

TRANSACTIONS

OF THE

NORTH CAROLINA

HEALTH OFFICERS' ASSOCIATION

SEVENTH ANNUAL SESSION

ASHEVILLE, N. C., MONDAY, APRIL 16, 1917

NO

DR.
North
will be
byteria

REV. I

Our
this m
upon r
fallen
guidan
for eve
to serv

Now
that en
Thee tl
so that
out the

We p
sonal I
ministe
Almigh

Bless
that thi
and vis
too, wil
genuine
thrown

Help
the upli
health a

OFFICERS 1918.

President—DR. D. C. ABSHER.....Henderson
Vice-President—DR. M. T. EDGERTON.....Greenville
Secretary-Treasurer—DR. GEORGE M. COOPER.....Raleigh

OFFICERS 1917.

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

TRANSACTIONS
OF THE
NORTH CAROLINA HEALTH OFFICERS' ASSOCIATION
SEVENTH ANNUAL SESSION

DR. D. E. SEVIER, Asheville: The seventh annual meeting of the North Carolina Health Officers' Association will come to order. We will be led in prayer by Rev. R. F. Campbell, D. D., pastor First Presbyterian Church, Asheville.

INVOCATION.

REV. R. F. CAMPBELL, D.D., PASTOR FIRST PRESBYTERIAN CHURCH, ASHEVILLE.

Our gracious heavenly Father, we come to Thee with grateful hearts this morning for the mercies and blessings that Thou hast bestowed upon us, for the guidance of Thine own hands in the duties that have fallen to our lots. We are sorry that we have not fallen in with Thy guidance with greater fidelity, and we come with humble repentance for every neglect of opportunity that has come to us to serve Thee and to serve our fellows about us.

Now we are together to consider one of the most important interests that encounters us this morning, the health of our State, and we pray Thee that we may have that wisdom which comes down from above, so that we may have the courage to go in the face of opposition to carry out the plans that we form for the uplift of mankind.

We pray Thee to let the blessings of God be upon us in our own personal lives. Remember our families, remember those to whom we minister; and then we beseech Thee that we may have the help of an Almighty hand in the delicate duties to which we are called.

Bless the sections of the State from which we have come, and grant that this State and this Nation may be the object of Thy special care and visitation. We pray Thee that we may each be patriotic citizens, too, willing to sacrifice and to suffer, and to do all in our power as genuine lovers of the country that has given us birth and that has thrown around us all our days its protecting care.

Help us to be loyal to every institution that has been established for the uplift of man and the extension of that knowledge which will bring health and peace and prosperity.

.....Henderson
.....Greenville
.....Raleigh

.....Durham
.....Henderson
.....Raleigh

Now hear us in this prayer; bless the homes from which we come, the loved ones from whom we have been separated for a time, and watch over them in Thy good providence until we shall be brought together again; we ask in Jesus' name. Amen.

DR. D. E. SEVIER: Next will be the address of welcome by a man who needs no introduction. He stands today at the head of his profession as a specialist in tuberculosis, and he is known throughout the United States as well as in foreign lands. I am glad to tell you that he is one of the men who established the City Health Department of the city of Asheville, and who fought for eight long years and won out over the politicians of Buncombe County in establishing the meat inspection of Asheville. He was also instrumental in bringing about a certified milk commission, which you will have an opportunity of observing today. He has ever and always been for all progressive measures, and it has been the wish of the Buncombe County Medical Society when they had a difficult matter to overcome to place him as chairman of the committee. Why? Because this man does not know the word "Fail."

It gives me great pleasure to present to you Dr. Chase P. Ambler of Asheville.

ADDRESS OF WELCOME.

C. P. AMBLER, M.D., ASHEVILLE, N. C.

Mr. President and Members of the Health Officers' Association:

The city of Asheville is doubly honored this week in entertaining the State Medical Society and your convention of health officers. It has fallen to my lot to welcome you to Asheville as medical men, and it is a sincere pleasure to extend this welcome, not only on behalf of the profession, but on behalf of the city, the county, and the whole western part of the State.

Asheville for many years has been a convention city. All of the larger organizations of the State and many of the national organizations having met here. She is, however, proud today to receive the profession of the State, and, as I have said once before, particularly proud to greet you as state health officers.

The past few years have made great strides in the work in which you are engaged. Probably no more important office is now held in our counties than the whole-time health officer; such of you as hold this position we particularly want to congratulate, both upon your preference and upon the unselfish way in which you are giving your time, for meager consideration, to the health of your community. Politics for a long time has interfered with health matters in our State; it has,

however, on recognize w medicine.

I know of is laboring t am well sati come when surrender hi who are act rural commu accomplished future holds counties whe sympathy to use every ene plished in th only wish, th an equally er here in Bunce

The profess officer has acc typhoid fever typhoid fever as it has for 1 as the outlyin the far-sight o as a whole-tin

If one coul plished, not o smallpox, scar water supply, provement of place in the sa rate from infe sickness, the l great improve into considerat lines, the nomin in proportion t understand how

which we come, the
a time, and watch
brought together

welcome by a man
head of his pro-
wn throughout the
ed to tell you that
th Department of
years and won out
hing the meat in-
bringing about a
ortunity of observ-
gressive measures,
dical Society when
as chairman of the
v the word "Fail."
hase P. Ambler of

Association:

in entertaining the
th officers. It has
al men, and it is a
behalf of the pro-
whole western part

All of the larger
organizations hav-
eive the profession
arly proud to greet

work in which you
s now held in our
f you as hold this
upon your prefer-
giving your time,
mmunity. Politics
our State; it has,

however, only been due to the fact that the people themselves did not recognize what could be accomplished along health lines, or protective medicine.

I know of no other profession that has labored for generations and is laboring today with an idea of working themselves out of a job, but am well satisfied that if every physician in the State could see the day come when there would be no need of physicians each would gladly surrender his present occupation and take up something else. To you, who are actively engaged in carrying preventive measures into the rural communities, we wish to say that the work which you have already accomplished is something of which you can be proud and that the future holds much in store for you. To those of you who come from counties where they have no whole-time health officers, we extend our sympathy to both you and to your people. We can only urge that you use every endeavor to acquaint your people with what is being accomplished in those counties where a whole-time officer holds office. We only wish that every county in the State was so fortunate as to have an equally energetic and efficient whole-time health officer as we have here in Buncombe County.

The profession of our county claim that the results which our health officer has accomplished during the last two years in the abolishment of typhoid fever alone has been of inestimable value to the county. That typhoid fever has become an almost negative quantity in the county, as it has for many years been in the city of Asheville, and that, so far as the outlying districts are concerned, this has been accomplished by the far-sight of our county commissioners in employing Dr. Dan Sevier as a whole-time county health officer.

If one could but for a few minutes consider what has been accomplished, not only in typhoid fever eradication, but in the question of smallpox, scarlet fever, summer complaints of children, improvement of water supply, installing more modern sanitary arrangements, the improvement of sanitation to our school houses, the improvement taking place in the sanitary arrangements of our rural homes, the lower death rate from infectious diseases, less days lost from work on account of sickness, the lessening of suffering, fewer children left orphans, the great improvement in the eradication of flies; when, I say, one takes into consideration the great change which has been made along these lines, the nominal salary which is paid the whole-time officer is so absurd in proportion to results accomplished that one cannot for one minute understand how any county can be without such officer.

In our county of Buncombe health matters have during the past twenty years made great strides. We do not know of one single health measure which has been enacted as a law or enforced by the various county officials which has not been fathered, advocated, and pushed by the medical profession. In the city of Asheville the medical profession were the first to ask for better water supply with result we now have the finest in the world. The medical profession has advocated the abolishment of open closets and extension of water mains and sewers, with result that very few open closets exist in the city today, and plans are now prepared for the abolishing of these. We took up the question of pure milk and fought it to a finish, with result probably no place in the South has more cause to be proud of the milk supply than Asheville. We took up in our Buncombe County Medical Society the question of meat, food, and milk inspection and, although it took eight years to get meat inspection and were year after year turned down in the legislature by narrow minded selfish politicians who were playing to their constituents in the rural communities, we finally secured such measure. The profession of our county were the first to see enacted and enforced an anti-expectoration ordinance, the members of the Buncombe County Medical Society subscribed the first money to carry on a campaign for the destruction of flies and, although the people of the community laughed at us and ridiculed us, they have learned that flies can be eradicated. Practically everywhere they are following in our footsteps as we today get letters from all over the world asking for literature as to fly prevention.

No place in the country has more drastic and better enforced laws on the matter of infectious diseases; notwithstanding the fact that some of these laws have worked a hardship on some of the profession of the city, this law was enacted and enforced by the profession. The good work that has been done in Asheville is now on a sound basis; is recognized by every citizen in the county as a necessity; no politician would dare to undertake to erase the laws; no official would dare to advocate their nonenforcement. It has been the successful way in which these matters have been conducted in the city that now makes it possible for the same measures to be extended into the rural communities. While politics and red tape will occasionally attempt to halt the work, they both have to stand aside when they find the medical profession as a unit are demanding health measures.

If any of you come from those communities in which antagonism against such laws and such measures are continually cropping up, do not be discouraged, but simply take it as an indication for more intelligence, more energy and greater fight; if you find that at times the

oppositi
advise y
you can
assistan
away, f
to realiz
of the c
health li

The te
schools,
that we s
and will
the mind
must be
that a lit
dead lan
along th
and keep
happier
mentally

I unde
ventive
we wish
are to h
as the re
senting t
you welc
communi
tension o

DR. D.
come by
Laughlin
respondec
inghouse.

ve during the past
of one single health
ced by the various
ocated, and pushed
le the medical pro-
ply with result we
ssion has advocated
ter mains and sew-
the city today, and
. We took up the
result probably no
e milk supply than
Medical Society the
hough it took eight
turned down in the
ho were playing to
inally secured such
first to see enacted
members of the Bun-
st money to carry
ough the people of
y have learned that
ey are following in
he world asking for

er enforced laws on
the fact that some
he profession of the
ofession. The good
sound basis; is rec-
; no politician would
ld dare to advocate
way in which these
akes it possible for
ommunities. While
halt the work, they
ical profession as a

i which antagonism
lly cropping up, do
tion for more intel-
d that at times the

opposition becomes so great that matters appear hopeless we would advise you to carry the case to the profession of your community; if you can secure their coöperation and endorsement, if you can enlist their assistance, if you can get them with you, then opposition will all fade away, for the simple reason that the people as a whole are now coming to realize that the doctors are sincere and are only acting for the good of the community in which they live, when they take this position along health lines.

The tendency of the times is to carry health measures into our public schools, and this is as it should be. If we cannot have the laws today that we should have in this generation, they certainly will come to pass and will be enforced in the next generation if we will only instill into the minds of our children that the handling of disease should be and must be along the lines of preventive medicine. Personally, I believe that a little less Greek, a little less Latin, a few hours each term less of dead languages, and a little more common sense, a few first principles, along the lines of preventive medicine, some instruction as to the care and keep of the body, and we would see our children grow up healthier, happier and more able to meet the battles of life, both physically and mentally.

I understand that your organization is particularly interested in preventive medicine, and in this we wish to congratulate you. Moreover, we wish to congratulate ourselves that you have selected our city and are to hold your meeting here, and, again as I said in the beginning, as the representative of the Buncombe County Medical Society, representing the city of Asheville, representing Buncombe County, we bid you welcome and wish to extend to you the hospitality of our city and community, and only trust that your meeting here will result in the extension of the great cause of preventive medicine.

DR. D. E. SEVIER: Next will be the response to the Address of Welcome by Dr. Chas. O'H. Laughinghouse of Greenville. Dr. C. S. McLaughlin, Mecklenburg County Physician, of Charlotte, should have responded. This will be an impromptu talk by Dr. Chas. O'H. Laughinghouse. I say that to let you see what he can do offhand.

RESPONSE TO ADDRESS OF WELCOME.

DR. CHAS. O'H. LAUGHINGHOUSE, GREENVILLE.

