in the county similar to this one. While this is a rather unusual way in which to have our water shed inspected it works out well. Just fling the negroes a few suggestions as "Cleanliness is next to Godliness," "You are your brother's keeper," "The best citizen and patriot is the one who does the greatest good to the greatest number of people," "A healthy body for a healthy mind and soul to dwell in," then just turn the negroes loose and you are going to see and hear something. They are ambitious and vie with each other to see who will keep the cleanest home and do the most work in keeping the water shed clean and sanitary. They came down to Louisburg a few nights ago and gave an entertainment in our court-

house and there was an overflow meeting. The white people who attended this meeting said that they were astonished, pleased and highly entertained. While we have made six of these quarterly inspections, not a word of thanks, a cent of money, or a suggestion of appreciation has emanated from the Town Fathers who own the water plant and are the keepers of the citizens' interests in every way.

DR. M. H. FLETCHER: In recent years I have not been connected with health work and perhaps I ought not to speak, but in my earlier days I did do some original health work. It is an inspiration to me. Some of us have gone chasing after the almighty dollar. When I come and hear such reports it makes me proud that I am a doctor, and I am more particularly proud that I am a North Carolina doctor. What is the degree of his success? He has lost his identity, is actuated not by the desire for money, but by his love of the work. If your heart and soul are not in it you are not a success.

I want to speak of Dr. Edgerton. He is giving the people something that they understand. It is plain and just what the people want to hear. People are getting mighty tired of the doctor's technique and their big names.

DR. G. H. MACON: My county joins Dr. Absher and I know he is doing great work. Although I am not a whole-time officer, I have been trying to pattern after Dr. Absher and I have been giving talks which I think have been very beneficial. I like the idea of Dr. Absher of following these cases up. That is my idea, but where we have not a whole-time health officer it is impossible to do that. If we can have some legislation or some law enacted by which these cases could be followed up I think we would do a great deal in the elimination of the most awful disease we have.

The negro is the most serious drawback that we have to contend with in the control of tuberculosis. The negro is so intimately associated with us, we have them to do our washing, attend our children, do our cooking, etc., and if some provision could be made whereby the negro could get free treatment it would certainly be a great step forward in the control of this dreaded disease. The only way now that a negro can get real scientific treatment for tuberculosis is for him to be sentenced to the penitentiary and there the physicians in charge give scientific treatment. This is deplorable.

DR. RANKIN: I wish to speak of one point brought out in Dr. Edgerton's paper. I appreciate the emphasis that Dr. Edgerton places upon established methods for county health work. There is one great disad-

vantage in county health work as practiced at present. I refer to the interference with the plan of public health work, preventive medicine, that comes through the demands upon the whole-time health officer to *practice* medicine. Under present arrangements, the whole time health officer, who should give his entire time to prevention, has his work much interfered with by being called upon to *treat* the sick: (1) The sick in the county jail; (2) the sick in the county home; (3) the sick in the county convict camps, and (4) the indigent sick, or charity cases, distributed throughout the county. The call of the jailer, the keeper of the county home, the supervisor of the convict camp, or the county commissioner on the health officer to attend a certain case of sickness is always an emergency call, and must be responded to immediately. If the health officer has planned his work and has public engagements, which in certain phases of public health work it is necessary to make months beforehand, these emergency calls destroy his plans, break up his public engagements, and in a most serious way interfere with the efficiency of his work. Moreover, these emergency calls by the commissioners on the health officer to see charity cases tend to multiply rapidly once this pernicious practice has started. Now it is the business of the county medical society to step in here and to say to the commissioners that while they, the doctors of the county, are heartily in favor of the whole-time county health officer and health work, that they are opposed to the county taking over the treatment of disease partially or *in toto*, and that the health officer should not be called upon to practice medicine, which is their work, but that the county officials who call upon the health officer to see cases of sickness should be instructed to call upon the nearest physician for this sort of work, with the understanding that the physician, after having the bill O. K.'d by the official calling on him, shall receive payment of his bill from the county.

DR. J. HOWELL WAY, Waynesville: It is with a great deal of pleasure that I have listened to both papers and the enlivening discussions at this morning session. Our State Health Officers Association is now in its sixth year, and it is becoming a growing factor in developing and bettering our system of public health work.

There have been many things touched upon this morning, and naturally so, because this work is in evolutionary process in North Carolina. There are many propositions that have not been fully developed, we are in a formative state, we are developing. Just how far we are going we none of us can say, but there is one thing we are all a unit on, we are going, going in the direction of helping the people of North Carolina to be better, stronger, healthier citizens physically, mentally and morally.

Now, I want to emphasize the point that Dr. Rankin has made in regard to this organization taking a positive stand in regard to the divorcing of the practice of medicine in the county homes, the county jails, the county convict camps, from the legislative, constructive and preventive work of the whole-time county health officer. It is a necessity. It will come about, Dr. Rankin, in the evolution of affairs in a very short time. The economic disadvantage of having the time and business engagements of the health officers broken into by these petty calls will bring that change in a very short time. It is well for us to discuss it here.

Of course, in a North Carolina county where there is no whole-time health officer, where there is only a county physician, the work that he does as county health officer is only, in a general way, the talks that he makes, the meetings he attends, is, on his part, a labor of love, and I feel sure that you men will draw that distinction.

There is one other feature that has not been commented upon in the paper of Dr. Edgerton. That was this. The growing need of hospitals in North Carolina, not of private hospitals, for if a society or if an individual doctor or a number of doctors wish to invest in a private hospital, that is their business, but I submit to you, gentlemen, that the people of any North Carolina county are able (I said this fourteen years ago to our State Medical Society) the day that the social units have developed to the point where a county is established in North Carolina, and the county builds a jail (and these are getting to be very comfortably ordered places) to house its malefactors, when it builds a palatial courthouse, with lofty corridors and attractive columns, a thing of beauty, when it arranges that splendid house to try these malefactors in, and neglects to erect a county hospital, then that community heedlessly, thoughtlessly, perhaps, is putting a premium on vice, actually rewarding the vicious elements of society, and neglecting a manifest duty in failing to provide for its sick and afflicted, and a future generation will wonder if we were so civilized if we did that.

Now, gentlemen, the medical inspection of the schools, the finding of the large percentage of throat, nasal and other defects brings the matter home to health workers in a practical way. Gentlemen, the time was in North Carolina when some good surgical work was done in the little towns and rural districts under difficulties without hospitals. Excuse me if I tell you I know something of these difficulties from personal experience, but that is past. In the larger towns of the State we find good hospital accommodations, and good hospital accommodations always develop some man on the ground to do good work. In any hospital in North Carolina a call for the man will be heard, and there is not a

county in North Carolina but can develop and will develop some man to do that work.

Now, the tendency is for people to go to the hospital for surgical treatment, but if we are going to have this school inspection—we are having it all over the state—we must interest these counties in making the provision to provide for these children and also their citizens in general. I should like very much to see this association put itself in the record as expressing for the Health Officers' Association their opinion, and their deliberations as citizens of North Carolina, as medical men of North Carolina, that is as equally a prime issue, as a factor in furthering of public health interests of North Carolina and serving the best health interests of the people of the State, that each county that has not already done so shall take steps toward getting these local county hospitals. We can offer this as a suggestion, to be referred to your committee on resolutions, to be presented to this body for its adoption.

DR. J. C. BRASWELL, Nash County: I agree with Dr. Edgerton when he states that the attention given to the county home, to the convict camp, the county jail, takes up quite a bit of the time. I want to relate my experience and the difficulties I had in the solution. To begin with, I was called out one morning eighteen miles to relieve a convict. This patient was suffering with toothache. This trip was made on a day when I had scheduled to visit one of my schools, one of the biggest and best I had in that county. The reason the trip was made was because one of the county commissioners called me and asked me to go and see this convict. Of course, it was necessary for me to go. Public sentiment. Coming back I decided something ought to be done with regard to the attention of the convict camp. The following week the county commissioners met, also the board of health. I appeared before the board of health and told them my experience, asking them if they would not turn this over to some local physician. They would not agree to that. We appeared before the county commissioners and asked them to give this to some man in the county. They did this. The only thing now I have to contend with is the county jail and the county home. Fortunately, I reside in the county seat and the jail is near by. The county home is only a distance of about three and a half or four miles.

I notice that we have failed to call attention to one fact. How are we going to get next to the people who are spreading so much tuberculosis? How are we going to deal with the negro? I notice none of us have discussed how we can get in touch with them. I have tried this plan and I think it has worked very well. I collected the names of all the negro preachers in my towns. I wrote a personal letter to them

stating I would be glad to visit their church on Sunday night or morning and make a talk on any health subject they desired. Fortunately, over two-thirds of the letters were answered. So far I have made five visits. I have made five talks in these negro churches, and you would be surprised to see how they come out, the interest they take. Of course, I distribute the literature. Then, too, I offer my services, stating if they are at all suspicious, or if they are afraid they have tuberculosis, I will be glad to make examinations for them on Saturday, as I make Saturday my office day. I think that plan will prove to be very effective. In the future I expect to use the motion pictures in these churches, as I have received over twenty requests recently to use these pictures. Of course, it is necessary to give up Sundays, but if you are vitally interested in your work it will be a great deal of benefit.

Another matter in regard to the medical inspection of schools. This is another plan I happened to hit on which I have had prove some help. That is in regard to the teeth. We find so many children with defective teeth. We talk to them but we have no means of seeing that they get a sample of paste or a tooth brush. I wrote to quite a number of tooth paste houses and was fortunate in getting them to give me a sample of tooth paste for each child in my county. I have personally distributed over 4,000 samples in my county. When I present these in the lower grades I always tell them some fairy tale to get the child interested, and then I give them the little sample of paste if they will buy a tooth brush. I also give them a card saying, you must clean your teeth every morning and every night. Judging from what the local druggists say, it is very good for them because it is increasing the sales, and the dentists state that more children have been to see them in regard to their teeth. I should be glad to give the name of the party who so kindly distributed these samples.

I thank you.

DR. E. R. HARDIN: In discussing the medical examination of schools I notice one point that was not brought out. In my regular routine I take up a great many children that have been examined by the previous health officer and I am convinced that we are doing a world of work that is not accomplishing much present good. Of course, it will amount to something in the future. I find that some of the people have been at work since they know of the various defects of their children. Occasionally, they will send off their child and have it operated on. I do not believe there is over five or eight, in some instances, ten per cent in the State that are having their defects remedied after we find them, and it is a matter of having a great deal of work done to educate the

people along that line. We are getting about twenty-five per cent of our worst defects treated in my county. To my mind the crying need is a county nurse. If we had a nurse to follow up the cases, go into the homes and charge the necessity of having these defects remedied, then I am satisfied we would have 20 per cent more work done. Perhaps in years we will get as large results, but with a county nurse I am quite sure that we could get at least 20 per cent more work done, it would be more effective. Since we have the whole-time men on the job most counties think that they are carrying a big burden now. Some of the jobs are almost hanging by a thread, and in order to convince them of the great need of the county nurses I feel that the State and some other organizations will have to take part and probably contribute to this work. I do not believe that this will be done if they have to bear the entire expense; I am sure they will not do this until they are urged by the State Board of Health and outside organizations.