Mr. Chairman, Ladies and Gentlemen:

This comes to me almost as suddenly and as much of a shock as if I had been peremptorily ordered to the front. Verily I am not only conscripted, but ordered to immediately appear on the field to substitute for Dr. McLaughlin. Conscripted is new, but substitution is not new to me; it seems sometimes it is almost my middle name. Not long ago I was stopped in the road by an old colored woman, who said: "Doctor, I want ter know if you can't git me out'n a trouble I has been in for seventeen or eighteen year, ever since I turnt fool and married Jeems. You knows Jeems, you know he aint no manner 'er count; ev'ything he do seems like aint nothin'; and all I kin git he comes and gits and spends for lieker, and ev'ything else sep sumpin' he aut ter have. Aint dere nothin' I kin do to git rid uv him?" I said, "I think you can get a divorce." She said, "Yes, Doctor, I is heard about dem things. Is you got any uv 'em, Doctor?" There I was being pushed into substituting again. I said, "I think a lawyer can give you one." She says, "Doctor, what is dey wuth?" I said, "\$25.00 or \$30.00." She says, "No, sir; all dat money to git rid uv dat nigger? I aint er gwine to spend it dat way; he aint wuth it."

I feel, gentlemen, that an attempt on my part to respond to this Address of Welcome is not worth your time, but when this Society asks me to do anything, even though it is to substitute, it is my pleasure to attempt to do it, whether it is done well or badly.

It was a very great delight to me to come back to Asheville again. Just out there in that little summer house I made love to my wife. It seems whenever I come to Asheville I get in serious business. Right in this hotel I spent my honeymoon. Among the health workers of North Carolina I feel that I have got the warmest, best, and finest friends that any man ever had. We know that when we come to Asheville we are coming not only to be delighted with the beauties of Asheville and its people's hospitality, but we are coming to be taught. I don't think I will go wrong in saying that there is no place of its size in the South that has done more for public health than has the city of Asheville. There is no phase of health work that cannot with profit be studied through observing the ways and means and methods which are put into practice by Asheville's people and Asheville's doctors. So we thank you, gentlemen, for the privilege of coming here, and when I say "gentlemen," I mean the citizens of Asheville. We assure you that we

will undertake to imbibe as much as possible in a few days of what you have to give in the way of information, we assure you that we deeply appreciate your hospitality and we assure you that we will go back to our homes delighted at the pleasure and the privilege of having been the guests of such splendid hosts.

DR. D. E. SEVIER: I wish to announce that the Entertainment Committee desires all the physicians present to be here at eleven o'clock to be ready to go to the Vanderbilt estate. Do not be out of place, or you will be left.

Next is the President's Annual Address, Dr. Arch Cheatham, Health Officer Durham County, Durham.

PRESIDENT'S ANNUAL ADDRESS.

DR. ARCH CHEATHAM, DURHAM.

Mr. Chairman and Members of the Health Officers' Association:

The people of the State expect us to exercise leadership in health matters; leadership of the frankest sort and, therefore, it is of the utmost importance to the State that we, who attempt to be leaders in health work in our respective communities, should come together in common council to consider the affairs that the whole State is concerned in, but we, as individuals, have to deal with.

It is of great importance to the State to have the Health Officers gather in council with a united purpose for the best interests of the entire State. There are many fundamental conditions which are difficult and complex when treated independently, but are easy when treated by coöperation. Many of us are too independent, acting on our initiative and under our own guidance, often getting into trouble, when a few lines to a neighboring Health Officer, or to the State Board of Health, would relieve our worrying or, at least, we would have some one else to help share our responsibility. So it seems to me that by coöperation we may render a better service to our respective counties and cities and, therefore, to the State.

It is of equal importance to those of us upon whom primarily rests the duty of enforcing the laws which are for the protection of the public health of the city and county, that we should be in close touch at all times with the State Board of Health (if not under direct control).

As a concrete example of coöperation and noncoöperation, permit me to call your attention to the epidemic of cholera in England, in the year 1849. The public became so aroused that the clergy was resorted

ME.

of a shock as if
I am not only
field to substi-
stitution is not
ame. Not long
nan, who said:
able I has been
ol and married
'er count; ev'y-
comes and gits
e aut ter have.
I think you can
out dem things.
ushed into sub-
ou one." She
\$30.00." She
I aint er gwine

espond to this
n this Society
is my pleasure

sheville again.
o my wife. It
ess. Right in
rkers of North
finest friends
o Asheville we
Asheville and
I don't think
e in the South
of Asheville.
ofit be studied
which are put
ctors. So we
id when I say
e you that we

to, (the old way of arresting epidemics) and, to allay the fears of the people, they set a day of national humiliation and prayer. A large and influential committee of clergymen was selected to visit the Prime Minister and request him to issue the usual proclamation. His reply was "Go back to your homes and make them and their surroundings clean and keep them clean, then ask the Almighty to bless your efforts at protection against the pestilence." The religious classes and the clergymen were shocked at his irreverence and his reliance on such a trivial measure for the protection against a pestilence sent by God as a punishment of the sins of the people. The day of fasting and prayer was held under the sanction of the Church throughout England. The cholera came and wrought havoc in the country, villages and cities. It was checked by neither the prayers of the clergy nor the fumes of burning sulphur in the streets and houses. The Prime Minister's advice was not followed, but was the universal subject of ridicule.

After the disappearance of cholera, the Registrar General investigated the results. The toll was heavy. In all England he found but one bright spot in the dark picture. It was a small interior town which reported "Not a single case of cholera has occurred among its people, though it visited all the neighboring villages with great mortality of the people." On inquiring as to the reason that the hamlet was spared it was learned that they had followed the Prime Minister's advice, and had not only thoroughly cleaned the homes, the streets and all waste places, but had appointed a Vigilance Committee with full power to enforce cleanliness. It further appeared that not only was the town saved from cholera, but all forms of disease were greatly diminished.

Only one town in all England followed the advice of the higher authority, and the people coöperated with the local authorities. Oh, that the Health Officers of the counties, towns and cities of North Carolina could get full and free coöperation in their work. Thoroughly cleaned houses, streets and all waste places, and a Vigilance Committee to coöperate with the Board of Health—Ideal.

There are many agencies in the community that must be harnessed and used in coöperative health work. Perhaps the most difficult task in getting the county organized into a coöperative community is that of getting the board of county commissioners, the board of city aldermen and the board of education to harmonize and support and coöperate with the board of health. Fortunate is the superintendent who can or who has harmonized these great factors in his work; for on them rests the foundation of permanent and successful health work in any county.

the fears of the
 yer. A large and
 t the Prime Min-
 . His reply was
 rroundings clean
 s your efforts at
 es and the clergy-
 on such a trivial
 God as a punish-
 and prayer was
 gland. The chol-
 nd cities. It was
 fumes of burning
 ster's advice was

neral investigated
 e found but one
 erior town which
 among its people,
 reat mortality of
 amlet was spared
 ster's advice, and
 ets and all waste
 ith full power to
 ily was the town
 eatly diminished.
 of the higher au-
 orities. Oh, that
 f North Carolina
 oroughly cleaned
 Committee to co-

must be harnessed
 st difficult task in
 nunity is that of
 of city aldermen
 ort and coöperate
 tudent who can
 ork; for on them
 alth work in any

Then we must have the support and coöperation of the County Medical Society. Let it not be forgotten that an ounce of persuasion is worth a pound, yea, many a pound of drive with these gentlemen, yes, and with the average man. We must court the coöperation of the churches, the schools and all civic associations, white and colored.

The large industrial plants must not be overlooked. We must seek the coöperation of all and the ill-will of none, remembering that "there is no dog so sorry but that some one will listen to his bark." I would not have you believe that I do not favor the use of the strong arm of the law; but I believe it should be the last resort. I know that a hasty resort to it has reacted and hindered my work.

In this day and time, in the face of the rapid and wonderful advancement in sanitary and health laws, neither the people nor the doctors have kept up; therefore, we must educate and not drive. You can give any board of health unlimited financial support in a community that is self-governing, and its work will be a failure unless you educate the people to coöperate and support the work.

One of the greatest factors in educating the people is by coöperation with the newspapers. Ask the newspapers to coöperate with you, and you will meet with a generous response. The public is eager for news about preventable diseases and better health in the community, and the editors and reporters are anxious to supply their readers with the kind of information they are seeking. It is up to you to supply the reporters with information concerning your work that will interest the public; at the same time not forgetting that the sale of advertising space is what they are dependent on to run their papers. Therefore, when you have special information and notices to give to the public, purchase space in the papers.

Dr. Paul Preble, of the United States Public Health Service, defines the functions of the Federal, State and Local Health Organizations as follows:

THE FEDERAL.

1. To prevent the importation of communicable diseases from foreign countries and their spread in interstate traffic.
2. To collect information of the prevalence and geographic distribution of disease and other pertinent sanitary information.
3. To investigate the causes of disease and to determine means for prevention and control.
4. To coöperate with and render assistance to State and local health authorities in matters pertaining to the public health.
5. To distribute information and literature regarding the prevalence, geographic distribution, causation, and prevention of disease.

THE STATE.

1. To enforce the State health laws.
2. To promulgate and enforce regulations to control the occurrence and spread of disease within the State, including quarantine.
3. To keep informed of the prevalence of disease.
4. To investigate epidemics and instances of unusual prevalence of disease, and to determine the conditions responsible for the epidemics or unusual prevalence.
5. To control the communicable diseases and prevent their spread.
6. To aid and assist local health authorities.

THE LOCAL.

1. To urge and secure the adoption of such local legislation as may be necessary for the protection of the public health.
2. To adopt and promulgate such rules and regulations as may be necessary in maintaining the health and sanitary conditions of the community.
3. To secure adequate appropriations and approve expenditures.
4. To consult with and advise the Health Officers in problems of importance or of an emergency nature as they may arise from time to time.

I believe that all health work should be organized along the lines indicated by Dr. Paul Preble, each department dependent on the other. The United States Health Service should be the main advisory head; the State Board of Health correlating its work with the United States Public Health Service, and the County Board correlating its work under the supervision of the State Board of Health. Not that the United States Department should control the States, or the States should control the counties, but each should be dependent on the other. The leading principle should be to place the executive authority, as far as possible, in the hands of the local Board of Health, so that the National and State Health Departments under normal conditions will act as a guide and advisory of the local Health Department.

DR. ARCH CHEATHAM: I want to recommend, first, that hereafter the Society elect its officers by nomination from the floor, and, second, that a five minutes' report from each county, setting forth the work done in the county, be made a part of the regular program of each annual meeting.

Now, if the Society acts on my first recommendation there will be no occasion to appoint a committee on nominations.

Motion to refer the President's recommendations to a committee on resolutions; seconded by Dr. W. S. Rankin. The motion prevails; and the resolution is given to the committee.

APPOINTMENT OF COMMITTEES.

Committee on Nominations—Dr. L. B. McBrayer, Chairman; Dr. M. T. Edgerton and Dr. D. E. Sevier.

Committee on Resolutions—Dr. W. M. Jones, Chairman; Dr. John Thames and Dr. C. S. McLaughlin.

Auditing Committee—Dr. C. V. Reynolds, Chairman; Dr. A. C. Bulla and Dr. E. F. Long.

DR. ARCH CHEATHAM: The Secretary's report is next in order.

DR. G. M. COOPER: Before I read my report I should like to remind the members that our Association is open to any member of the board of county commissioners, any member of the county board of education, any mayor of any town of North Carolina, any member of any board of aldermen, as well as to any health officer, city or county, or county physician; in other words, to anybody in any official position interested in public health. I will say this, too, that we have the best attendance to begin with this morning that we have had in four years, and that bodes well for good health in North Carolina for the next year. We have the records of the vital statistics at the State Board of Health offices, which will show that those counties that have officers that attend regularly have a record in disease prevention to be proud of. The counties that never send their representatives here, that are never heard from in this session, invariably have a backward and unawakened public health spirit.

REPORT OF SECRETARY-TREASURER.

Mr. President and Members of the Association:

No minutes of the last meeting are necessary because the full account of our proceedings appears in the Transactions of the State Medical Society of which we are all members. I take this means of again thanking the Society and its Secretary, Dr. Hays, for this courtesy. I wish also to thank the press service of the State Board of Health and the newspapers of the State for aiding in calling attention to this meeting.

With the coöperation of your President, Dr. Cheatham, and Dr. Rankin, Secretary of the State Board of Health, I have prepared a program for this meeting. I wish to thank those called on for aid in preparing papers, addresses and discussions for their willing compliance. I wish to especially thank the Asheville Program Committee for valuable assistance in arranging for this session.

I have prepared and mailed out 338 multigraph letters to health officers and county commissioners relative to getting a good attendance at this time. I have also sent out numerous personal letters.

As Treasurer, I beg to report as follows:

Total funds in hand at close of Durham meeting.....	\$22.56
Interest on above funds to April 11.....	.90
Received membership dues from one member, April 10	1.00

Total receipts.....	\$24.55
---------------------	---------

Disbursements

April 11 To Alfred Williams & Co., one registration book	\$ 1.00
Balance on hand.....	\$23.56

On account of the fact that the Association is a valuable clearing house for the dissemination of public health information to the general public, all expenses of multigraphing, stationery, postage, etc., have been paid by the State Board of Health.

Respectfully submitted,

G. M. COOPER,

Secretary-Treasurer.

DR. COOPER: I will say that the committee had trouble in auditing my books last year. This year I took the precaution to get a certified cashier's check. I think the books should be audited this morning without trouble.

Just a moment about the registration book. Last year, after the meeting, about a month after we got back home, I got a letter from the authorities of one county in North Carolina wanting a certificate stating that their county physician attended the Durham meeting. I did not know whether the gentleman was there. I did not know him personally, nor did any man I could get hold of. I did the only thing I could do; I wrote Dr. Hays and asked him if he was registered at the meeting of the State Medical Society. He wrote back the gentleman was not recorded. He might have come on Monday and gone back without attending the Medical Society meeting. I don't know and our authorities don't know for sure, but circumstantial evidence tends strongly to show that instead of attending the Durham State Health Officers' meeting he took the time he had off to visit his people in another city.

I want to earnestly request every man here today to register.

DR. ARCH CHEATHAM: That completes the program up to going over to Biltmore.

DR. W. M. JONES: Suppose before we start to Biltmore that the committees get together during this time so that we will be ready to get together.

It is moved and seconded that committees confer; motion seconded and carried.

EX

Bef
pose o
I do
in this
or con
treated
practi
sonabl
if a co
requir
have t
combe.
rules a
Bunco
border
fore it
power
an epi
forces
You e
Bunco
less to
fore, th
an inte
jurisdi
sanitar
Then
recogn
by giv
during
try, we
York,
ties of
wire to
North
of the
disease

EXPLANATION NEW STATE-WIDE QUARANTINE LAW.

W. S. RANKIN, M.D., RALEIGH, N. C.

Before taking up the law, section by section, I wish to state the purpose of the law.

I do not think there is any difference of opinion among sanitarians in this country on the question of local or central control of epidemics or contagions. Until this law was passed the control of epidemics was treated as a local matter entirely. The old idea had been, and the old practice had been, for any county that wanted to adopt and enforce reasonable rules and regulations for the control of epidemics to do so, but if a county did not wish to control contagious diseases, there was no law requiring the county to exert itself. As a result of such a practice you have this situation, if I may illustrate: We will take this county, Buncombe. Suppose Buncombe County has the very best kind of quarantine rules and regulations and they are properly enforced in every respect. Buncombe County is helpless to protect herself, with her hundred-mile border, from contagion coming from possibly careless neighbors. Therefore it is necessary in the control of contagions for the State to have power over the county, that it may call timely attention to the fact that an epidemic is in a neighboring county and see that such a county enforces the necessary rules and regulations that will protect its neighbors. You can reverse the process. You have an infectious focus here in Buncombe, and all the neighbors under the old practice would be helpless to protect themselves if Buncombe was careless. It is clear, therefore, that the control of the spread of contagion is not an intracounty but an intercounty problem. It is absolutely necessary for the State to have jurisdiction. There is no difference of opinion on this point among sanitarians.

Then there is a second reason why the State of North Carolina should recognize the control of contagion as a state matter. I may illustrate by giving you the actual experience of our State last summer when, during the infantile paralysis scare that prevailed throughout the country, we had citizens of North Carolina detained in Pennsylvania, New York, and other places by the authorities of those states. The authorities of other states would hold a citizen of North Carolina and would wire to Raleigh asking, "Is there any infantile paralysis in Jamestown, North Carolina?" or Belmont, or somewhere else. Under the old system of the State having nothing to do with it, no reporting of the contagious diseases to the State, we could not answer such an inquiry. We had to

.....\$22.66
90
 1.00

\$24.56

.....\$ 1.00

\$23.56

able clearing
 to the general
 etc., have been

OPER,
 -Treasurer.

le in auditing
 get a certified
 morning with-

ear, after the
 etter from the
 tificate stating
 g. I did not
 in personally,
 g I could do;
 he meeting of
 n was not re-
 ithout attend-
 thorities don't
 to show that
 eeting he took

gister.

to going over

more that the
 e ready to get

tion seconded

wire the local health officer. Usually he would wire back that he did not know of any cases of the disease, and we would have to wire that rather indefinite and delayed information to the state making the inquiry. Frequently the Federal Government asks, "What contagion have you in North Carolina at present?" That inquiry was very frequent last summer. Occasionally we have inquiries from other states. Some citizen of another state wants to visit in North Carolina and wishes to know if there is any measles, or whooping cough, in Clinton, or somewhere else. It is very embarrassing to have to stand up in a National meeting, as I had to do last August, when we had a conference composed of the members of the state boards of health to consider the control of infantile paralysis, and have to admit that we had no legal or official data on the prevalence of the disease in our State.

There is still a third reason why epidemics and contagions should be regarded as a state matter primarily and only secondarily a local matter. Suppose we had scarlet fever beginning in Catawba County and it was duly reported. It was shown by a tack map of North Carolina. As the days went by and other cases came in we would see that the disease was traveling toward Statesville and on towards Greensboro; we could see the direction of the spread of the epidemic and to some extent its rate of travel. We then could notify county authorities two or three weeks ahead of the time it would reach a county. We could notify Dr. Jones, for example, four or five or six weeks before the epidemic would reach his county. He would not have to wait until he had cases reported to start to work. In other words, given the beginning of an epidemic in some county, we could put anticipatory measures into effect. This could be accomplished only through a state system of control.

DISCUSSION.

DR. B. K. HAYS: That has already been passed by the Legislature?

DR. RANKIN: The law does not become operative until the first of July. Four months between the enactment and the enforcement of the law was provided because it was recognized that it would require that time to organize the work, to prepare the literature, rules and regulations necessary for distribution.

The quarantine officer is paid a monthly salary for the work performed, and the amount he is paid is based on the population of the county. Fifteen dollars a month is the minimum; for counties with a population over 50,000 he is paid \$50 per month. We have nothing to do with fixing the salary of the county physician. The law does say what he shall have for quarantine work. This law makes the county

phy
quer
to b
rou
Dr
a he
Dr
Hea
Dr
back
Dr
D
\$10,
D
vides
such
ment
fees
town
He
physi
their
both
terms
sand
nation
the n
allowe
less th
under
cians,
They
of co
termi
of an
Dr.
health

l wire back that he did
ould have to wire that
e state making the in-
," "What contagion have
iury was very frequent
om other states. Some
Carolina and wishes to
h, in Clinton, or some-
stand up in a National
l a conference composed
consider the control of
had no legal or official
te.

ad contagions should be
ondarily a local matter.
wba County and it was
North Carolina. As the
see that the disease was
reensboro; we could see
to some extent its rate
ties two or three weeks
could notify Dr. Jones,
e epidemic would reach
e had cases reported to
ning of an epidemic in
into effect. This could
ontrol.

ssed by the Legislature?
rative until the first of
the enforcement of the
t it would require that
ature, rules and regula-

lary for the work per-
a the population of the
un; for counties with a
h. We have nothing to
ian. The law does say
law makes the county

physician quarantine officer for four years for the reason that too frequent changes would not be well on account of the time needed for one to become familiar with epidemiology, the rules and regulations and routine practice.

DR. M. H. FLETCHER, Asheville: Suppose a county refuses to appoint a health officer.

DR. RANKIN: In that case the Secretary of the State Board of Health can appoint one.

DR. FLETCHER: Has your experience been that the Attorney-General backs you up?

DR. RANKIN: Yes, sir.

DR. FLETCHER: In case there is an epidemic and the expenses exceed \$10, who is responsible for that?

DR. RANKIN: The county can pay more than that. Section 10 provides "That the authorities of any county, town, or city may adopt such additional rules and regulations for the control of the diseases mentioned in sections 7, 8 and 9 of this act, and pay such additional fees and salaries as in the judgment of the authorities of such counties, towns and cities seem necessary."

Here is a section that allows a readjustment of salaries for county physicians: "Provided further, that county authorities may revise their understandings with those county physicians who are acting as both physicians to county charges and as quarantine officer and whose terms of office as quarantine officer shall expire in January, one thousand nine hundred and twenty-one, unless discontinued by death, resignation, or other disqualification, on a basis of compensation adequate to the new duties herein required; but in no case shall the compensation allowed for the services required by this act of quarantine officers be less than that herein named." Your county authorities can revise their understanding as to remuneration, as to your duties as county physicians, but they must pay you this amount for your quarantine work. They can revise that part of the salary that they pay for the treatment of county charges. You understand the county physician's office is terminable at the pleasure of the county anyway, so that that office is of an indefinite duration.

DR. FLETCHER: Under that law can you have a county physician, health officer, and quarantine officer?

DR. RANKIN: No, sir; your whole-time health officer always has to do the quarantine work. Your county physician can be quarantine officer or he may not be.

DR. J. C. BRASWELL, JR., Rocky Mount: I feel that there is very little to add to the discussion just given by Dr. Rankin. There are one or two points which have not been brought out as clearly as I would like for them to have been discussed. The first one that occurred to me is relative to the manner of enforcing the quarantine rules and regulations. If my interpretation of this law is correct, it is to be enforced by the County Health Officer or the County Quarantine Officer. As a rule the County Health Officer resides in the county seat and the present plan states that the rules and regulations shall be mailed to the head of the household. Unfortunately, we have quite a number of people who cannot read or write, and in such cases it is necessary for the postman or a neighbor to read and explain the quarantine rules and regulations. Personal experience has taught me that this plan does not work satisfactorily, as the notice received from the local Board of Health in such a manner often antagonizes the householder and the rules are not carried out. If it were possible for the County Health Officer or the quarantine officer to make a personal visit to all of these cases, I am convinced that the end results would be far superior. If a personal visit is made to the family suffering from a quarantinable disease and the rules and regulations are carefully explained by this party, it serves a two-fold purpose: first, it helps to control the spread of the disease present in the household; and second, if the man understands the value of the regulations, he will be of much assistance to the Health Officer in enforcing such regulations in the same community. When you educate one party, he in turn helps you educate others; and, as you will readily agree, this is what we are all striving for.

The second question that arises in my mind, is relative to the expenses. Dr. Rankin has just stated that the county is held liable for all expenses which exceed ten dollars as allowed by the law. My reason for asking such a question is perhaps plain to some of the men from the eastern part of the State and is due to the fact that measles has been quite prevalent in that section during the past six months, and in some counties I have known of over seven hundred cases. You realize that ten dollars would not cover the cost in such cases, as the amount would be nearer seventy dollars.

I heartily agree with Dr. Rankin relative to the plan of swearing in all men who propose to carry out the rules and regulations as outlined by the State Board of Health. If a man is not willing to take an oath

to the ef
he certa
the cap.