Another point brought out was the reporting of tuberculosis cases in the county. I do not imagine there are many counties in the State that have not their share of tubercular cases. I know we have our share in Sampson. I do not believe that one-third are known to the State Sanatorium. The remedy is to compel these reports in the same manner that they do those of vital statistics. It will simply have to be done by having a few examples made of a few physicians who neglect to do this. I know there are cases in our county that have never been reported and that I don't believe ever will be until the men are made to report them. The doctors are naturally negligent in that respect. Reports of vital statistics would never have been made unless compelled, unless forced by the State Board of Health. We do not have enough medical men in our State Legislature today. That is one of the things that will have to come about. I am sure if we had more of the proper legislation politics would not play such a big part in our work. I know of a special instance in a county in Georgia. They had a great tuberculosis campaign. They built an excellent sanatorium at the county home. That institution was standing there two or three years ago at the cost of a pile of money to build it, and was a first-class institution of its kind, and did not have a single patient in it and had been standing for two years. Politics tied up the situation and they decided it was too much expense to run the sanatorium after they had built it. They had gone to all that expense to build a modern tuberculosis sanatorium and did not use it. They did not use it the last time I heard from it. That shows the great way that politics has. This institution had never been used. It had been built for the purpose but had never been used. To my mind politics is the same everywhere I go. I am sorry to say we

have some politics in my county. However, I feel that the remedy in this tuberculosis situation is that the doctor be made to report the cases to the health officers and they will then be reported by the health officers to the State Board of Health; and in that way literature will be carried into the families, and in many cases personal visits made by the local health officer.

DR. ARCH CHEATHAM: I am not a specialist; I am a general practitioner and my health work takes me not only in tuberculosis, but to all phases of the work. I do not think that the health work in the State of North Carolina has reached that stage yet in which we can specialize on any particular feature of the work. I find we have to do general work, taking all phases of the work, giving special preference to none. One feature of the discussion especially struck me—that of health or medical inspection of schools. We have not had it in the country schools, but we have in the city schools. We have done more than that. We have put a nurse in the schools to follow up the inspection and we are now carrying on mental test in the schools. The superintendent of the school said the other day at one of the negro health day rallies, he expected to put on another school nurse. I expect it will be a colored nurse to work in the negro schools. We have two nurses in the health department—one white and one colored. Gentlemen, we are not hampered by city lines. We take in the whole county and we make no discrimination as to race. We try to reach all the people. The work in the city schools is carried on by the school board. The school employed a nurse last year and she did excellent work. If I remember the figures correctly, the superintendent of schools set aside 1,836 pupils in a class to watch their progress, and over 1,800 passed up; 31 failed to make good. Among that number were children who had not been advanced in several years. We hope to realize our expectations in having another school nurse doing welfare work. There are 8 nurses now employed in doing health and welfare work in the county. The board of health has two, city schools one, the Episcopal Church one that works among the deaf and dumb, and she is doing most excellent work, and renders great assistance by her cooperation with the health department. The Pearl Mill Lyceum has a welfare nurse, the West Durham Welfare Club has a nurse, the Metropolitan Life Insurance Company has a nurse, and the Durham Hosiery Mill has a nurse. We get our best results by cooperating with these nurses. I know that it is an idea we will overlap, but we try to cooperate with each other, so as to prevent this. Without a nurse to follow up medical inspection, I do not think it will amount to a great deal, but if you get a nurse and follow up the inspections you will get results.

DR. RANKIN: What percentage of defects get treated?

DR. CHEATHAM: Professor Pusey says "about two-thirds of the parents actually consulted the family physician in most cases." The doctors of the town cooperate very cheerfully. Each dentist gives one morning in each week for the treatment of dental troubles, and a nose and throat specialist has given treatment free to children whose parents were not able to pay for it. We have two city hospitals, or I should have said two county and city hospitals—one white and one colored. All children in the city or county who are not able to have defects corrected are admitted to the hospital and the hospital staff do the work.

DR. COOPER: Would you mind stating about what per cent of children do you find that fail to take the treatment that is recommended?

DR. CHEATHAM: I don't know. I haven't those figures. The work is divided, and the school department keeps its own record. I don't remember, but I think Miss Jenkins' figures show—(Dr. McBrayer: about 85 per cent). (Corrected, 45 per cent.)

DR. RANKIN: If that is true, that is the greatest piece of work done in the world. In Philadelphia, the percentage is about 35 per cent.

DR. B. K. HAYS: Pardon me for claiming the attention of the Society for a second. I think we all particularly enjoy reports from men who are putting things across. I believe that all of you gentlemen will say we enjoyed the reports made by Dr. Braswell and Dr. Hardin. They are doing things. We always enjoy reports from Dr. Cheatham and Dr. Malone.

I got up to make a suggestion about the Legislature. Two gentlemen have suggested that we need more men in the Legislature. I think doctors in the Legislature have about as much business there as a hog has got in Heaven. I am making a suggestion that I think might be worthy of your consideration. In your town there is a young lawyer, very bright, full of hope and expectation, and he will appreciate an invitation to ride out in your car, if you have a nice good Ford like I have, and make a health talk. He will go if you ask him. He will get interested in health work. You take him out and you talk to him about what you want him to talk about and he gets to thinking about these things. After you have talked to him all the way and get him to read the literature, on the way back you will ask him why he does not run for the Legislature. He will say, "I never thought about that." You will know it is a lie. Gentlemen, educate your promising young lawyer along health lines and send him to the Legislature, and you will accomplish more in

that direction than if the whole medical profession of North Carolina would run for the Legislature.

DR. L. B. McBRAYER: I don't want to embarrass the chairman, but I think he has done some school inspection work, and I would like to know what per centage of correction of the defects the chairman has had in the last two or three years of his work.

DR. C. H. O'H. LAUGHINGHOUSE, presiding.

DR. D. E. SEVIER: In the county of Buncombe I have examined seventy-two schools, and out of that number of schools I have examined 4,344 children, finding about forty-two per cent defective. Up to now we have had only about twelve per cent corrected. I mean that many have been reported. When we go about in the county of Buncombe we have a record, we carry around. The second time we go over these children for the purpose of checking them up. It was pointed out this morning that your school teacher fixes the day for the school children to be there to pick out the defects. My friends, there is about one school teacher in a hundred who can pick out a defective school child. They are not educated along that line. That is my purpose in visiting these schools. In making these calls I also instruct the teachers and show them how to detect a defect in a school child, and that is the only way you can educate them, because they are not educated before the health officer instructs them. When I visit the school, I take each grade. I start with one teacher in her room and I will examine each child for the various defects, the teeth, vision, hearing, adenoids, tonsils. I make a careful examination and at the same time I am examining or looking around for ring worms, scalp diseases, I am watching the child's general appearance, seeing if he is a subnormal child, whether he is well developed mentally and physically, and I watch that child's gait to see whether or not there is a defect in the child's movement. If I find something, I will report these children to the parent, they send them to their family physician, and then I see each physician in the locality in which the school is located, asking the physician to look after the children, and if he is not capable of correcting the defects, pointing out the importance of carrying them to a specialist along that line, who will remove these defects and make him more prominent in his practice. Now, my friends, in visiting the school the second time, we take the book with the record of the first examination, we check it up. At the last examination, in a school in West Asheville, there were thirty found that had never been reported, but the defects had been corrected. There is only one way to handle the health situation in North Carolina,

and that is, as heretofore stated, to establish a full time health officer in each county of the State, and if each county does not establish him, then you should have legislative enactment to place a health officer there not only for school inspection, but other health conditions. Unless you do this, I tell you frankly that the health conditions in North Carolina will remain just as they have in the past.

DR. D. C. ABSHER: I think the subject has been pretty well covered. I want to say to Dr. Braswell that in our county we require negroes who have tuberculosis to report as well as white people. We lecture to negro schools as well as to the white.

I want to thank the gentlemen who discussed our papers, and I want to thank Dr. Rankin especially for what he said in regard to divorcing public health work from the practice of medicine.

Along the line of reporting tuberculosis, I want to say just a word. When a case of tuberculosis is reported to us, I do not think it is our business to examine the patient and make the diagnosis. I think that is the business of the practicing physician, and if we are not very careful right there we will get into the practice of medicine. After the diagnosis is made, I do not think it is our business to go to that patient and prescribe for him. We can tell him the dangers of spreading the disease, how it is spread and how he can protect his family and other people, but we should leave the treatment entirely with the practicing physician. I think we ought to be very careful about that.

There was one word used by one of the gentlemen in discussing these papers. That was the word "fumigation." We ought to think about fumigation just a little bit. I wish we had discussed that just a little more than we did. In my opinion fumigation is a thing of the past. (Applause.) Not only is it a thing of the past, but in my opinion it is a dangerous thing. In nine-tenths, perhaps 99-100 of the homes of North Carolina, it cannot be done effectively because the rooms cannot be made air-tight. Soap and water are much cheaper, and far more effective. It is time we were getting away from the word "fumigation" when we are thinking about disinfection. We need to get away from it as well as to get it out of the minds of the laity.

THE PRESIDENT: Gentlemen, here is a telegram which I will read to you:

It will be impossible for me to attend the meeting of the State Health Officers' Association. Hoped to be able to come from New York this morning. Dr. Thames is in New Orleans, and I cannot leave while he is away. Give my best to the other fellows. Hope you will have a fine meeting.

CHARLES T. NESBITT, Health Officer.

He is the Vice-President of this Association.

DR. J. H. WAY, Waynesville: As a mark of respect for Dr. Nesbitt, I move that the secretary be instructed to make formal reply to that message. It is a disappointment to me and all of us that Dr. Nesbitt is not here.

Motion seconded by Dr. L. B. McBrayer, and carried.

WHAT THE STATE BOARD OF HEALTH CAN OFFER THE COUNTY PHYSICIAN.

DR. G. M. COOPER, RALEIGH, N. C.

In eighty-nine counties of North Carolina at present the only central health authority is a county physician.

For the eleven counties employing whole-time county health officers this paper at present is not concerned. They are working out their own health problems with more or less abundant satisfaction to their own people.

Some of the big counties, like Wake, Craven, and others, are paying their county physician liberal salaries, which would seem to enable them to carry on considerable health work.

There are at least twenty or thirty counties in North Carolina whose assessed taxable wealth for 1915 was considerably above \$15,000,000, yet these counties are mentally too poor, or have been in the past, to contribute more than a few hundred dollars per year for any kind of health work, either actual or so-called. By "so-called" I mean the few hundred dollars in fees which are paid a physician to visit the county home, the convict camp and the jail under the name of health work.

Again, there are at least fifty counties in the State whose assessed taxable wealth ranges from \$10,000,000 down to \$4,000,000, and whose population figures are anywhere from 4,000 in Clay to 25,000 in counties like Duplin and Lenoir, with about \$10,000,000 and up in wealth, and yet who do absolutely nothing for the public health.

To counties like this, the State Board of Health can offer what Dr. Rankin has termed "A Unit System of Health Work," such as a hook-worm or typhoid fever immunization campaign of four or five weeks into as many units as the county is willing to undertake.

For example, the counties of Wilson and Northampton have completed two of these units which we have to offer. Beginning with June

21st last, Northampton put on one of our vaccination campaigns. And again in the fall their authorities appropriated money sufficient for a school inspection of all the white children in their public schools. This work was completed the last of February, at a total cost to the county for both campaigns for less than \$1,100. The Wilson work was completed the last of March, at a total cost to Wilson County for both campaigns of only \$800.

The number of typhoid fever deaths in Northampton County fell from 7 in 1914 to 3 in 1915. The number of deaths from typhoid fever in Wilson County fell from 18 in 1914 to 9 in 1915.

The county of Alamance has completed a medical inspection of school unit, and has voted for a typhoid campaign unit to be conducted in July. They also have in operation a system of quarantine under the direction of the State Board of Health, making really three units of health work for that county, indicating that their people and their authorities have been abundantly satisfied with results of this work so far, both as to cost and quality of work.

Speaking from an experience of six years as a county physician, before beginning whole-time work, I can honestly say that had this plan of work been submitted to my county at that time, that nothing could have pleased me better than to have seen it carried out.

The greatest draw-back to the constructive work of the whole-time county health officer, is the fact that so much of his time is taken up holding autopsies, visiting convicts, inmates of the county home or prisoners in the jail, therefore prohibiting him from executing without handicap any previously advertised and planned systematic work, like school work or the administration of typhoid vaccine. Treating the indigent of a county or visiting convict camps is not public health work. It properly belongs to the activities of the everyday practitioners of medicine.

Our idea in this unit system is to develop it to such an extent that a board of county commissioners acting upon the advice of the county physician, and through their board of health will be willing to set aside a budget for each year's work, enabling them to have as many of these units conducted in their county as they are able to pay for.

As an illustration of what I mean. We go, say, to the county of Lenoir, and propose to their board of county commissioners to appropriate the sum of \$2,000 for two years' public health work, including regular duties of the county physician. You can readily see that we would not get much public health work done, but it would get *some* work done, which is more than they are getting now. For the sum of \$2,000, the State Board of Health could probably arrange with the county physician

to handle their system of quarantine work for \$300 a year, say, making a total of \$600 for two years. This would include the reporting, the quarantining, which can be done by registered letter; and the enforcement of the quarantine laws.

As the road commission of a county generally has separate funds for sytem, they would, of course, make their own arrangement for treating the convicts. Even though that had to be done, we could easily arrange with the physician nearest each camp to treat the few sick inmates. In a county near the jail the inmates could be attended by the quarantine officer, whose services could be had at a little extra cost. He could be paid fees at the ordinary rate for his services.

To make a long story short, we could probably have \$1,000 left, for which we could easily offer free typhoid immunization to every person in the county who would avail themselves of it. This could be done in one summer. The following winter we could examine every white school child in that county. We could deliver an illustrated lecture on public health at every white school house in the county; we could distribute thousands of pieces of literature directly into the hands of people who could not be reached in any other way.

Thus Lenoir would be doing something for the health of its people, should they choose to do this. Their typhoid fever death rate for next year would probably show a reduction instead of an increase. Lenoir has a board of agriculture and a whole-time farm demonstrator, who is probably costing Lenoir much more than \$2,000 in two years' time.

I merely mention Lenoir for the purpose of illustration. The same thing would apply to a great number of other counties which I could mention.

To sum up: At this time with the system of whole-time county health officer proving its worth to counties of reasonable wealth and sufficient population, and with the unit system of health work offered by the State Board of Health, there is absolutely no excuse for any county having a high death rate from preventable diseases, which all do where this work is not being enforced. There is, I say, no excuse for any county in the State not making some effort to lower its death rate and to fulfill its obligations to the people.

Like the parable of the talent: If a man occupying the position of county commissioner, county physician, or member of board of health of a county, has not five talents with plenty of money, he certainly can have one talent and some money to give to those to whom he is responsible.

The most discouraging outlook is the great number of counties who are amply able to do something for the health of their people, and yet

whose authorities lack the nerve to lead, but prefer to keep their ear to the ground and hear what the "peanut politician" out at Podunk wants them to do.

The county board and the county physician who can heedlessly plunge along without making any effort to protect their population from the ravages of epidemic disease are guilty of *particeps criminis* when an epidemic of typhoid fever carries off some of their citizens.

I have heard the argument advanced on so many occasions by even county physicians that their county is spending so much for road building at this time they cannot afford to conduct a sweeping campaign against typhoid fever. To all such, I would point to them as an example, Wilson County.

Wilson County spent \$400 in 1915, waging a county-wide campaign against typhoid fever. Its typhoid death rate was cut fifty per cent. In other words, 9 lives were saved from death from typhoid fever. The cost of saving those 9 lives and the 90 other cases of sickness which would have incidentally occurred in that county would build 57 yards of concrete highway, which Guilford County is now building from High Point to Greensboro.

In other words, I have been told by at least 20 county officials in the last six months, not in so many words, but in language which amounts to the same thing, that they valued 57 yards of public highway more than they do 9 lives saved from typhoid fever.

Gentlemen, that is the sentiment among those high in authority, in many counties, and which it is your duty and my duty to combat. As an humble public health worker, I declare to you that I have no prejudice in favor of any kind of health work over any other kind, but for heaven's sake, let us all work together in devising the best method of fighting preventable disease by doing something.

DR. C. A. SHORE, Raleigh: I asked Dr. Cooper to give me a few minutes to show you the result of the use of the new smallpox vaccine which is now being made at the State Laboratory of Hygiene. These boys are inmates of the Methodist Orphanage in Raleigh, and were vaccinated last Tuesday afternoon. As you see the reaction is very mild and illustrates the result of vaccination with pure smallpox virus, uncontaminated with any other bacteria. We vaccinated twenty-five children at the same time, and these two are typical cases. They were not picked by me. In fact I had not seen them until they came to Durham. It is not necessary to scarify a large area, and my own preference is to scrape the skin rather than cut it, because bleeding can be more easily avoided and the blood often washes away the vaccine.

The new method of making it was devised by Dr. Noguchi, who is now working in the Rockefeller Institute. As you know the old way was to secure the vaccine by scraping inoculated areas on the belly of a calf. It was, of course, impossible to get vaccine free from bacteria. *B. coli* and many other bacteria were always present. Of late years these bacteria were attenuated by storing the vaccine in glycerine, but complete purity of vaccine was never obtained by this method. Noguchi, after a long process, obtained a bacteria free vaccine and found that the smallpox organism, whatever it may be, will grow in the epithelium of the testicle. Either rabbits or bullocks are used, and the pure vaccine is injected into the body of the gland. The whole gland is removed on the fourth or fifth day through the abdomen, the surgical technique being very simple. The tissue is ground up in a mortar with enough glycerine to make an emulsion, and it is then tested for bacterial pollution. If pure, it is further tested for potency, and only those lots used which are potent in a dilution of 1 to 200.

I was particularly anxious for this opportunity, because some of you got some vaccine which was not potent. We were very much surprised because the lot had shown excellent results when tested. After a thorough examination, we finally concluded that it had been killed by freezing. The vaccine should be kept in the cold, as room temperature in summer kills it in a very few days, but it also seems that a freezing temperature will also kill or attenuate it. We had eight or nine lots in the refrigerator at the time, but only two were killed, but all were apparently attenuated. Unfortunately we sent out some of lot No. 6, which was quite dead.

The vaccine is distributed free of charge to all physicians, but we prefer to distribute it through county or city health officers.

DR. L. B. McBRAYER, Sanatorium: While they are all getting their guns trained, I want to say that I am always interested in anything Dr. Cooper says, because he always says something of value and says it well. I have thought a good deal about his simile in regard to the hogs, and I was talking about that once in the presence of Dr. Hill, and his remark was, "You folks need not be blaming us. We have been on the job for some time, and you folks push yours as long as we have ours, and you will be getting things to come to pass as well as we," and I consider it a true statement of the case.

I concur most heartily in what Dr. Cooper says, so far as I am able to know. (Applause.)

DR. G. H. MACON, Warrenton: We had quite a successful campaign, typhoid campaign, in Warren last year. Dr. Cooper came down. I

don't know whether the time is ripe for a whole-time health officer as yet, but anything Dr. Cooper will suggest, I guarantee we will get in Warren County.

I hope to get an appropriation from our commissioners for the purpose of having all of the school children thoroughly examined. Not being a whole-time health officer, I have to take up one thing at a time.

We have a wide awake, progressive board of county commissioners, and they certainly are cooperating with me along all lines which pertain to health. As I have said before, we have already held a typhoid campaign in the county which pleased practically all of our people, and when the school children are examined and the defects remedied, I will know that I have accomplished some good as county physician for Warren County.

DR. D. C. ABSHER, Henderson: Mr. President, I note from the program that the next two papers are on the different units of the work done by the State Board of Health, and it seems to me that all those papers could be discussed at the same time to advantage. I would like to make a motion that we have all three of these papers and discuss them together.

Motion seconded and carried.

THE MEDICAL INSPECTION OF SCHOOLS UNIT AS A PUBLIC HEALTH MEASURE.

SUPERINTENDENT C. L. COON, WILSON, N. C.

First, I would like to make the point that about two-thirds of the preventable disease problem is educational. When we can get the children and their parents to clean up around their homes, we have found that we can eliminate mosquitoes and chills. But first of all, we have to convince the children and their parents that mosquitoes are the only cause of chills.

There are still many people in my county who do not believe in the germ theory of disease and who do not believe that there is such a thing as mosquitoes giving people chills and fever. The attitude of such people is expressed by the Wilson man, who recently told me that he did not believe in any such d—n foolishness.

For years we have taught hygiene and sanitation in the public schools. But we have not succeeded very well in getting our precepts practiced.

When we began to discuss this unit of health work, many people doubted the wisdom of the whole plan. But we made health day a picnic occasion. This plan secured the attendance of the people to hear the medical inspector talk, and the children recite the health catechism and read their compositions on health subjects. Even the most chronic doubters became enthusiastic over the work, and some of them even wrote articles for the local paper praising the health day exercises.

For three years we have been telling many of the parents about the defects of their children, and urging them to have the defects remedied. But we teachers do not speak with authority, and we often overlook many physical defects because we are not experts. But when a skilled physician, working under the highest health authority in North Carolina, tells parents of the defects of their children, they will generally listen to him. The result has been that indifferent parents in all parts of the county are saying they mean to have their children treated as soon as the schools close for the vacation. I recall especially, one case of adenoids which we have tried to have treated for five years, which has already been treated as a result of this health campaign. And there are many other similar cases. This medical inspection unit of health work has been a great success in Wilson County. It has aroused indifferent parents and teachers, it has convinced many people that there are such things as germs, and it has convinced many people that they ought to make their homes and premises and schools more sanitary. But above all, it has resulted in the medical treatment of many children of indifferent parents. The man who invented this medical inspection of schools plan deserves the thanks of the State.

DISCUSSION.

THE PRESIDENT: These are mighty pretty subjects to discuss. I see our old friend Dr. Thompson. I know he wants to say something. We would be glad to hear from Dr. Thompson.

DR. THOMPSON, Jacksonville: If it was not that I like you personally, I would resent the manner of your reference to me, calling me old. I do not like to be told about it by red-headed people, because I come out of red-headed stock. My father had nine children, four of them were red-headed, and it is just like one's own people talking about one when you call me old.

I really did not want to get into the discussion, but I don't mind availing myself of this opportunity, Mr. President, to say that I always appreciate what an intelligent school teacher has to say to the public. If there is a problem, a sociological problem, that confronts us, that

problem lies not so much in the domain of medicine as it does in the domain of education, in the field of the school teacher.

If there is one weakness in the system of public education, and I presume that it is reasonably true as to the systems of all other States, that weakness consists in this fact, that a child is considered a child, it matters not in what condition that child may be; and those of us that pretend to any degree of knowledge, to any acquisition of wisdom, know that children differ immensely the one from the other and that failure of our efforts to educate lies in these differences and the failure of the teacher to comprehend these differences in children. It cannot result otherwise than in waste and failure. Every graded school in North Carolina is measurably a success if manned by intelligent men and women who will grade the children, not simply according to their knowledge in books or their years in age, but according to the mental development and character of the children. In other words, every system of education that does not take cognizance of individual qualities and defects is a failure; and in that fact lies the wisdom of the old English policy of having a tutor, one man who could understand the mental status of every individual in the household, and adapt himself to these diverse needs.