DR. M
look up
states ar
on this
form lav
features
clarify i
general
cases in
the loca
individu
State Bo
Health C
be influe
ture," ar
feeling f
should ca
ive. Th
makes

Another
of Heal
having i
demic fr
stance, i
did in J
though s
beginnin
the cases
monthly
not be so

The q
is respor
lives has
seems to
has a ca
across if
report hi
the paren

th officer always has
an can be quarantine

eel that there is very
nkin. There are one
learly as I would like
hat occurred to me is
ine rules and regula-
t is to be enforced by
ne Officer. As a rule
seat and the present
mailed to the head of
umber of people who
sary for the postman
rules and regulations.

does not work satis-
rd of Health in such
he rules are not car-
h Officer or the quar-
ese cases, I am con-
If a personal visit is
disease and the rules
erty, it serves a two-
f the disease present
nds the value of the
Health Officer in en-

When you educate
l, as you will readily

s relative to the ex-
is held liable for all
law. My reason for
f the men from the
at measles has been
months, and in some
s. You realize that
is the amount would

plan of swearing in
gulations as outlined
ling to take an oath

to the effect that he will perform his duty to the best of his ability, then he certainly is not a fit subject to represent his State, city or county in the capacity of an officer of the law.

Dr. M. T. EDGERTON, Greenville: Two years ago I had occasion to look up the laws on contagious diseases of about twenty or twenty-five states and I read a paper before the State Health Officers Association on this subject. I found that there are very few states that have uniform laws on the quarantine of contagious diseases. There are certain features about this law that I would like to raise a question in order to clarify it and get Dr. Rankin to answer. It seems to me that since the general tenor of this law is to put the quarantine of the contagious diseases in the hands of the State Board of Health, and that even though the local health officer should carry out the actual prosecution of the individual cases, it would be better if the prosecution came from the State Board of Health. The thing about it is that the average County Health Officer is more or less under political influences. He is bound to be influenced by local factors. "Self preservation is the first law of nature," and quarantine officers would have a great hesitancy in causing ill feeling for themselves with influential persons. If these prosecutions should come through the State Board of Health it would be more effective. Then he could say, "I am acting because the State Board of Health makes me act."

Another thing: It says you shall report each case to the State Board of Health within twenty-four hours. Dr. Rankin said this idea of having it reported to the State Board of Health was to trace the epidemic from one county to another. I fail to see the reason. For instance, if I should have a hundred cases of measles in Greenville, as I did in January, it would grow rather onerous to report daily, even though stamped envelopes were furnished. As I understand it, in the beginning of an epidemic there would be some reason of their reporting the cases, but it seems to me that if these reports were made weekly or monthly the State Board of Health would have a record and it would not be so much detail work.

The question of paying a man \$35 a month and then saying that he is responsible because a citizen in a town twenty miles from where he lives has failed to carry out the law and that he is liable to prosecution seems to me to be asking a great deal of a man. When the health officer has a car and has the time to do this work, in a county forty miles across if a physician willfully makes up his mind he is not going to report his cases it is a very difficult matter to make him, and, as far as the parent is concerned, it is a much more difficult matter. Take the

average mother who has had a case of measles for two weeks, and I venture to say you cannot convict one out of two hundred. Personally I have always contended and still feel that the least prosecution that you do the better you get along. Some people think differently from that and some people agree with it.

Those are some of the main things that Dr. Rankin has explained, and some questions that arose in my mind as to the difficulty of enforcement.

DR. CHARLES DALIGNY, Troy: Dr. Edgerton, who preceded me, I do believe has stolen my speech. His remarks were along the lines I had selected to make my own, and I hardly know what to add. As he said, if a way could be found by which the physicians in the county could be induced to report the quarantinable diseases, the quarantine officer would not be put to such a stress as he is at times. In Montgomery County they are all my friends, all good fellows, and I am at a loss what to do with them when they do not report as they should do. There are some who just won't do it. As far as forcing them, we are all physicians and we know how hard it is to even think of prosecuting any of them; one feels that he just can't do it. All in all, it is a tough proposition, and at times I do feel that if I could spank them it would be a great relief to me, but some are so much better men than I am that I would be afraid to undertake it.

These are all the remarks I have to offer.

DR. J. A. SPEIGHT, Nashville: I think the quarantine is one of the most disagreeable duties with which any health officer has to deal. It is so because there are so few people that like to be quarantined. I have only been in this work three months and I know it has been one of my most disagreeable duties, although we have had very good results. We have had a health officer in our county for about three years and we have the people pretty well trained to quarantine regulations. Dr. Washburn and Dr. Braswell, who preceded me, are here today. I would like to hear from Dr. Washburn in regard to prosecuting the cases of willful violation.

I agree with Dr. Edgerton that we seldom get an indictment carried through successfully because we cannot prove the violation was willful. I have quarantined not only cases reported to me. If I stopped there I would not have gotten half the cases. If I had a case reported in a neighborhood I rode out there and I would find fifteen or twenty cases where one was reported. Those people did not know; they were willing to be quarantined if necessary. They said they did not know the law required them to report these cases, "I did not understand it was my

duty to report cases? Are counties a man doing or some more those cases half of the will have to do. It will was to do Officer or to make the

Dr. E. J. preventive During this quarantine

An interference into our country, in each had closed immediately visited instructed tion, through including all

Notices to the requirement of existence of twenty-four quarantine officer. not only the penalty for through the communities the county susceptibility presented in each of the child accurate data pupil enrollment

Where were not notices directed

two weeks, and I
ndred. Personally
st prosecution that
k differently from

skin has explained,
ie difficulty of en-

preceded me, I do
ng the lines I had
o add. As he said,
he county could be
quarantine officer
. In Montgomery
(am at a loss what
uld do. There are
, we are all physi-
prosecuting any of
is a tough propo-
hem it would be a
than I am that I

antine is one of the
er has to deal. It
arantined. I have
as been one of my
good results. We
ree years and we
regulations. Dr.
re today. I would
uting the cases of

indictment carried
lation was willful.

I stopped there I
ase reported in a
en or twenty cases
they were willing
not know the law
erstand it was my

duty to report this." Well, what are you going to do with that class of cases? Another objection to the law is the compensation. If the counties adopt the amendment, why, it would not be enough to justify a man doing active work. It would require him to have an automobile or some means of getting about, unless he sits still and takes care of only those cases that are reported to him, and I do not think that would get half of them. I agree with the law in most of its phases. I think we will have to do something, and I expect this is about as good as we can do. It will be a step in the right direction. I did not catch, exactly, who was to do this indicting, who it was to go through, the County Health Officer or the State Board of Health. I would like to ask Dr. Rankin to make that clear to me.

Dr. E. F. Long, Lexington: I am practically new in the field of preventive medicine, having taken over this work in June of last year. During this period I have had, I suppose, about the usual experience in quarantine work.

An interesting situation presented itself last fall when measles came into our county almost simultaneously from three directions. The carrier, in each instance, had done his work so thoroughly that two schools had closed before I had notice of the existence of the disease. I immediately visited these communities, quarantined all the families affected, instructed the teachers and gave them suitable literature for distribution, through the pupils to the patrons of all the adjacent schools, excluding all exposed pupils during the period of incubation.

Notices were typewritten on the back of pamphlets, calling attention to the requirement that the head of every household must report the existence of contagious diseases to the county health officer within twenty-four hours. These notices were signed over the title of quarantine officer. Later we had a quantity of these notices printed, stating not only the legal requirements for householders, but containing the penalty for neglecting or refusing to do so. These were distributed through the schools as occasion demanded, to the homes of the different communities. The teachers and principals of the various schools in the county—about one hundred and five—had furnished a list of the susceptibility record, and, in addition, a list of the householders represented in each school, giving the correct name, address and first names of the children of school age. These lists are properly filed and afford accurate data concerning the susceptibility to contagious disease of each pupil enrolled in the schools of the county.

Where we had reason to believe that all the people in a community were not reporting contagious diseases in their families, we mailed notices direct from the office to each patron of the school or community

affected. This method of giving direct notice to the people concerned almost invariably secured prompt compliance with the law. It does not suffice to depend on the physicians to report contagious diseases because they do not see them all. The physicians probably see twenty-five per cent. of cases of measles and scarlet fever in mild epidemics. Therefore the people themselves must be taught that they are responsible for reporting quarantinable contagious diseases.

The quarantine officer can only do a limited amount of work, and his success in effecting adequate quarantine regulations is dependent on his ability to enlist the active support of every available agency. The principals and teachers of the schools are in position to render the most valuable assistance.

Every effort should be exerted toward securing the coöperation of the teachers and their activities directed in a manner calculated to secure the best results. We were able to limit the spread of the epidemics materially in the country districts, but were not able to prevent an epidemic of considerable proportions in the town of Lexington. Three cases had occurred during the early winter months. These were reported and quarantined promptly and no further cases occurred at this time.

Beginning about January 17, ten or eleven little girls and one little boy contracted measles in school, all coming from two grades. As none of these children had knowledge of an exposure we concluded that an unreported case, probably attending one of these grades, was responsible for the epidemic, which rapidly spread until 164 homes were quarantined.

Notices in the county papers calling attention to the legal requirement in regard to reporting contagious diseases, worded in a manner calculated to enlist the coöperation of all the people and stressing the responsibility of each family affected in protecting their neighbors' children, combined with the active support of the profession and school faculty, enabled us to quarantine the cases promptly. The school had been practically saturated by the first series of cases, so that a large percentage of the pupils contracted the disease. All contacts were promptly excluded during the period of incubation and the epidemic was practically limited to the second incubation contacts and the children in families affected by this contact. The most interesting phase of this epidemic of measles was the fact that practically all the families affected reported the cases in their families. The physicians reported the cases in their practice promptly, but in almost every case the family had recognized the disease and reported before the physician was called. Several days were spent in an attempt to isolate cases not reported, but

none wa
of thes
purpos
neighbo

I am
but to i
to an e
gious
church
protects
affected
neighbo
The
medical
years u
ences,
society.
arguing
emphas
erate if

Dr. J
the best
diseases
first pla
in it ex
to notif
local ph
the rura
not kno

Thes
law cov
of the
nothing

The
than th
and rel
cause.
It come
city, co
diseases
this as

he people concerned
he law. It does not
ous diseases because
see twenty-five per
idemics. Therefore
are responsible for

unt of work, and his
is dependent on his
agency. The prin-
to render the most

e coopération of the
calculated to secure
d of the epidemics
able to prevent an
Lexington. Three
is. These were re-
ses occurred at this

girls and one little
vo grades. As none
concluded that an
des, was responsible
omes were quaran-

the legal require-
ordered in a manner
e and stressing the
g their neighbors'
ofession and school
y. The school had
es, so that a large

All contacts were
and the epidemic
tacts and the chil-
interesting phase of
lly all the families
hysicians reported
ery case the family
ysician was called.
as not reported, but

none was found. I attribute the results obtained in limiting the spread of these epidemics to an educational campaign directed at the combined purpose of teaching the citizens their duty to the State and to their neighbors.

I am not citing these experiences to boast of the little we have done, but to illustrate the fact that, in my opinion, the people can be educated to an extent that they will not mind reporting the existence of contagious diseases in their families any more than they mind going to church once they get into the spirit of doing so. Quarantine not only protects the neighboring homes against the affected one, but protects the affected home against the criticism and unneighborly feeling of the neighbors.

The same principle applies to the medical profession. We had no medical society worthy the name in my county for a period of several years until recently. It took several months to harmonize the differences, but the effort was ultimately successful and we now have a live society. This was accomplished by recognizing the differences and arguing the points at issue until an agreement was reached. I want to emphasize the fact that physicians and the laity can be taught to cooperate if we go to them openly, squarely and fairly.

DR. J. S. MITCHENER, Edenton: I agree with Dr. Long that one of the best means by which we can get our people interested in reportable diseases is the local papers. The first edition after I had posted my first placard I gave notice in the newspaper to beware of measles, and in it explained the legal obligation of every physician, householder, etc., to notify me of the existence of the required diseases. The people and local physicians were very good in complying. No reports came from the rural members of the profession. Of the laity many said, "We did not know." Educate our people and they will abide by the law.

These diseases should not only be reported, but if there be no other law covering the point this one should be far reaching as to disinfection of the excreta especially in typhoid and tuberculosis. I fear many do nothing with the typhoid stools.