Then we know that the backwardness of many children anywhere in the county of Durham, or any county in the world, is largely due to physical defects that may be remedied. As has been said, some man says, "What sort of damn foolishness is this?" Everything that a man is not used to is foolishness and almost everything that he is used to is pretty good with him. A man used to go to mill with his wallet across his horse, his corn in one end and a rock in the other end to balance. If he had not balanced it, it would have slipped off. Everything that is gained is gained out of foolishness, by a process of education; and the people are willing to be taught. But it takes a vast deal of patience to teach them, for when a man starts out to teach, he finds that the Lord God Almighty made a beautiful world, but when he folksed it he did something. I do not mean any imputation against any one at all. I would not say anything I would not include myself in; but somehow or other, when we go about in the world we run up against fools, and sometimes we are fools ourselves. Pupils and teachers are beset by limitations. I do not say that it is hopeless to go out and teach. On the contrary, on every hand there are manifestations of growth and progress. But teaching calls for wisdom, persistence, and patience. When you go showing the folks "line upon line, precept upon precept, here a little and there a little," the things that make for their good, eventually you will lead the people out of the ruts and they will come and thank you

for the work that you have done for them. Those who stood ready to crucify you for your "foolishness" will come at last to build monuments to the pioneers.

DR. L. B. MCBRAY, Sanatorium: I don't like to talk on every subject that comes up, and especially it is difficult to talk just after Dr. Thompson has talked, but I didn't know but that the other gentlemen felt the same way I did about it and I thought if I would "step down the current," so to speak, the balance would come on. So I will take that position of a transformer and get the current down from the high plane on which our good friend Dr. Thompson soared and perhaps the balance will enter into the discussions of this important subject.

I do feel that this is one of the most important health problems that confront us. It gives more hope of accomplishment than any other one line of public health work. For those reasons I know that every man here is doing more or less of this work, and I know some of these health officers are doing some mighty good work. I am looking right straight at Dr. Jones. I think this matter ought to be discussed.

I want to express my appreciation personally, and I know the appreciation of every member of the Health Officers Association, for Prof. Coon's presence here today, and for the words of encouragement that he has brought us. If we had such a county superintendent of schools in every county in North Carolina as Professor Coon, the way of the health officers would be strewn with roses instead of thorns. (Applause.) Of course, that does not make so much difference. The health officer is accustomed to thorns, but it does make a difference in results.

We were discussing this morning and guessing one way or another, on the amount of correction of these defects that were obtained, by the various methods of work, with a nurse and without a nurse, and with the State Board of Health, and all those kind of things. Professor Coon can tell us next year. No doubt he will have gotten 80 per cent of his defects corrected. I have not the least doubt that he will. I hope you will come back next year and tell us about it, and if the other county superintendents will enter in with the same spirit, and I feel constrained to use another word, intelligence, the same results could be maintained in every other county. I want Prof. Coon to know that his remarks here today have been an encouragement to the health officers of this State, and to the health workers of this State. I agree most fully with every word he said in regard to the influence of these health units, especially school inspections, and I hope the day will come, and is not far distant, when we will have in one way or another, either by the whole-time health officer, or by the unit of the State Board of Health, if the other cannot be obtained, a school inspection in every county and city of North

Carolina. It is rather a funny thing to me that our financiers, the men in our counties who are guardians of the purse strings, are so short sighted, and yet, as Dr. Hill said, it may be our fault. They can see very easily the advantage of a farm demonstrator, it seems a mighty easy thing to show them that advantage, and they can see the financial gain in the prevention of hog cholera, and what a terrible crime it is to have hog cholera for a week and not report it. A great many of them do not seem to have reached the point where they can get the intellectual conception that the death of a child, or the death of nine people from typhoid is worse than the death of nine hogs from hog cholera. As I say, it may be our fault. I asked Dr. Cheatham to find out what per centage of correction of defects found in Durham school children had been corrected, he has had a follow-up nurse one year. He has the information, and he finds forty per cent of the defects found this year have been corrected, and they have six weeks yet to go on. In a private talk with Dr. Rankin after the meeting, he stated they had all kinds of facilities in New York, and they could not get but thirty per cent there. I said, "They have all kinds of people." I said in Durham they have a better class of people to deal with and they ought to get better results.

Again I want to thank Prof. Coon for his encouraging address.

DR. D. C. ABSHER, Henderson: I feel somewhat out of place following two such distinguished speakers, but I want to say just a few words about Dr. Cooper's paper. I think some of the whole-time health officers are a little bit scared about this unit system. Some of us feel that it discourages our counties in employing whole-time health officers, and in thinking the thing over for the past few minutes, two or three things have occurred to my mind. The first is that the unit system takes public health work out of politics, and to my mind, that is one of the best things that can be said of it. Another good thing is that in every county where one of these units has been given to the county, the county is encouraged rather than discouraged to employ a whole-time health officer. Dr. Macon said his county had had one of these units, and he told Dr. Cooper that if he would come down there, his county commissioners would put on a whole-time officer. I think most of the health officers who are whole-time men do the unit work. In my county last year I did the typhoid vaccination unit in addition to the school inspection unit along with the other work that we all were talking about this morning. Every white child in Vance County was inspected during the present school year. In doing this school unit, however, we are liable to overlook the fact that we ought to do more things than merely examine the pupils. The school buildings should be examined, and the school grounds should be examined. In my county, I cannot tell you just

now how many school houses I found lighted just as this room is lighted here, the children facing the light. I do not know how many children had their vision impaired on account of that fact, and I won't make any accusation as to who was guilty, and hope that nothing of that sort is in existence in Wilson County. Then we should look at the grounds. I don't know how it is in Wilson County, but in Vance County, when I went there, about ten per cent of the school houses had old open surface closets. All the rest of the schools had no privies at all. Today practically all the white schools, as well as the colored, have an improved type of privy. Some have buckets, some are pit privies, but we have made improvements.

PROF. COON: Would you mind if I make a suggestion? Dr. Absher said he did not know whether there were any schools in my county with the children facing the light. You have those schools everywhere in this State, and there is no way to stop them. It is the only houses they have. If I had the power to condemn them, we could get at the bottom, but you have got to condemn them before you get a change. You cannot get the community to do it. I have tried to put that in the law for fifteen years. Nobody pesters about it. You don't need to ask me if there are any in Wilson County. Yes, there are. They are there because you and other school teachers have let them be there. We ought to have somebody charged with the duty of examining these school houses. We have got it for the county court house, for the jail. When it is run down, the judge reports it to the grand jury. \$50,000 was voted the other day because the old court house was dirty and rotten. Why can't they make the same provisions for the school house?

DR. ABSHER: I think, under the present State laws, a county health officer has power to condemn a school house when it is not sanitary in every respect. I would like to suggest to Prof. Coon that his county needs a whole-time health officer.

DR. W. M. JONES, Greensboro: The school house question is one that has given me a good deal of thought, and a few days ago I said to our county superintendent of schools, Prof. T. R. Foust, "Who in the world put up this school house?" He said, "Why?" I said, "I would like to know." He said "This school house was put up by the plans of the State Board of Education." It would take a snake to go up the steps. There are forty steps and five turns. I counted them. Going to the upstairs rooms there are five turns and just forty steps, making direct right angle turns, and that is just an idea of the way these school buildings are put up. It is a sort of spiral stair-case only not as easy.

PROF. COON: At McLeansville, the house was not built by plans of the State Board of Education. They told him they were built by the State plans, but they were not.

DR. JONES: I certainly did not think that the State had gotten so far off as to employ an architect who knew so little.

PROF. COON: If you will get the plans, you will find that that house is not built that way.

DR. JONES: There are other two-story buildings with no fire escapes in any way. They use those rooms, where there are four rooms, they put the children upstairs in the winter time because it is easier to heat. Of course, there is danger of a fire. Apparently most of our school houses are well located as far as grounds, etc., but we are in the same proposition as to the toilets. We are a little better off than we were some time ago, but I am waiting with little hopes of getting some perfectly satisfactory plan of disposal. There are some places in the county where the pit privy was a success. In other places we had to do away with it. Another large school in the county, one of the largest schools, I went to the school committee, talked over the proposition of putting in a tank, and having sewerage and water system. We have a tank that gives us water for fire protection. The committee said if we did that, we have got a suit. If you put in town here a septic tank the people in this community are going to sue, so we are just going to use an open privy at the school house, and at the dormitories. I believe this is one of the reasons that we have not this water system there. We tried and do as well as we can with getting some sort of privy, whether it is a privy or some local place.

On looking up the plans of the State Board of Education, I find that the McLeansville school house above referred to, is built on and in accordance to plans No. 5, of those issued 1911.

DR. MALONE: It is the little things that count around our school house. I have noticed one evil factor which is often overlooked. I was standing at the public school the other day and I noticed where they got their drinking water was a well with two buckets with a rope. One bucket went down and one went up. A little negro boy came along with a little sick hound puppy in his arms, he put his puppy down, and with his hands let the bucket down, washing his hands on the rope, and the rope went down in the well. The people had to drink the water. I called the attention of the school teacher, who had never thought of it. All through the county you will see wells like that. There are ropes, cotton ropes, and any one passing, no matter what disease he is afflicted

with, if he wants to get a drink of water, he washes his hands on that rope, and it goes into the well and pollutes the water. I went to a school where there were 200 young ladies using the town water, yet they had a well which they were very proud of. I called attention to the rope to the president of the college, and she immediately saw the danger. I simply call attention because I think it is a source of danger, and might be corrected.

DR. J. R. McCracken: I was especially impressed with Dr. Cooper's idea of the unit system. We who are not employed for our whole time are greatly handicapped for lack of funds in executing this public health work in the way in which we would like. If we cannot get our commissioners to agree to give us the financial aid for all these things, we can do something each year, and I have been working with this idea for the last three or four years. Three years ago we had the hookworm campaign, and practically every child was examined, and those infected were cured. Two years ago my idea was to have medical inspection of schools. I thought I was going to be successful with the county superintendent on my side strongly supporting it. We had a speech made before the county commissioners and the Board of Education, and the Board of Education agreed to furnish one-half of the expenses of the enterprise, and the commissioners expressed themselves as being in favor of making the provision, but when the two bodies met separately, one man raised objection, and that threw a damper on the whole thing. Last year we had the typhoid vaccine campaign, and while it was not pushed in some parts of the county, but something over 2,000 children were vaccinated in Haywood County, and it is my purpose to continue this campaign this year. I wish I could have Dr. Cooper present to hypnotize my board of commissioners. I wish to have the sanitary privies established in every county school.

DR. E. F. STRICKLAND: Fortunate is the county that has a superintendent of education, who is thoroughly imbued with the importance of health work in the public schools of his county, who will take the matter to heart and will thoroughly cooperate with the health officer of his county, be he a whole-timer or a partial-timer.

The medical inspector of schools and examiner of school children realizes his inability to get the recommendations he makes carried out without the sanction and cooperation of the superintendent and teachers of the schools under his charge. Likewise the educational department recognizes its inefficiency without first obtaining the recommendations of the medical examiner, so the work is interwoven and interlocked. Prof. Coon is getting things done in his county because he is imbued

with the right spirit, and because he is thoroughly alive to the coöperative plan of public health service for the accomplishment of best results.

With direct reference to Dr. Cooper's paper, I should like to speak by analogy. I believe that the question will not be asked of those who are so fortunate as to get to Heaven (and I hope many doctors may be among that number), by what special route they came, denominational or otherwise, but that they are there will be all sufficient and wholly satisfying. Under what name and by what route educational health work is done in North Carolina does not make so much difference. Shakespeare has said there is nothing in a name, but coöperation in health work is the watchword of all those sincerely concerned health officers, doctors, teachers, preachers, everybody.

I endorse all that Dr. Cooper has said, and thank him for his paper.

One plan or method may be best suited to one county or community, and another to other counties or communities.

In public health work, varied conditions confront us even in the same county, in the different sections, and even in adjoining sections. I go to one school and I get the coöperation of the teacher. She meets you with the glad hand and a hearty welcome into the school life, and makes the way easy for you to mold the minds of that school. She will advise vaccination, and you vaccinate every child in that school, as I have, against smallpox. In a school a few miles distant, you meet with less encouragement. The sentiment of the community is different, the quality of instruction in the school is different, and consequently, the school life is different. By tactful care you may win the confidence of this school and see wonderful improvement and be able to do much good on your return visit a year hence.

Again, you go into another section and appeal to the school to know how many present have been vaccinated against typhoid fever. Hands up, teachers included, and you find that one-fourth, one-third, and, in one instance which I recall, one-half of the school was immune against typhoid fever from having taken the treatment.

In another section it is the opposite to the encouraging condition just related. You go to a negro school and you make a health talk to that school. You see the eager, anxious, straining eye and ear of the individual pupil of that school, these children hungering for information and instruction, and these people will take the lesson that you give them, and they will live it out in their homes, and that local negro school committee will get the advice you offer from the teacher and from the children, and they will go over and see the Superintendent of Education for their county. They will then set to work, and they will put

fly proof closets on the school grounds, such improvements for water supply that you have recommended, etc. It is a credit to the race, and sets an example to many of the white schools; yes, to some of the State and county high schools.

We are lifting them up and they are helping mightily in lifting themselves up. I want to say, in passing, that if North Carolina should take the pains to build school houses for all the people in keeping with the modern idea of sanitation, comfort and expense as the present day court house and jail exemplify, and should employ wise counselors as she does judges and solicitors, and put them to work actively in the eradication of ignorance, delinquency and the prevention of crime, what an improvement it would make in the condition of the citizenship and in the affairs of North Carolina.

The supreme effort should be made at the foundation of the ladder of society. Of all the work that I have ever done in my life, I feel the possibilities for usefulness the greatest when I face an audience of intelligent, bright and interesting children in a school room. That "you cannot teach old dogs new tricks" has been said already today from this floor, but it is worth repeating over and over again to emphasize the importance of early training. The training that the child gets in school is not only ultimately but frequently immediately put into execution in the home. I was recently addressing a "Farm Life" high school in my county, in which I made the statement to the school that the intelligent thing to do was to vaccinate for smallpox. I made a statement as to what Germany had done along this line. I like to refer to Germany and quote her reliable statistics. The Germans are the most wonderfully developed people in the world, which they have already demonstrated in civic life and are now demonstrating in the most disastrous and unparalled military strife.

Well, I stated to this school that Germany passed a compulsory vaccination law years ago, requiring every child born in the Empire to be vaccinated within the first twelve months of its life and to be revaccinated within the first twelve years of its life, and that Germany had been absolutely free from smallpox since this law was put into full force and effect. I said, however, that there was not a case of smallpox in Forsyth County, at that time, but the only way to support that good record was to get vaccinated. More than a dozen of these children came up and I vaccinated them. One bright, interesting little girl, about eleven years of age, came along with the others and asked me to vaccinate her. Her sister of about sixteen, representing one of the higher grades, came rushing forward and said, "No, doctor, mother said if you came over here to say to you that she did not want little

sister vaccinated." I said it was not compulsory and I must yield to the mother's request, but to talk it over at home and bring the little girl over to my office to see me later. She was one of my converts, as bright and promising a child as you find in any school. She actually cried and wept because she was not allowed to be vaccinated there before that school audience.

She went back home and I have not seen her since. What a rebuke to her mother if that beautiful life should be lost, or her face scarred by smallpox.

I think all the public health work we do, that our efforts directed to the plastic mind of the child, by precept and by example, is perhaps worth more than any other service we can render.

I thank you very much.

DR. COOPER: I think that to begin at the bottom that Dr. Strickland got the right idea that when we get health work done it does not matter how we do it, just so we get the health work done. That is the whole sense of it. He mentioned Germany a minute ago, and that reminds me I read yesterday in reports that the German empire has a population of 68,000,000; that out of this population their annual death rate is just 700,000 people less than it was in 1886, thirty years ago. That explains a great many things to us. It is one of the most interesting things that I have read coming out of the war.

In regard to Professor Coon, I am delighted to hear the testimony that he bears concerning our health work today. I invited Professor Coon here, Dr. Rankin, Dr. Sevier, and myself as a committee. We had no idea what Professor Coon would say, but we knew and we knew that everybody else here would know that Rockefeller has not money enough to buy an expression from Professor Coon. I am delighted to hear about the work we did over there. It goes to show that something is being done and I don't want you all to get away from the fact that the point we are making is to lower the death rate in North Carolina and to get the counties that are doing nothing lined up to doing something.

I went by special invitation 100 miles last fall to meet with a committee, the board of aldermen of the city, it boasts of being a city, and a representative from the school board and the county physician. When I got in town that night I asked where is Dr. so and so. A fellow says he sent his regrets but he had a date to go 'possum hunting and he forgot. I could go further. Professor Coon brought out a point when he said that these fellows in Wilson County told him that this mosquito business was darn foolishness. I went to consult the chairman of board of county commissioners in eastern Carolina by urgent request of the biggest tax-

payer in that county about a unit system. That county has about 12,000 or 15,000 people. The chairman of the board was sitting out in front of his store when we called, a beautiful day in autumn, about 300 people in the town. One-third of them in bed with chills that day. He says, "Look a here. What are you going to teach in regard to malaria? Are you going to teach them that malaria is carried by the bite of a certain kind of mosquito?" I said, "We most assuredly are. If you will go to the river I will show you some of them now." He said, "If anybody has no better sense than to come down here with any such foolishness as that they will get no money out of us." One gentleman who gave half of the expenses for the trip said, "You will have to go back home." The commissioner said, "Any fool knows that when the scum rises on the river everybody goes to having chills."

I don't want to be mistaken about farm demonstration or any agricultural work. I will show that I practice what I preach. In my home county I worked to get a whole-time county superintendent of schools, then we got the people in favor of farm demonstrators, two farm demonstrators we got. We worked then to get a rural supervisor of schools. Then I thought something should be done for health, so we got a whole-time health officer. Of course, we believe in saving the hogs, but we want to build up the child life of North Carolina, and to do our part, the board of health's part, we want to build up a physical growth. And seventy-five per cent of this work of the whole-time health officers is educational, and the day is to come when the records of these officials are going to stand high on account of the fact that they were doing pioneer educational work.

Just one other thing and I am done. I want to say a word about Dr. Absher's work. He offered a gold medal for the best composition. He got 250 compositions written by 250 children on health subjects. He reduced these to fourteen, and he brought these fourteen to our office and we finally selected one of the most original essays I have ever read, from a fourteen year old child. His verse of poetry at the end would have done credit to Dr. Hays:

"Hit the germ hard, boys,
Hit him on the head,
Hit him mighty hard, boys,
Before your folks are dead."

In Alamance County we have on file over a hundred compositions written by boys and girls. I recall one especially, written by a twelve-year-old girl, who wrote a composition on diphtheria which she had had three years before. It was a classic.

I wish you county physicians would carry these things home and talk about them and talk about the things that you can get done, and let's get on as many units of public health work as we can. I will assure the whole-time health officer they need have no fear, the field is big enough for us all to work in and we will certainly get some work done.

DR. SHORE: I have not anything more to say except that I might just remind you all that the smallpox vaccine that I speak of is for free distribution to the doctors of the State. We prefer to send it out through the health officers, but we do not refuse any doctor. We do prefer to send it out through the health officer and county physician.

It makes the laboratory man feel that he is doing only a small part of the work when he hears from the men on the firing line, but we try to supply the ammunition of warfare the best we can.

THE IMPORTANCE OF THE WHOLE-TIME HEALTH OFFICER AND THE WHOLE-TIME HEALTH NURSE IN THE CAMPAIGN AGAINST TUBERCULOSIS AND ALL PREVENTABLE DISEASES.

L. B. McBRAYER, M.D., SANATORIUM, N. C.

In the war with Spain the most important character on the side of the United States was not Admiral Sampson, who received official credit for the naval victory off the coast of Cuba, although he was on land forty miles away at the time of the engagement; nor was it Admiral Schley, who was in command of our fleet at the time and who was responsible for our success; nor was it the redoubtable colonel who made the charge up San Juan Hill, whose grin was sufficient to drive before him the army of Spain in fright and dismay; nor was it the silver-tongued and sweet-lipped Hobson, who attempted to bottle up the Spanish fleet by sinking a collier in the mouth of the harbor; nor was it our own beloved Ensign Bagley, who cut the cable at Cardenas and was the first to give up his life in the punitive expedition sent out to avenge the death of our sailors who went down on the ill-fated *Maine* in Havana harbor, and which in due course of time gave freedom to Cuba; but the most important character in that war was the man who carried the message to Garcia. In public health work this man is the health officer, and his first aide and chief of staff is the health nurse.

The units of health work now being offered by the State Board of Health are splendid. These are but a sample of the many new and important methods and policies evolved from the fertile brain of our distinguished chief, the Secretary of the State Board of Health, Dr. Rankin. They can be used to great advantage in counties who have no whole-time health officer, and, in addition to the concrete good they do, will serve to show the county the advantages of public health work and bring the people up to that degree of intelligence in regard to health matters that will pave the way for a whole-time health officer and follow soon thereafter with a whole-time health nurse.

Then, again, these health units may work out plans for doing certain specific things, such as school inspection, etc., that will serve as an example to the health officer, and no doubt the board of health will cooperate with the health officer in putting on these units, just as they do with the force they send out directly from their office.

These units of health work have many other things to commend them, but one thing is certain, and that is that they can never take the place of the health officer. The unit of our government is the county, and no county administration is doing its duty to its constituents unless it provides them with a whole-time health officer and strengthens his hands and multiplies manifold his efficiency by giving him from one to a dozen whole-time health nurses.

You are aware of the fact, of course, that North Carolina was the pioneer in the whole-time health officer business, just as she was in the health unit mentioned above and in the medical practice act, and in many other good things. We were unable to procure men of experience for these positions because there were no men in this or any other State who had had this experience. It became, and now is, the more necessary that the whole-time health officer in North Carolina make good, and by making good I mean working out a program for county health work that will be a model for other counties and other States, and will commend itself to the profession and to the people.

When this work was taken up there were no schools for health officers. Three or four have been established since, but, likely, there is not a professor in any of them that ever had any experience as a health officer, and, besides, these schools, excellent as they are, can only give you some of the implements a health officer will need to use; but the only way a health officer can become expert in the applied science is (a) to see the actual work done, and (b) to do it himself. Don't be discouraged; Terry and Reynolds and Evans and Levy and Rankin and Leathers, and the others that are doing such splendid work as city or State health officers, have worked out their own salvation, and who for a moment would inti-

mate that any of these are not, even now, on the pinnacle of success and lifting themselves higher every day, as it were, by their own boot-straps? But in order to be a success they have made use of the experience of others; they have never lost an opportunity to see the work of others and if opportunities did not come, they made them, and they have used their own initiative and have also been free to give the other fellow the benefit of their accomplishments.

The responsibility of tuberculosis weighs heavily on the health officer. The early diagnosis of this disease is perhaps one of the most, if not the most, important thing needed at this time, and it is perhaps the most neglected thing in the campaign against tuberculosis. Our State, along with the other Southern States, can not very well arrange for clinics, as is done in the larger cities. If this work is done it will have to be done by the health officer.