The prosecution is a more delicate matter for the county physician than the county health officer. The former has a small compensation and relies upon his practice for a living. Dr. Edgerton spoke of the cause. If we put the legal step on the State unit who is to notify it? It comes back to the local officer. One check only do I see: require all city, county and state laboratories to report to each unit all the required diseases diagnosed by them. After all we must use common sense in this as in all matters.

DR. WM. M. JONES, Greensboro: I would like to say a few words relative to prosecution. I have had some little experience, only a little, and I do not care for any more. I believe that Abe Lincoln is given credit for the saying: "Never go to court, for if you win your lawyer gets the reward, and if you lose the other fellow gets it." We often hear it said that the letters "J. P." after the names of certain officials, stand for "Justice for the Plaintiff." Of course you are going to win your case before the "J. P.," and if the case stops here all is well and good, but, unfortunately for the plaintiff, it does not always stop with the verdict of the justice's court, but is appealed to the Superior Court. Now it is in the Superior Court that you are going to lose out, for the defendant is going to get a lawyer, and he will, on one pretext or another, get the case postponed, and finally, when it does come to trial, you will not be able to find your principal witness. And why? He has left the county, he has gone. This is not my idea of what will happen, but is simply a statement of what I have seen, as a matter of fact, to happen. So in my opinion you should never go to the court except as a last resort. In the great majority of incidences a little diplomacy will accomplish everything and more than will the court, even if you are so fortunate as to win in the one of last resort.

DR. JOHN THAMES, Winston-Salem: The discussion this afternoon has brought out the fact that the local quarantine officers are responsible for the physicians not reporting to the quarantine officer. The question is, does the law require the quarantine officer to prosecute the physician or householder who does not report?

DR. RANKIN: He is required to enforce the law. It is a misdemeanor if he refuses to enforce the law.

DR. JOHN THAMES: How does he know if the disease has been reported or not? I mean, how is he to know that it is a case? I am not like the doctor who said he was new in the work. I have been for twenty-three years a health officer, and nearly every Legislature has made changes in some part of the Quarantine Law. I have tried for all those years to convict somebody for not reporting quarantine diseases, and I have been told by the judges that you cannot convict without the evidence. When I found a case of a doctor who had not reported he said, "I have not made a diagnosis." I referred him to the law that requires him to report a suspicious case. He says, "I have not suspicioned it." I notify a household and remind them of their duty; they did not know it was their duty. I go to the next neighbor. They have a case and are willing to be quarantined if it is measles or whooping-cough. They say, possibly, "I thought I might have it, but I didn't

know I
it." V
Legisla
are to
have gi
may be
cannot
my exp
this to
a matte
we hav
we can
the hea

Dr. V
Dr. Bra
ported:
enough,
that at
quarant
stand th
officer i
mail.
yet bee
of Heal
should
case, it
tine offi
in the l
have to
time he:
and if th
ment wi
to be de
decide.
Quarant
ferences
town or
As to
the Stat
law is t

a few words
only a little,
only is given
your lawyer
' We often
tain officials,
going to win
is well and
ys stop with
erior Court.
out, for the
t or another,
ial, you will
has left the
ppen, but is
, to happen.
a last resort.
accomplish
so fortunate

is afternoon
responsible
The question
re physician

is a misde-

has been re-
? I am not
ve been for
islature has
tried for all
ne diseases,
without the
reported he
he law that
ve not sus-
duty; they
They have
whooping-
ut I didn't

know I had to report it. Mrs. Smith says she is not going to report it." When questioned about it, she denies the statement. I want the Legislature, or somebody else, to tell the quarantine officers how they are to secure evidence for convictions. As far as I am concerned, I have given up all hope of convicting anybody so as to get a verdict. I may be penalized for not prosecuting them, but the judges say they cannot give me a verdict unless I can get the witness. That has been my experience for twenty-three years with a few exceptions. I am doing this to encourage the quarantine officers. I caught the idea that it is a matter of education, after all. I am proud of this law and I am glad we have a quarantine law, with all the other phases that are good, that we can report to one head office, and the quarantine officers can go to the head office for information.

Dr. W. S. RANKIN: Referring to the question of Dr. Edgerton and Dr. Braswell as to the quarantine officer's going to see each case reported: I do not believe that a county quarantine officer would be paid enough, or can get enough pay from the county to justify him in doing that at the present time. I think we have got to do a lot of the rural quarantine work by registered mail and by special delivery. You understand the rules and regulations will determine whether the quarantine officer is to visit the case or is to notify the householder by registered mail. Those rules and regulations have not been adopted, have not as yet been written; so that that matter will come before the State Board of Health for discussion and determination. If the Board of Health should adopt the principle of having the quarantine officer visit each case, it is going to require an immense amount of work of the quarantine officer, and I doubt whether the amount of remuneration provided in the law would justify a man in doing as much traveling as he would have to do if he visited every case. If the quarantine officer is a whole-time health officer and he is required to visit all cases of contagions, and if that whole-time health officer has a plan of work, such a requirement will knock his plan of work to pieces. However, that is a matter to be determined, and a matter the Board of Health will consider and decide. It is one of the most important features to be considered. Quarantine by a personal visit is expensive. There are important differences between rural quarantine work and the quarantine work of a town or city.

As to enforcing the law: The difference between a resolution that the State Medical Society or the General Assembly might adopt and a law is that one suggests and the other requires. Does North Carolina

need a quarantine resolution or a quarantine law? That is a matter that has already been settled in this State, that quarantine laws and not quarantine resolutions shall be the means in attempting to control contagious diseases.

As to who prosecutes: The local man swears or affirms, and his oath is published in the county papers and the *Bulletin*, that he will enforce this law and its provisions. If he cannot take that oath, he cannot qualify. It is a sworn duty; it is as much a sworn duty, although it may be disagreeable, I grant you that—it is disagreeable for a parent to punish a child—it is as much his duty to report a known violation, it is as much his duty to enforce the law against a known violation as it is the duty of the solicitor to prosecute criminal cases in the court. The people of the county and the people of the State, knowing that an officer has taken a solemn oath to enforce a law entrusted to him regardless of its being personally disagreeable to prosecute a brother physician, will expect and demand that the county quarantine officer discharge his sworn obligation. The State Board of Health will insist upon this.

Now, Dr. Edgerton, you bring forward the question of evidence. How do we convict a man of theft? A lot of thieves are acquitted. Are we going to do away with the law for theft because we cannot convict *all* persons who are thieves? I suppose when it was first made a criminal offense to steal, it was very difficult to get a man convicted of theft. It is not so difficult today, but it is still difficult. The difficulty of conviction is not an argument against attempting conviction. I grant you that those who enforce the law should be very careful. The State Board of Health would be very careful as we are in enforcing the law relating to vital statistics. We would only indict a man whom we were all but certain of convicting. Neither the plaintiff nor the defendant settles an issue. It is determined by an officer representing the people. The State Board of Health would be extremely careful in prosecuting a local health officer. We would not prosecute a man whom we could not convict. You won't see the State Board of Health prosecute a local quarantine officer whom the local court and the Supreme Court will not decide against and in our favor. If we are going to be careful we will expect the local man to be careful. *We will not expect the local quarantine officer to prosecute a man, a householder, or a physician on mere hearsay and lose his case. We will expect him to prosecute only known violations. You will not be able to prosecute many cases; convicting evidence will be difficult to secure; you will be able to prosecute successfully only a very few cases.

Last
Drugs,
fraudul
had had
a year;
all viola
cordingl
convicti

EXPL

This
dictatio
handwri
ence to t
helped.

Nobo
of schoo
inspectio
Further
at More
militia f
turned d
could ha
childhoo
plan we
done, eve
intenden
it into e
the first
country,
schools o
counties o
counties
made to
we prop
purpose
people a
commissi

ie law? That is a matter at quarantine laws and not attempting to control con-

urs or affirms, and his oath *let in*, that he will enforce take that oath, he cannot a sworn duty, although it disagreeable for a parent report a known violation, *inst* a known violation as iminal cases in the court. he State, knowing that an law entrusted to him re- prosecute a brother phy- ty quarantine officer dis- ard of Health will insist

uestion of evidence. How es are acquitted. Are we use we cannot convict *all* was first made a criminal an convicted of theft. It

The difficulty of conviction. I grant you that ful. The State Board of rcing the law relating to a whom we were all but r the defendant settles an ig the people. The State l in prosecuting a local whom we could not con- prosecute a local quaran- me Court will not decide be careful we will expect ect the local quarantine ystician on mere hearsay secute only known viola- y cases; convicting evi- to prosecute successfully

Last year I was talking to Dr. Alsberg of the Bureau of Foods and Drugs, and I asked him (we were discussing the question of false and fraudulent advertising of medicines) about how many prosecutions he had had per year. Dr. Alsberg said we have only about three hundred a year; but, he said, you will understand it is not necessary to prosecute all violators. If you prosecute a few the others govern themselves accordingly. We will only prosecute where we are almost certain of a conviction, and that is all we will expect of the local quarantine officer.

EXPLANATION OF NEW LAW PROVIDING FOR MEDICAL INSPECTION OF SCHOOL CHILDREN.

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

This bill was drawn by the Governor of North Carolina without dictation from anybody. It represents his own ideas, it was in his own handwriting, and I just mention that to explain that it seems the reference to the State Board of Health is quite frequent, but that cannot be helped.

Nobody in the world will deny the necessity of making an inspection of school children. The Empire of Japan has had a perfect system of inspection for thirty years, and yet we send missionaries to Japan. Furthermore, another thing I might mention is this, that last summer at Morehead City, among our own people that were enlisted in the militia for service on the Mexican border, fifty-five per cent. of the men turned down were turned down on account of physical defects which could have been prevented by the proper inspection and treatment in childhood. I want to take this section by section. Here, briefly, is the plan we want to follow. This is like death and taxes, it has got to be done, every three years, and the State Board of Health and State Superintendent of Education are charged with the responsibility of putting it into effect. We have got to fix it so as to take about thirty counties the first year and so on. These children include rich and poor, city and country, black and white—every school child enrolled in the public schools of the State. Our plan is to select about thirty-three of the best counties of the State, and what I mean is counties that are progressive, counties that want to do something for their children without being made to do it; then we can get the others later on in the three years, but we propose to take about thirty-three counties the first year. For the purpose of illustration we will take Catawba County, with about 30,000 people and 10,000 school children. That means the Catawba county commissioners will be called on to spend \$750. That is the maximum

limit. Dr. Shipp would be designated, in all probability, as the physician to do this examining of the children. I will use Catawba as an illustration because it is one of the representative counties. Dr. Shipp will take these manuals, where everything is explained; he will have the County Superintendent of Schools to call every teacher in that county together, agreed upon by the State Board of Health, the State Department of Education and the county authorities. He will then explain thoroughly how to fill out one of these blanks. Then that teacher can fill the blank out. Whenever she fills out the blanks concerning this examination she turns them over to Dr. Shipp. Dr. Shipp takes his time, he must call for these children to be brought into his office on Saturdays between the hours of nine and five. That is arranged so as not to affect their attendance at school. They bring these children into his office, he sends for as many as he can properly examine. He goes over the blanks carefully and he can select up to 12 per cent. under this law, of the children there that he finds most defective. Take, for instance, the blank on teeth. If Dr. Shipp finds there is a child six years old—and any teacher can count the number of decayed teeth in the child's mouth—if he finds the child is six years old and the teacher has sent in a report of ten decayed teeth he knows that child has probably got a lot of temporary teeth beyond doing much for. Suppose a child is ten and there are ten defective teeth. Dr. Shipp knows that child seriously needs attention. He sends for the parent to bring the child to his office. He can examine something like twenty-five children in one day by giving a careful examination to each. If he finds all twenty-five of these children need attention by a dentist or a specialist, or a physician, he so informs that parent, to whom he gives a card, that is not patent to the world, but a matter between that family and Dr. Shipp. It is a triplicate card. He can fill it out, and he gives this parent one card, he can keep a card, and can send the third copy to the State Board of Health. Now, the county commissioners must provide for the examination of the children. Then it is up to Dr. Shipp to get the commissioners to agree to match dollar for dollar with the State Board of Health, with which money to get these children treated. As everybody knows, the great drawback has been found in getting parents to follow the advice, getting them treated. We find a great many of them are anxious to have the children treated, but are not able to do it. I have them to tell me all over the State that So and So wanted his child treated, but he did not have the money, and, therefore, he did not feel like coming up. We hope we can get the specialists and the dentists to agree on a reduced fee. If they do not there is but one alternative left, and that is for us to take this money and hire by the month a dentist or a special-

ist. W
Take
ment w
Hospita
County,
They a
cians in
any tin
between
tion.
mission
three y
nothin.
of ever,
the law
worst c
are tre
examin
of trea
have 1
Take t
for hav
will ma
posed t
\$900
will ha
the oth
proper
and sp
would
I hope
can be
not be
plifies
piece o
these c