Come to think of it, why shouldn't he be asked by a physician who is in doubt to make a diagnosis for him in a suspected case of tuberculosis? Or if a person suspects that he has tuberculosis, why shouldn't he have the right to an examination by the health officer? Or if some one suspects that his neighbor has tuberculosis and fears that the said neighbor will infect his family, why wouldn't it be proper for him to request the health officer to investigate and take such step as might be considered necessary to protect the community? That is just what he does in a case of diphtheria, scarlet fever, smallpox, or other contagious or infectious disease, and tuberculosis causes more deaths than all the other preventable diseases combined, and ten to twenty times as much sickness, distress and expense.

Some health officers might say that they do not feel competent to make an early diagnosis in tuberculosis. Then let them make themselves competent. There was a time in the life of each one assembled here when we were not competent to make a diagnosis of any disease, but we did not continue so.

In health work I do not know of anything that can be so helpful as a nurse. It is all right and proper and wise and necessary to give printed instructions, but as I had a doctor write me, what good will it do when no one in the family or within three miles of the family can read a word? It is all right and wise and proper for the attending physician to give instructions in the prevention of disease, but he is not paid to do this and cannot take the necessary time, in most instances. But let the nurse go to the home and spend an hour or more, and while there not only give instructions, but carry out the instructions with her own hands, and also administer to the comfort and needs of the patient by carrying out such orders and treatment as the doctor may prescribe, in such way

giving physical comfort to the sick and winning her way to the heart of the family and all the time teaching hygiene by precept and example. This has long been recognized in the larger cities of the North and West, but is only recently coming into notice in rural communities.

We now have 25 public health nurses at work in North Carolina, and we hope to extend the number as rapidly as possible. By public health nurse we mean, in North Carolina, visiting nurse, tuberculosis nurse, prenatal nurse, child welfare nurse, school nurse, etc., etc., etc., all combined in one, under the title Public Health Nurse. It might be well for me to say at this point that we never could see the propriety or economy in having from two to five different nurses visit the same family on the same day, representing the various agencies mentioned above, and that this plan always seemed to us to be a waste of money, and what is more valuable, the time and energies of the nurses and the family. When we took this matter up with various authorities interested in this work, my first statement was that we could not stand for such division of the work in this State, and that the one nurse, under the title of Public Health Nurse, must cover every phase of nursing service, and that when more nurses were needed in a given community, they would be added on the same basis and only one nurse would cover a given territory. I was greatly pleased to have a hearty assent to this policy, and to learn that several of our northern and western cities were, even now, changing to this policy as rapidly as they could.

We hope soon to place in the field a nurse who shall work under the title of Director of Public Health Nursing in North Carolina. It will be her duty to supervise the nurses doing this work throughout the State, and help create sentiment for and procure the establishment of nursing service in communities that do not have it.

The financing of public health nursing in North Carolina comprises a comprehensive scheme of coöperation not heretofore correlated in health work. The Bureau of Tuberculosis of the State Board of Health and the Metropolitan Life Insurance Company will jointly finance the salary and traveling expenses of the director of public health nursing. The local nursing service will be financed locally, except for the Metropolitan Life Insurance Company, and will combine all interested agencies. For example, in Fayetteville, where they have recently put on a nursing service, the following organizations will coöperate in financing the scheme: Local Red Cross Seal Committee, the town, the county, various churches and secret orders, and the Metropolitan Life Insurance Company. The Metropolitan Life Insurance Company does not contribute a flat amount, but pays to the committee or whoever is responsible for the nurse's salary, 50 cents per visit, made to its policy holders.

The cotton mills and other textile mills are employing nurses for their mill communities, and these corporations are so well pleased with results that we have reason to believe many more will take up this splendid work at an early day.

Let it be said, however, that this is a legitimate field of public health work and should be financed by taxation just as is the health officer today, and we should lose no opportunity to impress this upon the minds and hearts of our citizenship.

DISCUSSION.

DR. BENJ. K. HAYS: I would like to introduce to this Society one who, I think, would have something to say, but who is rather young and modest, Dr. Thompson.

DR. THOMPSON: I cannot discuss the paper wisely because I did not get in in time to hear it all. I think you have my name on the program. I would like a little further talk to be had. Let me come on in due order if I am to come at all. Really, I ought not to discuss the paper. I take great pleasure in introducing my venerable friend from Oxford, Dr. Benj. K. Hays.

DR. HAYS: I am not going to talk tonight. I did not get in in time.

DR. LAUGHINGHOUSE: So far as this paper of Dr. McBrayer's is concerned, it does not seem to me that it needs discussion. The thing to do is to adopt the suggestions embodied therein without debate and proceed to find a way to finance these suggestions so as to put them into practical operation and useful service right away.

I have spent a large portion of the day listening to the various papers and discussions of this organization, and I have never enjoyed a day more, and have never felt safer than I do right now with regard to the progress and practical usefulness of public health work in North Carolina. When I hear men like Dr. Edgerton and Dr. Absher, not a whit more enthusiastic than Dr. Malone, men facing life's sunrise and men looking at life's sun as its shadows are lengthening toward the west, express an enthusiasm which makes one feel and know that altruism is pushing them to the working out of practical plans by which their earnest effort can be made useful, economical, practical, and serviceable, it makes me know that North Carolina has reason to feel better about the future of her public health work than she has ever felt before. After listening to Dr. Malone's description of his individual work, after realizing from what he says how much care and thought and practical sense he has put into it, I do not understand how any man can leave this day's work without going home converted to a medical religion that makes him

give his heart and mind and soul and money to the betterment of North Carolina's people.

THE PRESIDENT: I am sure that the association would be pleased to hear from the pioneer health officer of North Carolina, in my mind, the greatest health worker North Carolina has ever had, that is, Dr. LEWIS.

DR. RICHARD H. LEWIS, Raleigh: I want, in the first place, to make my acknowledgment to our President for his kind introduction.

I feel that I ought to say a word in endorsement of the movement that is taking place in our State, so well set forth by Dr. McBrayer. It seems to me to be one of the best things that could be suggested. I say this for this reason: that behind every movement for the good of man there is somewhere a good woman. You can well understand how a trained nurse, who is at the same time a good woman, endowed with the missionary spirit, would have much greater effect in this phase of our work than the ordinary male health officer could have. There would be a greater intimacy and freedom between the nurse and the mother of the family, and we know the welfare of the family is chiefly in the hands of the mistress of the house. The husband is away, engaged in other pursuits. The mother is at home day and night, and has the immediate care of the children and of domestic affairs generally. So it seems to me that there is no movement in our development that we can support more heartily and with greater hope of success in promoting our work than the public health nurse. I am very glad that Dr. McBrayer has read such an excellent paper, and I am very glad, indeed, to know that the movement is beginning to make progress.

DR. McBRAYER: I want to introduce to this association my friend, Dr. S. E. Thompson, Medical Director of the Texas State Tuberculosis Sanatorium, who is present and who is to read a paper before the Medical Society when it convenes. I have much pleasure in presenting Dr. Thompson.

DR. S. E. THOMPSON, Carlsbad, Texas: Mr. President and Members of the North Carolina State Board of Health: I most cheerfully endorse Dr. McBrayer's paper. There is no question but what his contentions are right. You must put into effect the plans and arrangements for which his paper pleads in the way of preventive medicine. You cannot fight tuberculosis by treating the patient in a tuberculosis sanatorium; you cannot fight typhoid fever by treating the patient; you cannot fight or prevent any infectious disease simply by treating it. Then the question arises, what are we going to do? The average doctor has not the time to look after the public health measures. Therefore, the whole-time health officers and nurses must come to meet the situation. This

is the only way by which we may successfully meet and control the question of preventive medicine. The great question is, how are we going to do it? How can we stimulate public sentiment to the point where there will be a demand for the full time health officer and the public health nurse.

We were discussing this afternoon the interest manifested by the people in saving hogs and the lack of interest in saving babies. There is an underlying foundation and a reason for every condition that exists. There must be a strong reason why a man will approve an outlay of money to save hogs and at the same time cannot be aroused when it comes to saving people.

It was stated that we cannot get the people to believe there are such things as germs. It is well for us to remember that error dies hard, and for twenty-six hundred years we taught people that tuberculosis was inherited. My grandfather graduated from one of the best medical schools in New York, and he taught his clientele that malaria was due to bad air, hence its name; and advised the mothers who came under his teachings that it was well for their babies to have measles while young, as the disease would be more dangerous later in life.

The first thing necessary is to take out of the minds of the people that which we have been planting for centuries, and instruct them along the correct lines. I sometimes feel that they think about us as my negro driver once appeared to think about me: I had a case out in the country in the first week of typhoid fever. I had been unable to make a positive diagnosis. On this occasion the negro sat in the buggy and watched me examine the patient closely for probably thirty minutes. When I had finished and returned to the buggy, I saw that he had something on his mind. After we had driven about two miles, he turned to me and asked, "Dr. Thompson, didn't you have an awful hard time guessin' jest 'xactly what was the matter with folks when you fust com'enced trying to practice medicin'?" Education is the very crux of the situation. There is no other way of arousing the people to the point where these things will be demanded and provided for. We must remember that these things come as a result of public sentiment, and we must create this sentiment. Public sentiment writes the verdict of juries, makes and unmakes law, has crowned and uncrowned kings; and whenever the people want these things, they will come.

Dr. McBrayer's paper is right, and I wish to compliment you on what you are doing along these lines in North Carolina. Texas is several times larger than North Carolina—900 miles across it—and I admit, with embarrassment, that you have done more in the way of educating the people along the lines of preventive medicine than we have.

THE PHYSICIAN AND PUBLIC HEALTH.

DR. CYRUS THOMPSON, JACKSONVILLE, N. C.

I am in an exceedingly unfortunate position in that having no paper written, I have just had my dinner, whereat I fared very sumptuously. So circumstanced, I have no inclination whatever to speak. If there had been any reasonable way to feign myself sick, then I should have availed myself of it to escape this.

Dr. Cooper asked me to take a place on this program, and I did not know how to refuse him. Now I wish he were a cooper indeed, and could cooper me up so that I could stand acceptably in the position into which he has forced me. I am assigned the subject of the Physician and the Public Health. I do not know what in the world to say about it, and, mistrusting myself, I asked one or two of my friends this afternoon to let me consult with them and see if they could tell me what to say; but they dodged me, and I am left alone in my youth and impulsiveness.

There are physicians and there is the matter of public health; and there ought to be, as I hope I may show before I am through, a very definite and certain connection between the two. I do not say, however, that this connection is at present very definite and certain as a matter of fact.

I intimated this afternoon a bit of an anecdote which a good woman told me in my little town of Jacksonville yesterday afternoon—it being Sunday, and she and I having just come out of Sunday School—a little anecdote about a crazy old man in the county of Duplin. Dr. McBrayer, it occurred in the long past, before there was an insane asylum in North Carolina. The State had not yet been taught its obligation to these unfortunates. This old man was taken to the jail to lift the burden from his family. He was brought out of jail every day to get something of air and sunlight. He was not harmful or dangerous. He was out of joint with the world unfortunately. They forgot him one day and he sat out in front of the jail until the stars had come out; and when they came out with apology for seeming neglect, he said, "I am glad you let me stay out here as long as you did let me stay. Do you know I have sat here all day and I have looked at the blue sky and the glorious sunlight, and felt the gentle breezes; and I saw the sun die away in the west, and it was full of colors richer than ever painter could spread upon canvas; it was emerald and sapphire and rose, and then the stars began to come out as if the angels were looking down upon me; and do you

know it just filled my soul with this one thought, what a beautiful world, what a beautiful world it is." And as they walked him on into the jail he said, "Yes, it is a beautiful world; and I am persuaded, whatever misfortune befalls me, God Almighty did his best when he made this world so beautiful." As they locked him in, he said, "God did a fine piece of work when he made this world; but didn't he do *something* when he folksed it?" Did you ever have an idea like that? It is the old missionary hymn, "Where every prospect pleases and only man is vile."

There is nothing in the world more interesting than people. There is not anything stranger in the world than folks, except other folks; and we are dealing with folks. And we are dealing with folks fussing along down the road like a Ford machine in a sandy country. And they are blamed hard to get out of the rut; and it is your business to get them out of the rut; and sometimes you almost despair of getting them out and come to a dead standstill, especially if anybody is ahead of you.

When you go out with the propaganda of public health in North Carolina, it is necessary that you get hold of a few fundamental principles and work along these fundamental lines. There are not many fundamental facts in life; and when a man can get hold of these fundamental facts, he can make the application and draw out the corollaries according to his circumstances. Just in the proportion that we have the mental ability to draw out the corollaries, and have the physical and financial ability to make the application, just in that proportion are we effective men of sense and not fools; just in that proportion are we helpful men in this world, which God has made so wonderfully beautiful. (To the stenographer: If you are not taking down what I am saying it will never be heard of after tonight.)

I am going to talk on one or two fundamental facts right here. If you started out, for instance, Dr. Rankin, when we used to do it that way, to vaccinate for the protection of folks that did not have sense enough to be vaccinated themselves, taking care of fools at public expense, somebody took up arms against you. He threw himself upon his rights. I am not going to make a prohibition speech in a town as dry as Durham, but if you wanted prohibition carried in Durham and in North Carolina, you would find some men saying that you are trying to take all of our rights, our liberties, away from us. Have you ever thought that way? You may have thought that way yourself, I cannot tell. But I am going to lay down this one fundamental fact, that all government is founded on denial of rights. There can be no contradiction of this fact; and this, therefore, follows like a corollary out of that, that all civilization, all progress, and all development is by denial of rights; by enforcement of the duty of the individual to the rest, and of

the rest to the individual. There can be no such thing as personal rights when the rights of others are thereby contravened. There is no absolute freedom or personal right anywhere except it be in a state of savagery; and that always means destruction and waste. There is not any civilization anywhere except by denial of rights; and there is the highest civilization and the least waste in that land which most curtails what men call their natural rights, and most enforces the exercise of their obligations.

You ask me what kind of government is best? I cannot tell you what is best by way of form; form waits upon development; but that government is best which forces you and me and every citizen in any state at all so to use himself as to make the most of himself and the most of every one else that is within the reach of his influence.

Now these facts are fundamental, and they are the foundation for all public health service. They not only give us the right to do, but more than that, they come down upon us with compelling power that we shall do. Bear in mind now, that while this is true, we are dealing with North Carolinians, with folks who by comparison are the best in the world; but they are mere infants, they are minors, they need guardianship, and they must have guardianship for their own development and good.

Oh, when you get to the bottom of it, it is this one fundamental divine doctrine, that the strong must bear the burdens of the weak; and this out of that, the weak must be taught that the strong see their obligation and are determined in spite of the weak to exercise it.

Now, how are you going to do it? If you are forced by your obligation to do it, you will never succeed in the world by force. You cannot put any fruitful idea in my head or in any other man's, woman's or child's head by force. You can put it there only by teaching, by persuasion. There must be a common ground for teacher and pupil. You know what you mean by persuade? Some time ago I was teaching a class of adults. I asked a man what is meant by the word persuade. I could not get a man there to tell me etymologically what the word meant. Can some man tell me here? Don't all speak at once. Per, through, and suadere, to make sweet; and you can teach anything to anybody if you will make the thing seem good to him. The road to hell is paved with good intentions, the way seems sweet to the man; and the paths of glory are trod because of the sense of their sweetness and supreme beauty.

All fixed progress is got by education and there is no other way to get any sort of progress at all. Well, you may have a teacher, and he knows that his business is to teach; and then he will not always be a

successful teacher. In other words, it requires a deal of wisdom to teach; as we were talking this afternoon, the whole of the weakness of the public school system in North Carolina lies in this fact, that your teachers have not got sense enough to teach your varying children. It takes wisdom. That is necessary to teach; and before you go ahead and teach you must know the character and prejudices of those that you are going to teach, the nature of those that you are going to teach. Now, in North Carolina we have a very peculiar people. Our people are a very conservative people, a very proud people; and they have the desire to do right implanted in them as strongly as it is in any people at all; but because we are so conservative, slow-moving, and unemotional, we are exceptionally hard to teach. Some one said this afternoon, "It is hard to teach an old dog new tricks." It is difficult to teach people in North Carolina out of traditional paths; but if you go at them right, get some common ground, you may teach them effectively. Somebody has got to be the leader in this movement. What is everybody's business is nobody's business. The State of North Carolina has made it the business of the State Board of Health to teach the value of health to the people in North Carolina.

We have been exceedingly fortunate to have such a man as Dr. Rankin (I say it to his face) to take the place of my young friend, Dr. Lewis, as Secretary of the Board. We are teaching the people because, as I said in the beginning, they are incapable of taking the best care of themselves. I may remark that there was never a balder-faced lie penned on paper than the declaration that all men are created free and equal, and that all just powers of government are derived from the consent of the governed. That may be heresy; but I am not a politician. If it is the truth it is all right. I could tell a lie, but I am not going to do it. George Washington was born on the 22d day of February. He could not tell a lie. I was born on the 8th day of February; I could, but I would not do it. No, no, no. I do not need to.

If people are unable to care for themselves and the strong have to bear the burdens of the weak; if we must go out and teach people to this end, what are you going to teach them? That it is best to be vaccinated; that it is best to be quarantined; that it is best to take the anti-typhoid treatment? Aye, more than that: don't teach them these detailed things alone, but teach them this, that the valuablest thing in all the world is a man; that the valuablest thing in all the world is a woman; that the valuablest thing in all the world is a strong child, and that all other things in creation get their value by reason of the presence and the care and the helpfulness of the men and women about them. In other words, go out and teach the people what things are worth while, develop in them

a just sense of everlasting values; and when you have taught them this, what are the really valuable things, you will then easily draw these corollaries out of this one fundamental principle. Then it is easy to be vaccinated against smallpox; it is easy to be vaccinated against typhoid fever; it is easy to be quarantined for scarlet fever, diphtheria, and whooping cough and the like.

Is that a right smart job cut out for you? How many physicians, let me inject this question right here, how many physicians in North Carolina are giving any attention to this job? Many? Not many! Not many!

Let us run on a little bit further. It is a lack of disposition to change whatever state we may be placed in. It is natural inertia. The whole world is ruled by public sentiment. There was a time when the State gave to Dr. Wood about \$100, the State of North Carolina gave \$100 for the support and use of a Board of Health. If it had been a fisherman going out to fish, he would hardly have wet his bait. Now about how much is the State giving, Dr. Rankin? About \$65,000. A year from now she will raise that figure and ten years from now she will raise it very much. Dr. Rankin, we are teaching the Legislature of North Carolina if we are not teaching anybody else in North Carolina. Send a man from the piny-woodsiest county in the State, send him to the Legislature, and let us talk to him; and when he goes home his vision is widened, just split wide open like a poprind watermelon. I tell you that when you can teach legislators, citizens, men and women and children the things that make for their real happiness and real wealth in this day and generation and the generations to follow, they will not wait for you to force them by law, but the public sentiment will accept and demand all the help that care of the public health can give them. It was said by Peter, who protested at first to the washing of his feet, "Nay, not my feet only, but my hands and my head also!" And the time will come through this patient teaching of the things of real value and the showing of definite results as we are beginning to show, that the people will demand all that we can do. The matter will not be such an uphill thing then as it has been, and as it is now.

Just let me make a statement or two. I said a man clung to his rights but ignored his obligations. If you rightly educate him he thinks less of his personal right and more of his obligation. The trouble in the way and the thing that keeps him in the rut is his selfishness, his miserable, slavish ignorance, and the only thing that can get him out of the rut is an intelligent and not an ignorant selfishness; because if he is made intelligently selfish he will comprehend this fundamental fact, that his own best interests are wrapped up in and everlastingly involved

in the welfare of his neighbor. That is the task before us; to teach this divine fundamental.

Dr. Cooper is well nigh a regenerator; with zeal according to knowledge, he is doing a great work. How long, O Lord, do you conceive that it would take the pulpit to work out a regeneration like that? I am not going to say anything about the preachers. I go to hear them. I know their limitations; I like them and sympathize with them. If I had had religion enough of a sort, doubtless I might have been one myself. But I will tell you this. A preacher, when you put out a plan for a health Sunday, will ignore your health Sunday, the average one will; and he will count himself abundantly satisfied, his work well done, and the Lord's cause gloriously served if the collections come handsomely in. This world is beautiful, but very real.

Let's sum up this thing a little bit further. What is a man's business in this world anyhow? What business have you got here? Have you got any? I have seen some men that I did not think had any. But if you can educate folks along the lines that I have indicated, you will have a vast deal of business in this world, because their selfishness will be converted by you into service; and whenever a man's labor can be interpreted in terms of service, whenever a man puts more into life than he takes out of the world, that man takes his proud position beside Almighty God as a constructor, and until he has put himself there he stands by the shores of hell in the grasp of the devil as a destroyer; because you cannot see and I cannot see that there should be a line of demarcation between the devil and God except that God is constructive everlastingly and the devil is wasteful and destructive always. The man who tries to make healthier stock, and happier, longer lives in North Carolina, that man and that woman stand as children of the great God. I need not tell you the position that those occupy that do not put themselves on that side. It is work, it is work, it is work! It is upbuilding, it is conservation, which is divine, in the face of waste, which is diabolical. This is the business of life.

Let us go on a little bit more. Bear with me patiently: I am going to quit before long.

This is the character of the campaign we have been waging in North Carolina, from the beginning of \$100 in the early days. My distinguished friend to the right, Dr. Lewis, began on \$2,000 and accomplished a marvelous work. The committee was reporting progress. That is the character of the work we are doing. Who have been the leaders? The pioneer was Dr. Thomas F. Wood. Think of it, my friends, there was a man who took up this work and went forward to do it for the people of North Carolina, and the State of North Carolina gave him

but \$100. The State then knew no better. Think of my friend over there, and all the help that he got was \$2,000; but he was a leader. Thos. F. Wood was a leader, and Rankin is a leader, and Cooper is a leader, and a few other men in North Carolina are leaders and saving educators.

But how about the doctors in general—what zeal of leadership have these men who ought to be the public health teachers of their communities shown? How much have they done? That is the problem that I would like to have solved tonight. How much have they done? I am afraid if they were Episcopalians, on the average they would say, "Oh, Lord, we haven't done anything, and we have left undone the things that we ought to have done, and there is no public health sentiment in us." I think they would make that kind of confession. So far as the teaching is concerned, I verily believe that the school teachers in North Carolina, as ignorant as they are, have done more than the rank and file of physicians in North Carolina. If I am not right, rise up and correct me, because I want to be right. I will tell you another great factor. It is the public press in North Carolina. The folks are not indebted to the press for political news, or political salvation so much as they are indebted to the public press in North Carolina for helping along in the propaganda of public health. Where does the doctor come in? Ought he not to be the leader in public health service in North Carolina? But is he? Why, my friends, I remember this, that years ago, as good a man as ever lived in the State, a man in the profession, now dead and gone, when Thomas F. Wood spoke of public health and talked about quarantine and preventable diseases, then this good doctor said, "I wonder if Tom Wood is fool enough to think we are going to take the bread out of our own mouths?" Do you get that idea? They are going to take the bread out of our own mouths! Why, it has not been more than two or three years ago, Dr. Rankin, when you said something about starting an anti-malaria crusade in North Carolina that one good doctor wrote me and said, "You are on the Board of Health; you had better write Rankin to stop that sort of stuff. We will go along with you in this public health matter as to quarantine and so on, but when it begins to touch our practice—our meat and bread—this whole thing will be brought into disrepute in the profession." That is sad! But it is an old story: "Know ye not, sirs, that by this craft, we have our wealth? Great is Diana of the Ephesians!"