Dr.
before
Dr. C
law th
for the

lity, as the physi-
 se Catawba as an
 unties. Dr. Shipp
 ed; he will have
 y teacher in that
 Health, the State
 s. He will then
 nks. Then that
 t the blanks con-
 Shipp. Dr. Shipp
 brought into his
 That is arranged
 ing these children
 ly examine. He
 2 per cent. under
 ctive. Take, for
 re is a child six
 ayed teeth in the
 d the teacher has
 ild has probably
 uppose a child is
 s that child seri-
 ; the child to his
 ldren in one day
 ll twenty-five of
 , or a physician,
 ut is not patent
 Dr. Shipp. It is
 parent one card,
 State Board of
 for the examina-
 the commission-
 board of Health,
 everybody knows,
 o follow the ad-
 em are anxious
 I have them to
 ild treated, but
 feel like coming
 s to agree on a
 left, and that is
 ist or a special-

ist. We do not want to do that, and I do not think it will be necessary. Take Buncombe County; the county commissioners have an arrangement with an Asheville hospital to treat their indigents; the Watts Hospital provides for the treatment of indigent patients in Durham County, as does the Memorial Hospital at Eureka in Moore County. They are the only three I can think of. I have found that the physicians invariably open up their hearts and their skill to the poor children any time they need treatment, but this law makes no discrimination between anybody just so they are defective. It is a three-year proposition. Catawba is a large county. That is only \$750 that those commissioners will have to provide for an inspection service which covers three years. It is a maximum expense of \$250 a year, a mere matter of nothing to provide for the examination of children to give 12 per cent. of every school child in the county a thorough examination. Why does the law stop at 12 per cent.? Because 12 per cent. will represent the worst classes of defectives, and is a beginning, and if this 12 per cent. are treated properly will take out the worst. We have found this in the examination of over 20,000 school children in two years. This matter of treatment, you can figure this way. A great many counties will not have 10,000 school children; a lot will not have 8,000 or 6,000 or 4,000. Take the average at 10,000. There is a fund of \$300 for that county for having defective children treated provided the county commissioners will match our funds, which will make a fund of \$600. That is supposed to represent 40 per cent. of a reduced schedule. Now, the other \$900 must come from their parents, and we certainly do not think we will have any trouble in getting the average parents to come across with the other \$900, making a fund of \$1,500, which, if we can get it on a proper schedule, will take care of a lot of children for dental treatment and specialty treatment. That is the plan that we propose, and we would like here in this meeting to select thirty or thirty-three counties. I hope to work in as many or all of the whole-time counties as we can because they have an organized force, and the commissioners will not be called upon for money to provide for the examination. It simplifies the matter for the whole-time health officer. It is a standardized piece of work done, and at the same time provides for the treatment of these children.

DISCUSSION.

DR. D. E. SEVIER, Asheville: I feel somewhat abashed to come before you to discuss this paper since it has been so ably discussed by Dr. Cooper. However, I wish to say, to my mind this is the grandest law that has ever been placed upon the statute books of North Carolina for the uplift of the human race and the protection of the county health

officer. I say the uplift of the human race because this law will force the boards of education in the various counties to select teachers who will be efficient, the teachers will have to be educated in order to detect the defects to be found in the school children; and I say a protection to the health officer for the simple reason it forces the superintendent of public instruction of the State, or the State Board of Education to take an active part, and it places a responsibility upon the county superintendents and your local boards of education. I wish to say that I am a stronger believer in finding defects in school children today than ever before. In the last year, out of 1,200 men who volunteered their services in the Mexican crisis, only 300 were accepted, for the reason that they were suffering from defects which could have been corrected in earlier life, many of them suffering from diseased teeth, defective hearing due to the diseased tonsils, and other defects I could mention.

I believe that the health officers under this law will perfect an organization in the various counties that will be worth more to them along the lines of preventive medicine than any other one thing that has ever happened. These teachers may be indifferent today, but if this law goes into effect they will come and ask advice of you. You will make them your friends, while today those who are not educated pay little attention. The teachers of Buncombe County have been most loyal to me, and if it had not been for their assistance the work of a full-time health officer here would have been a failure. My friends, you will find that where disease spreads most in the rural sections it is due to an illiterate school teacher. They will allow diseases to continue in school after you have instructed them. Take a case of measles, for example. After you have instructed them not to allow any member of the family to attend school, some of the teachers have told them to come until they broke out. I believe one to two days before the eruption appears is the most dangerous time for infection. Again, I wish to say that it has been the pleasure of the Health Officer of Buncombe County to personally instruct more than one hundred school teachers in the way of finding defects. I have told them for the past two years, in order to get their coöperation and assistance, that the time was not far distant when each teacher in the State of North Carolina would be required to find these defects and report them to the State Board of Health, which has come true. I am glad this has come true, and I want to take my hat off to our Governor, as this law was written by him, and I believe that it will prove to be one of the best laws that has ever been enacted.

The Buncombe County health officer has gone before the first teachers' meeting and instructed them how to find defects and also how to control infectious and contagious diseases in the schools. Many of the

teachers have many have Superintend this law will I want to th

Dr. W. M. law, and the a good law, Our school t in the State. —that some in the lobby says, "Ain't "Yes, they a Our school minority in good, which the commun other questio will never h cause I thind county, just enlarged ton judge that p cians will co and I don't t will help the around and : the fact when ber of school ninety-seven the winters a it is on thos away from s home. The a large num especially ba

I think it fixed for carr coöperation a will be no gru

law will force teachers who order to detect a protection to erintendent of eation to take unty superin-say that I am day than ever red their ser-be reason that a corrected in efective hear-mention.

ect an organi-to them along that has ever it if this law ou will make ted pay little en most loyal of a full-time , you will find is due to an inue in school , for example. of the family one until they appears is the y that it has nty to person-e way of find- order to get distant when quired to find th, which has take my hat I believe that enacted. he first teach- I also how to Many of the

teachers have coöperated heartily with the county health officers, and many have not, for the reason they were not instructed to do so by the Superintendent of Public Instruction or their board of education, and this law will prove a godsend to the health officers of North Carolina. I want to thank the gentlemen for putting it through.

DR. W. M. JONES, Greensboro: This is simply a question now of a law, and the Lord knows we have got laws enough; but I do think this is a good law, and from all the bad ones we can pick out some good ones. Our school teachers in my opinion average up with any other profession in the State. You know the old joke Vance told—he was said to say it—that some senator made about Southern school teachers. They were in the lobby of a hotel and he saw a fellow with a lot of jackasses. He says, "Ain't that some of your Southern school teachers?" Said Vance, "Yes, they are carrying them up North to make senators out of them." Our school teachers are not fools by any means. We have a small minority in the negroes. We usually get a negro whose morals are good, which is rare, and we pay him for what his morals are worth in the community. I do think that this will be a great law and now, another question by Dr. Cooper about the dentist and the doctor. You will never have to employ a dentist or a doctor in North Carolina because I think I know them fairly well, and I know one physician in our county, just as a matter of illustration, that operated on seven cases of enlarged tonsils and adenoids, and he got the magnificent sum of \$11. I judge that paid his nurse and the feed he gave them. I know the physicians will come across and the dentists, too. I can speak for my county, and I don't think my county is any exception in the State. It certainly will help the work. I think it will relieve me of a lot rather than to go around and attempt to make an examination of all the children, from the fact when you go yourself to make it in a county with a large number of schools, something like 125, (the school term this year is about ninety-seven or ninety-eight days), year before last it went to 105. If the winters are like the past there are a lot of days when it is bad, and it is on those bad days that these defective children are going to be away from school, and the very ones you wish to see are going to be at home. The teachers not only have the children on good days, but with a large number of schools you are bound to go on some bad days, especially bad ones like this year.

I think it is a most admirable law, and that when the machinery is fixed for carrying it out I am certain you will find the teachers in hearty coöperation and they will do all they can, and if we do our part there will be no grumble coming.

DR. J. C. BRASWELL, Rocky Mount: I would like to ask one question: where you have the system of medical inspection in effect, namely, the nurses doing the work, will it be necessary to turn the work over to the teachers?

DR. COOPER: Yes, for uniformity. You can go just as far beyond this law as you want to, but this much must be done.

DR. J. C. BRASWELL: For instance, you have a corps of nurses examining, reporting to the health officer, in turn reporting them to the family physician, will it be necessary for the school teacher to examine these children, too?

DR. COOPER: Yes, that can be handled by the teacher certifying the treatment.

DR. J. C. BRASWELL: I would like to raise an objection on that point. Where we have a satisfactory medical school inspection and you begin to supplant it by putting in teachers not trained in this respect, whereas the nurse is trained, and cannot only examine the children, pick out the defects, but in turn the nurse visits the home of the child and explains the condition to the householder. I personally believe when such a system is in vogue it will be inferior, allowing the school teacher, who is untrained, and will handicap the work.

DR. Z. M. CAVENESS, Raleigh: I have begun a piece of school work in Wake County, which is a medical inspection of all the children in our rural schools by a trained nurse. When I was made County Physician in January, 1917, I conceived the idea and saw the great need of a work of this kind, and offered to the County Board of Health the following resolution, which was adopted and now is in operation:

That we have an annual medical examination of all the school children of the county; that this work be done by a competent nurse, who in my opinion can do this quite as effectively as a physician. The physical defects and the deformities of the eyes, nose, and throat be pointed out and reported to the parents on a blank, furnished by the County Board of Health, and that a copy of this in every instance be furnished the County Superintendent of Health; and that he at once, through a letter, urge upon the parent or the guardian the necessity of having this deformity or abnormality corrected or properly treated by either their family physician or a specialist. And that in those cases where the parent nor the guardian are able to have this work done, that we create and maintain a free dispensary at our county hospital, where they may receive proper treatment.

I consulted our local specialists and ascertained their opinion as to the ability of a nurse to do this work, and asked them if they would not be willing to take my nurse in their respective offices for a few days

each an
in doin
would
with he
them w
done by

All th
those th
in their

Now,
part of
Superin
teachers
parts of
teachers
my plea
central
ers and
and ask
this res

passed b
office wa
would b
her itin
doctors i
fying hi
nearest
that he
commun
all the
physicia

She h
provided
consecut
a card t
them th
of these
able to
where th
to one o
not able
County I

like to ask one question in effect, namely, turn the work over to

just as far beyond me.

corps of nurses supporting them to the teacher to examine

teacher certifying the

no objection on that inspection and you lined in this respect, examine the children, the home of the child I personally believe allowing the school work.

piece of school work of all the children in made County Physician saw the great need Board of Health the is in operation:

the school children of age, who in my opinion physical defects and the it and reported to the health, and that a copy Superintendent of Health; parent or the guardian the stated or properly treated at in those cases where work done, that we create it, where they may re-

and their opinion as to them if they would not offices for a few days

each and give her such instruction as they thought that she might need in doing this work. They very readily responded and said that they would not only be glad to do this, but that they would be glad to go with her to some of the schools in the beginning, which they did; and to them we are deeply indebted for the efficiency of the work that is being done by Miss Nora Pratt, our nurse.

All that we are attempting to do is to point out the large defects; those that we all know are greatly handicapping the children's progress in their school work as well as in their general physical development.