I don't know, Dr. Thompson, whether you have anything like that in Texas, but your folks are terribly human. You have got it, doctor, and if it were spoken out in North Carolina, I dare say nine-tenths of the profession in North Carolina feel as these two men felt; that you in

Texas and we have got to go up against the ignorance of the laity not alone, but the selfishness, the commercialism of the profession as well. For shame!

Is there anything in that? Is there? Oh, I will tell you, no man ought ever to take hold of the profession of medicine; nay, no man ought to go into any calling whatever as his business in the world for the mere dollars that he can make out of it. And when he goes into it for the dollars, and the dollars only, that he can make out of it, then that man is but a hireling and is deserving of the esteem of a hireling only. Why should you go into the practice of medicine, why should you teach school, why should you take up any vocation at all? Simply that you may be helpful and serviceable; that you may contribute a man's part to the uplift of the world. The physician's legitimate business is to work himself out of a job; that should be his ideal. And the man who does not take that conception of his work, and work in order to do that, ought never to go around people who are afflicted with human ailments. I am a physician and I am wonderfully proud that I am. I don't know any prouder position that I could occupy than that. Will I make much money? No; but I will live, and I will get more satisfaction out of the joy of my own soul so living than ever money could buy; and I trust I may get a degree of satisfaction that could come to me in no other way.

Did any of you ever read Trilby? Do you remember the conversation between Trilby and the Sculptor, when Trilby asked the sculptor, "Do you really believe there is a God?" He said, "Sometimes, Trilby, I am in doubt; but this I know, if there is not, then so much the worse for me. Do you know I never work my best upon a statue and look upon it afterward that this thought does not come over me and well-nigh overwhelm me, and then go out unspoken as a prayer: I do hope that it may satisfy Him?"

That is it, it cannot satisfy God Almighty unless you are constructive, unless you are helpful. Let us draw out the corollary from this. If you want to do something, here is the place that you can do your best and greatest work. And the time will come that the zeal of Cooper and the wisdom that Rankin has shown, the pioneer work of Wood and of Lewis, will have historic recognition for our children to read.

If there is anybody in this audience who is better than my estimate of a large portion of the physicians in North Carolina, if he is better, then he has no offense. If there is anyone who feels he is not so good as he ought to be, he has a fine opportunity for amendment, and amendment is always in order. And if there is any who is not and thinks that he is, why it is a fine time from now on for him to show what he is.

I am just about through.

I know a fellow might think that if he didn't look out for himself he would perish to death; and that if the State Board of Health persists in this work, he will just simply be perished to death. If we stop all typhoid and all measles and whooping cough and everything like that, if we eradicate malaria, what are we doctors going to do for a living? Now, let me tell you. You need not be afraid that with all your endeavor you are going to rid the world of all sickness. The ladies' hats are built one fashion this season. They will be another fashion next season. Humanity will always have some ills for exercise of your sympathy.

Mr. Roosevelt said, "Fear God and take your part." Take your part in this great constructive work that lies before you.

Now, my friends, go happily and helpfully through life, and if you strike a time when the people by your efforts are unreasonably healthy and it is a dry time for you, go singing right along, "In some way or other the Lord will provide." David said, "I have never seen the righteous forsaken, nor his seed begging bread." So let us live and work in abiding faith in the everlasting providence of the Infinite!

DISCUSSION.

DR. G. M. COOPER: I think it would be sacrilege for ordinary folks to undertake to discuss a paper like Dr. Thompson has given us. We have had an opportunity that comes but once in a lifetime, of hearing Cyrus Thompson at his best. There has never been but one man in North Carolina that would be able to measure up to a discussion of this paper, and that is the late Zeb Vance, who has been dead twenty years.

DR. THOMPSON: I thank Dr. Cooper very kindly for what he has said, but I haven't anything else to say and don't want to say anything else. I didn't want to say what I did say, but said it because I had to; and I feel very much better since I said it. I was out to dinner, you know, and I enjoyed my dinner. I think it has just about digested. I could eat again.

I am delighted to be with you, and it is one of the pleasures of my life to come to the State Medical Society. I like to see my friends and I like to be with you. You are all wonderfully kind to me. The only regret I have is that the man who fixed up the calendars made the years too long. If he had made them three or four years in one, it would have been much better. I hope to stay here with you through the session. I have nothing further, Mr. President.

REPORT OF AUDITING COMMITTEE.

We, your Auditing Committee, beg leave to submit the following report:

We have examined the report of the Secretary-Treasurer and find the same to be correct.

J. R. McCracken,
W. M. Jones,
C. Daligny,
Committee.

Report of Auditing Committee accepted.

REPORT OF NOMINATING COMMITTEE.

Mr. President, your committee has, after due consideration of the many men who have won by their labors in the cause of public health a place that would entitle them to become officers of this association, finally decided upon the following:

President—Dr. Arch. Cheatham, Durham.
Vice President—Dr. D. C. Absher, Vance County.
Secretary-Treasurer—Dr. George M. Cooper, Raleigh.

Respectfully submitted,

L. B. McBrayer,
For the Committee.

Moved and seconded that the report of the Nominating Committee be accepted. Motion carried.

Dr. Rankin: There was a resolution offered this morning by Dr. Way in regard to legislation for establishing county hospitals. I would like to know from the chairman whether that resolution was considered or what it is to do.

The President: Dr. Way was to furnish it as a resolution, but he never put it in writing, so we had nothing to go on.

Dr. McBrayer: Dr. Nesbitt, of Wilmington, was Vice President this last year and it has been the custom of this association to promote the Vice President to the President's chair. The committee, while entertaining the very highest regard for Dr. Nesbitt and for his work, after due deliberation felt that it would not be wise to depart from the rule

that has always existed in the State Medical Society, to make a man an officer who was not in attendance on the association. While the committee regret this, still it did not feel that it was wise to do that and it is hoped by the committee, and no doubt by the other members of this association, that this association may in the future bestow the honors of President on Dr. Nesbitt, which he so richly deserves.

Dr. Thompson: I may be a little out of order, but I just wished to refresh my mind. You have not delivered your inaugural address.

ADDRESS OF DR. ARCH. CHEATHAM, PRESIDENT-ELECT.

I feel it a great honor to be made President of this organization, I might say of this body of working men, although it comes because of the absence of a man who ought to have it. I will try and do the best I can. I did not expect it because I have only been in the Society three years. This is the third time I have attended the meetings and I think you are unwise in skipping the older men who have been in the service longer than I have. I am just one of the plain working men and this honor came by accident. Some accidents are bad things for communities, but I hope this one will not be bad for this Society.

Dr. J. Howell Way, Waynesville, offered the following resolution:

Resolved, by the North Carolina State Health Officers' Association, that in its judgment, the time has now arrived for the individual counties of the State to provide for the erection and maintenance of local county hospitals for the care and treatment of their sick as a necessary and vital part of a proper and advanced public health policy."

Dr. Way moved the adoption of the resolution and spoke as follows: This resolution, gentlemen, carries the idea, calls attention to the fact, if you adopt it, that in our judgment as public health workers in North Carolina, the time is now ripe for the separate counties to provide proper care for their sick and afflicted as a necessary public health measure. We believe the sick of a community should have at least as much attention as is given the criminal classes! Witness the comfortable jails built to house our malefactors, and the luxuriously appointed courthouses erected in which to try these same malefactors. Are not the sick worthy of equal consideration? It has been said in the past that we were a poor people and could not afford local county or community hospitals. If this was ever true, it is not true now. By far the large majority of

local hospitals in North Carolina for the care of sick people have been built by physicians from their limited funds.

Often their construction has saddled financial obligations upon medical men from which they never ceased to be burdened with, all because of a certain pride of profession, or at times a sense of possible duty, that impelled them to take the initiative in providing for the community facilities for the care of the sick, which duty is a community duty, and not a duty of the medical profession as individuals.

There is no more justice in assuming physicians should erect and pay for the maintenance of a community hospital than there exists justice in the suggestion that lawyers should build the jails and courthouses, or ministers of religion erect the churches for the use of the other people of a community. A proper appreciation of the advantages of a modern hospital is one of the evidences of advanced civilization, and with this appreciation properly should also come the disposition on the part of local communities to make provision for the care of their sick. The county is the unit of our governmental system, and the counties should feel it as much incumbent on them to make proper provision for the care of those afflicted in body, as well as for those whose moral natures are attuned at variance with the established moral thought of the community. In other words, let us put it up to the average county of our great State, that if the county is financially able to spend public funds to provide for the criminal classes of society, there exists at least an equally strong, if not greater series of reasons why those physically unfit should be cared for. Take the school inspection work going on all over the State as an example of the need of local hospitals. Let the inspector note the imperfections of a given number of children. How many of them are financially able to go to some distant city where proper facilities for the operative care of many such patients are to be had. Once have a local hospital, and there inevitably develops from among the local profession men capable, willing, and anxious to perform the needful operations for which many people of our State yet go to distant cities where ample hospital facilities are to be had. This costs more money to our citizens and retards the development of the local medical profession.

But this is not all. The large majority of patients needing surgical treatment never get such benefits unless there is a community hospital. Are not the boys and girls, the men and women of this grand old State worth the investment of sufficient county funds to erect and maintain in every county in North Carolina a community hospital? We will never be a fully civilized people until this is done, and now is the time to make a start in thus bettering the physical conditions of our people.

I move the adoption of the resolution and its giving to the public press as an expression of intelligent professional thought on an important subject.

Carried unanimously.

DR. LAUGHINGHOUSE: If it is relevant to this resolution I want to say that as a general practitioner deeply interested in public health, watching as closely as I can the results of public health work, to my mind a county hospital will do more to carry the message to Garcia, as Dr. McBrayer is so fond of saying, than any one thing we can do. Defective teeth cannot be treated from a public health standpoint among children who are not able to receive money from their parents for this work, unless it be in a dental clinic, and that dental clinic cannot be successfully carried on unless it be under the guidance and by the expense of a county hospital. Adenoids and tonsils are found every day by every whole-time health officer in North Carolina, as are deflections of the nasal septum. The children are being apprised of it and the parents are being apprised, and the physicians advise operations, but there is nowhere to go. Consequently the nose and throat work of the whole-time health officer, so far as actual results are concerned, is greatly hampered, not because the parent is unwilling, not because the physician who is attending the family is careless, but simply because there is no place in which this work can be properly and economically done. I know that tonsillotomy can be performed in private homes. As far as that is concerned anything in surgery can be done in a private home, provided you arrange that private home so that surgery can be done safely. So far as the whole-time health men are concerned, probably they have nothing especially to do with the functions of a county hospital other than those it performs for public health work. Therefore, it seems to me not quite right or proper to go into the details of the usefulness of a county hospital here, other than to impress, as public health workers, the necessity of county hospitals for this special line of work, and as a general practitioner, not a whole-time health man, I am deeply interested and thoroughly convinced that nothing we can do will bring about more practicable, useful benefit than the adoption of this resolution.