Now, in Wake County we have a most cordial cooperation on the part of the teachers. I must say that we have a very efficient County Superintendent of Public Instruction, Prof. D. F. Giles. He has his teachers well organized. He has district teachers' meetings in various parts of the county, and four times during the school term all these teachers are assembled in one body in the city of Raleigh. It has been my pleasure to meet with two of these district meetings and one of the central meetings, where I had the opportunity of speaking to our teachers and explaining to them in detail the purpose of these examinations, and asking them to cooperate with us in this work. And as soon as this resolution of the medical inspection of the school children was passed by the County Board of Health—the same being published—my office was flooded with inquiries from the teachers as to when the nurse would be at their schools and make these examinations. We arranged her itinerary as to time, and the teachers were notified as well as the doctors in these respective communities. In a letter to the doctor, notifying him of the nurse's visit, I asked him to meet the nurse at the nearest school, if he found he had time, and render her any assistance that he saw fit. And, without a single exception, every doctor in the communities in which the nurse has gone—she has been practically in all the county now—we got the heartiest cooperation from our local physicians.

She has reported the physical defects found on a score card I have provided, which provides for an annual inspection of that child for four consecutive years. Then from my office these defects are mailed out on a card to the parent, along with this a letter to the parents urging upon them the importance of having these conditions treated. I referred all of these cases to the family physician, because many of them are amenable to medical suggestions and treatment—and I asked the doctors, where the attention of a specialist is needed, that they refer the patients to one of their own choice. We go further and say, "If there are any not able to have the necessary treatment, if they will report this to the County Board of Health, through their family physician, we will make

provision by which they may receive this necessary treatment." It is our intention to create at our County Hospital a free dispensary where these children will be treated. This dispensary work will be done after the close of the schools. I want to say many of these children already have sought medical attention. They come to have these various defects pointed out, corrected. We have between 8,000 and 10,000 children in the rural districts of Wake County. We have now examined in about two months something over 3,000. Our work will wind up tomorrow until the opening of the schools in the fall.

Now, I heartily agree with Dr. Braswell that I do not believe that where the local health officer, or the County Board of Health, have an efficient system of medical inspection of the children of the county—this by a competent nurse—that this should be supplanted by the examination made by the teachers, because I do not think the teacher will be able to make as accurate an examination as the nurse. Second, you will have about as many different standards as you have teachers. We, for some time, discussed whether or not we should do this work by a nurse or have the doctors in each respective district or community do it, and we finally decided that if we have the various physicians of the county we would have as many standards as we had doctors. In order that we might standardize the work we decided to have one. It is better that something be done by the teachers than that nothing be done at all.

I consider it one of the greatest pieces of legislation that we have had in a number of years in North Carolina, because the boys and girls of today are the men and women of affairs tomorrow—those that will have to take hold of county and State affairs and carry them on.

DR. W. S. RANKIN: I would like to say a word on the relative importance of teacher and nurse examination. In the first place, I heartily agree with the point my friend from Rocky Mount and Dr. Caveness have made. I want to agree with Dr. Braswell and Dr. Caveness that the law is defective, and I am doing this because I do not think Dr. Cooper caught the point. I think the law is defective in not providing where school children have been examined by doctors or nurses that the teacher's examination is unnecessary.

I want to call attention to the importance of the teacher's examination. There are three reasons why the teacher should examine the children. The purpose of the teacher's examination is not to find defects or diagnose diseases. The teacher is not making an examination in the sense that a doctor makes an examination. In the first place, if the nurse or doctor examines the children, the teacher does something else and does not recognize the physical condition of the children and the relation of their physical condition to their mental progress. In the

second place to a considerable extent requiring the teacher's attention would be too great to if the teacher in the community I agree with to have a in any event, the examination want to get ethics. Some ical examination supply on a county's impaired efficiency. It is a nation. Or guardian age, weight question with study. The the cards in the more s bring before examination to furnish certain children

Just one made. He uniform in conformity of brought to this matter teacher a

DR. L. discussions an nearly covered

One thing a teacher i

y treatment." It is
 ee dispensary where
 k will be done after
 ese children already
 these various defects
 1 10,000 children in
 examined in about
 wind up tomorrow

do not believe that
 of Health, have an
 en of the county—
 lanted by the exami-
 : the teacher will be
 e. Second, you will
 e teachers. We, for
 his work by a nurse
 mmunity do it, and
 cians of the county
 s. In order that we
 e. It is better that
 ; be done at all.
 on that we have had
 ie boys and girls of
 those that will have
 hem on.

on the relative im-
 first place, I heartily
 t and Dr. Caveness
 t Dr. Caveness that
 I do not think Dr.
 ve in not providing
 s or nurses that the

teacher's examina-
 should examine the
 s not to find defects
 examination in the
 first place, if the
 loes something else
 e children and the
 e progress. In the

second place, if the county employed a doctor, the county would be put to a considerable expense. If we asked the Legislature to pass a law requiring the time of a man worth six to ten dollars a day, the Legislature would probably not pass the law. On the other hand, by utilizing the teacher to make the preliminary examination, the expense was not too great to stand in the way of proper legislation. In the third place, if the teacher finds a physically defective child in her school and lives in the community, she is a permanent agent for getting the child treated. I agree with you that the law should have a proviso permitting a county to have a nurse and a doctor make an additional examination but, in any event, the law ought to require the teacher to make the preliminary examination. What is the purpose of the teacher's examination? I want to get that point clear because it is indirectly related to medical ethics. Some one says, "Do you think school teachers can make physical examinations?" The purpose of the teacher's examination is to supply on a properly prepared card certain information to a doctor at a county seat, through which information he may select the seriously impaired children of that county and require them to be brought to his office. It is the doctor that makes the final and decisive physical examination. On that card the teacher would put the name of the parent or guardian of the child and his postoffice. Next, the child's name, his age, weight and height, condition of teeth, and so on. Then, the last question would be the child's mental condition, the child's progress in study. Those cards are turned over to the doctor. The doctor separates the cards into two groups, selecting ten or twelve per cent. that indicate the more seriously impaired children, which he requires the parents to bring before him for further examination. The purpose of the teacher's examination is not the work of a physician, not to make diagnosis, but to furnish a man at the county seat an economical means of having certain children brought to him for a satisfactory examination.

Just one other point that has escaped me, a point that Dr. Caveness made. He said one reason for having one person to do it was to have a uniform method. You must remember that a certain amount of uniformity of method is provided in this law. All the school teachers are brought together, and the county medical inspector of schools goes over this matter thoroughly and shows them uniform methods and gives each teacher a manual as to how to perform her duties.

DR. L. B. McBRAYER: I feel it might be well to run over the discussions and point out the points on which we agree. Dr. Rankin pretty nearly covered the ground.

One thing we all agree on, the physician and the layman, alike, that a teacher is not exactly the proper person to examine a school pupil, or

a grown person; the nurse is not the proper person; the doctor is the proper man to make the examination. We all agree on that. However, in doing things it is found necessary to do the thing you can do. You have the ideal out yonder, but it is necessary to take the first step, and if you do not get the first step you do not get out to the ideal. Then what can you do? Fortunately, we have a broadminded man for Governor, a man who has the interests of the people of North Carolina at heart, and he is going into the matter in an intelligent way. He saw the value of school inspection by the county health officer, and saw that we were only reaching one-fourth or one-fifth of the people, probably less, and he wanted to cover the State. What can we do to cover the State? Well, after a good deal of mature deliberation it was found perhaps the only way was to get the teachers to make this inspection as best they could, after all the instructions that could be given them; then after they had done this those that appeared to be the most seriously defective are sent to a physician for examination, and perhaps best of all, I might say, a way is made for the correction of the defects. Where a doctor can make an examination, of course that is best, perhaps a nurse comes next, but perhaps only one county in the State is using a nurse. That is leaving a big lot out, and I do not think it is any more the nurse's duty to make the inspection than it is the school teacher's. I think they can do it a little better. This is a scheme that will reach every school child in the State, and I am sure we have all agreed on the points mentioned, and I am quite sure we all agree that perhaps with the amount of money to command and the intense desire of the Governor and the State Boards of Health and Education to reach every child in the State, that this was perhaps the wisest thing that could have been put into effect at present. In my opinion this will be the first step toward the ideal. The next step will be a more careful examination of every school child, and perhaps in the not distant future we will reach the point where every human being in the State of North Carolina will have a thoroughly careful physical examination every two or three years, and I am quite sure this will be a long step toward the ideal.

DR. G. M. COOPER: I am much obliged to all the gentlemen for discussing this law. I want to thank Dr. Rankin for pointing out the points I missed. I heartily agree with practically everything that has been said. I almost always agree with Dr. Rankin and Dr. Braswell. Now, as I told Dr. Braswell, he can go as far beyond as he likes. If the city of Rocky Mount wants to have one-half dozen trained nurses to examine the children every day that is well and good, we are heartily in favor of it. There is nothing in the law to keep them from it. Per-

sonally
matter
an east
paid a
several
was ge
that w
know
times
should
better
necessi
some e
this re
of chil
childre
proper
year, c
put it
take hi
brough
dren if
ago I v
front o
children
I got t
to hav
Rockfis
to do t
from s
nothin
eight o
crowd
will no
should
got a l
needed
would
and as
ist and
they ar

e doctor is the hat. However, I can do. You first step, and e ideal. Then man for Gov- th Carolina at way. He saw ; and saw that ople, probably lo to cover the it was found s inspection as ren them; then most seriously urchase best of effects. Where est, perhaps a tate is using a it is any more hool teacher's. hat will reach agreed on the ; perhaps with f the Governor every child in ould have been the first step examination of we will reach Carolina will two or three the ideal.

lemen for dis- inting out the thing that has Dr. Braswell. s he likes. If trained nurses ve are heartily from it. Per-

sonally, I think the work of the school nurses should be helping in the matter of control of contagious diseases, and follow-up work. I know an eastern town of 12,000 or 15,000 with a trained nurse that has been paid about \$700 for ten months work. I was in that town and I saw several representative people. I wanted to know how Miss So and So was getting along. They said, "fine; but there is one thing she has done that won't hold; she is attempting to make diagnoses." I personally know about Dr. Caveness' nurse and she certainly has been worth ten times more than she cost. I think every resident in Wake County should be thankful to Dr. Caveness because she is giving the people a better public health spirit, and getting them informed as to some of the necessities. This is the main thing against the nurse, and it also acts to some extent against the school physician in making examinations for this reason: he is of necessity a high-priced man; he must examine a lot of children and the cost is high. A man cannot examine 120 to 150 children in a day and make a proper examination and give those people proper advice, but the teacher, who is with the child every day in the year, can certainly answer "Yes" or "No" to certain questions, and then put it up to a good doctor to do that examining, do it thoroughly and take his time to do it, because they are paying him to do it. Dr. Jones brought out this matter a while ago. I know physicians will treat children if they are brought and are not able to pay. About three weeks ago I was in Fayetteville. I got up soon that morning and I saw in front of Drs. Smoot and Lilly's office a two-horse wagon loaded with children and women, having arrived there before the office was opened. I got to questioning them, and they said they had driven sixteen miles to have eight of the children's tonsils taken out. The physician of Rockfish had gotten them down there. Drs. Smoot and Lilly had agreed to do their work absolutely free of charge. They borrowed a wagon from somebody else and the Rockfish doctor came and gave his aid for nothing. Dr. Jordan, son of Dr. T. M. Jordan, gave the anesthetic for eight of them that day. One of the patients was able to pay for the crowd \$5—\$1.25 apiece for their day's work. Under this new law that will not be necessary. I do not think the specialist and the doctor should be called on for all of it. I went back home to Raleigh and I got a letter from a widow in another county, stating that her child needed its tonsils taken out but that the specialist there had told her it would cost \$35 and he did not encourage her, and she went back home and asked us what to do. Here is the point that I make. The specialist and the doctor are going to do their part, free of charge, whenever they are called on by the right people, but all of us ought to know it is

not human nature for these men to go looking up work to do for nothing when they are often poor men, and depend upon their practice for the support of their families.

I want to say, in regard to the work in Hoke County, the records have shown more than ninety per cent. of the children have already been treated for throat troubles. Dr. Bulla did the examining and Miss Sadie McBrayer, chairman of the School Health Committee, made herself responsible, and with Superintendent McGoogan they have rounded them up; they are giving every child in that county an opportunity. There is that doctor in Rockfish. He was called on not only for a day's work, but a day to go in to see Drs. Smoot and Lilly and arrange for the treatment of these cases.

I thank you every one for the discussions that you have offered, and I believe if you think about it a moment you will agree that the reasons I give for having a uniform, standard law is, we will have records at the end of three years of 800,000 children, something that is not on record in the whole United States, if we can get the proper kind of help in this.

LIFE EXTENSION WORK.

D. C. ABSHER, M.D., HENDERSON, N. C.

Full-time Health Officer, City of Henderson and County of Vance.

Vance County has the honor of being the first county to put on a "Life Extension" campaign, thanks to the State Board of Health. In passing through the campaign in company with Dr. Ellington who represented the State Board of Health, we gained some experience, and reached some conclusions, the relating of which may be helpful to other health officers.

In this paper I shall attempt briefly to show (1) the reasons for, and the object of, periodical examinations of adults, (2) reasons why the work should be among the activities of health boards and health officers, (3) a choice of two plans of conducting the campaign, and (4) an outline of the method of examination.

The reasons for advocating periodical examinations of the human machine are: (1) Many of the most serious diseases cause no pain, at least not in their incipiency; (2) Very few people ever consult a physician unless they *are* in pain, or unless they are sick enough to go to bed; (3) Most of the diseases of this character can be cured, or their progress arrested, only when discovered in the incipient stage. Some

of the d
sclerosis,
matism,

Tuber
lina; th
heart di

We ca
culosis
only in
and at
disease
reported
done so
needless
of the in
in the fi

When
cause re
focus of
stroke o
lesions o
overexer
such a c

Cance
the very
tions wil
give the
growth r

Rheu
tion of
eased or
of the
these fo
advised

No m
the pers
if treat
cludes: t
idea tha
effect on
tempera
anced di

to do for nothing
 their practice for the

County, the records
 children have already
 examining and Miss
 committee, made her-
 they have rounded
 by an opportunity.
 not only for a day's
 ly and arrange for

I have offered, and
 see that the reasons
 will have records at
 ing that is not on
 proper kind of help

County of Vance.

County to put on a
 Board of Health. In
 Dr. Ellington who
 some experience,
 may be helpful to

(1) the reasons for,
 (2) reasons why
 boards and health
 campaign, and (4)

stages of the human
 cause no pain, at
 ever consult a phy-
 sician enough to go to
 be cured, or their
 incipient stage. Some

of the diseases coming under the classification are tuberculosis, arterio-sclerosis, apoplexy, cardiac disease, nephritis, diabetes, cancer, rheumatism, etc.

Tuberculosis still ranks first as the cause of death in North Carolina; though here, as elsewhere, the mortality from Bright's disease, heart disease, and diseases of the circulatory system is increasing.

We cannot hope to accomplish very much in the fight against tuberculosis unless we can discover the disease in its incipiency, for it is only in this first stage that the chances are very favorable for a cure, and at this stage measures for the prevention of the spread of the disease will be more effective than later. As a rule, the cases are not reported until the second or third stage. The damage has already been done so far as the patient is concerned, and many others have been needlessly exposed to infection. Periodical examinations will find many of the incipient cases, and this constitutes one of the most hopeful signs in the fight against tuberculosis.

When hardening arteries are discovered in the incipiency, and the cause removed, (such causes being indiscretions in diet or drink or a focus of infection) we will go far toward preventing or postponing a stroke of apoplexy in that individual. When we can discover valvular lesions of the heart early we can caution the person examined against overexertion, overeating, excitement, etc. Thus the fatal results of such a condition may be postponed.

Cancer, as we all know, can be cured only by radical treatment at the very beginning of the malignant process. The periodical examinations will find many of the malignant growths in their incipiency and give the subject an opportunity to seek proper treatment before the new growth reaches the incurable stage.

Rheumatism, as most physicians now know, is caused by the absorption of infectious material from such foci as decayed teeth and diseased or suppurating gums, diseased tonsils, and infectious conditions of the nose and communicating sinuses. The examinations discover these foci, and the patient is taught the use of the tooth brush, and advised to consult a dentist or nose and throat specialist.

No matter what the condition found, the public health side ends when the person is instructed as to hygiene, and referred to his physician, if treatment is needed. The instruction given in personal hygiene includes: the teaching of a rational diet; emphasis being given to the idea that intemperance in eating will eventually produce the same effect on the structure of the kidneys, liver, and blood vessels, as intemperance in the use of alcohol, and that most people eat an unbalanced diet, usually too rich in meats and the proteins. Advice as to

the proper number of hours for work is given, and the importance of rest is emphasized. We find that most people must be taught to play as well as to work, for work alone will not give sufficient exercise to those muscles not used for that person's particular task. Practically everybody needs to be advised that fresh air, especially during the sleeping hours, is all-important to increase vitality and to aid the body in throwing off germ diseases like tuberculosis.

This instruction is simple. It is knowledge which we would think most people already possess, but unfortunately most people neglect the simple things, even when they know them. The simple everyday things are often the hardest to get into practice. Everybody will practice the new fads and spectacular acts until they become simple and everyday, then they forget them. It seems, therefore, most important to teach people the things they are supposed to know, and to get them to do the simple deeds of everyday life.

In the past, the greater part of our public health work has been done in the schools. The children have been examined and instructed; but it has been difficult to reach our adult population with the gospel of public health. Again, we find the periodical examination to be the best instrument for that purpose. The periodical examination not only makes the adult aware of his own defects, but emphasizes the defects found in his child and makes him anxious to have his child treated as well as himself.

If, as has been shown, these periodical examinations will find disease in its incipient stage; and if adults will be taught how to eat, work, and play, so as to increase the wearing quality of the human machine; unquestionably the mortality of the active, productive years of middle life will be lowered, and people will be helped to reach the Biblical age of "three score years and ten," than which public health work can promise nothing better.

The periodical examinations can be made by any qualified, up-to-date physician, and the profession at large should be making more and more of them. One great trouble with general practice today is the fact that physicians do not take time to make a thorough examination. This is due to several causes: (1) They are too busy; (2) they cannot charge what such an examination is worth; (3) they get into the hurry, haphazard habit; (4) the patient "has a pain" and wants "something to ease" him, without giving the doctor the time or the opportunity to make even a cursory examination. Periodical examination campaigns will teach the people the importance of getting at the cause, and will thereby help the profession to be more thorough.

There are two pr
ination campaign.
appropriation for t
Health. By this
appropriation of ab
conduct a campaign
about 1,000 people.

The second metho
Health Officer wit
aside one or two ho
on Saturday, he wi
the year. To my n
and economical.

The age limit in
but I am of the
younger the perso
his chances to war
This applies espec
teaching of other
and get results, b
to change the habi
of advanced year

By either meth
explaining the w
making applicati
payer in the cou
can then be arra
vance. In maili
should be inclose
for the examina
many questions;
minutes for one
beginner.

The examinatio
Vision test by
tion of the eyes
Test of hearin
Inspection of
Examination
means of press
Examination
and auscultatio

ven, and the importance of
ple must be taught to play
give sufficient exercise to
particular task. Practically
air, especially during the
itality and to aid the body
is.

ge which we would think
y most people neglect the
he simple everyday things
verybody will practice the
me simple and everyday,
most important to teach
and to get them to do the

ic health work has been
examined and instructed;
pulation with the gospel
al examination to be the
odical examination not
cts, but emphasizes the
xious to have his child

nations will find disease
ught how to eat, work,
of the human machine;
luctive years of middle
l to reach the Biblical
public health work can

r any qualified, up-to-
ould be making more
eral practice today is
like a thorough exami-
ey are too busy; (2)
s worth; (3) they get
nt "has a pain" and
the doctor the time
mination. Periodical
e importance of get-
rofession to be more

There are two practical methods of putting on a periodical examination campaign. The first method is to get the county to make an appropriation for the "Life Extension" unit of the State Board of Health. By this method, the State Board of Health will, for an appropriation of about \$500, supply a specially trained man who will conduct a campaign of two months, during which time he will examine about 1,000 people.

The second method is one which can be used by the full-time County Health Officer without interfering with his other duties. By setting aside one or two hours for his office each morning and five or six hours on Saturday, he will be able to examine 1,000 or more persons during the year. To my mind this second method is by far the more practical and economical.

The age limit in our Vance County campaign was thirty to sixty-five, but I am of the opinion that the limit should be lowered; for the younger the person is, when examined and taught, the better will be his chances to ward off disease and cure any beginning disease process. This applies especially to tuberculosis, the care of the teeth, and to the teaching of other good habits. Young adults will change their habits and get results, but it is difficult for those who are of advanced age to change the habits of a lifetime; and, besides, the defects found in those of advanced years have too often reached the incurable stage.

By either method of conducting the campaign, a letter, and a leaflet explaining the work, together with a blank post card to be used in making application for the examination, should be mailed to each taxpayer in the county. Dates for the examination of each applicant can then be arranged, and the applicant notified several days in advance. In mailing out the engagement date, a personal history blank should be inclosed for the applicant to fill in and bring when he comes for the examination. This will save much time and the asking of many questions; for, at best, the examination requires twenty to thirty minutes for one accustomed to the work and, of course, longer for the beginner.

The examination should include the following:

Vision test by means of Snellin's test chart and such other examination of the eyes as can be done by rapid observation.

Test of hearing by ordinary conversation.

Inspection of teeth, gums, throat, and nasal cavity.

Examination of mastoids, frontal and superior maxillary sinuses by means of pressure, etc.

Examination of heart and lungs by inspection, percussion, palpation and auscultation; palpation of abdomen; and so on from head to foot.

The blood pressure is taken, and the urine examined by the ordinary methods. (A supply of examination blanks which will serve as a guide may be obtained from the State Board of Health.) The findings should be reported to the applicant's physician on suitable blanks, and advice and literature suitable to each case regarding living habits, personal hygiene, and preventive measures should be given to the patient.

The examinations can be done very comfortably with the following equipment: a Snellin's test chart, a nasal speculum, a vaginal speculum, a flash light, wooden tongue depressors, a stethoscope, a sphygmomanometer, a urine test set and reagents, and an examination table. Sputum for examination for tuberculosis, and feces for examination for intestinal parasites, can be sent to the State Laboratory of Hygiene whenever such examinations are deemed desirable.

In conclusion, I want to express my faith in the value of periodical medical examinations, the belief that such examinations will become an important side of public health work, and the hope that the health officers of North Carolina will be found leading in that work.

DISCUSSION.

DR. J. R. McCracken, Waynesville: I am sure that everybody has greatly enjoyed Dr. Absher's paper, and while it is not my purpose to discuss it in detail, I will notice and emphasize some of the points that he brought out.

This, as Dr. Absher has stated, is something new in public health work in North Carolina, and we will have to take off our hats to him for initiating a campaign to prolong life. For some years it has been the habit of insurance companies to advise the periodical examination of their insured. If it saves money to have their insured examined, I am sure it would be a good investment to a county to spend some money to have its citizens examined. We have heard a good deal the last few years about medical inspection, and we had a paper this afternoon by Dr. Cooper explaining the recent act of the Legislature providing for medical inspection in the schools of North Carolina. I am sure that this law will do more for prolonging the lives of the citizens of North Carolina than anything that has ever been done in the State.

Dr. Absher spoke about the examination in his county. I agree with Dr. Absher that the age limit should be lower, that at the age of thirty it is difficult to get a man to change his manner of living. Teaching younger people to prevent disease is easier than it is after they have passed thirty.

If I w
and suffer
have to sa
trouble,
carries of
It kills pe
shortly a
bad health
when a pe
I saw he
making se
that wom
pendulum
impress on
They said
the troubl
no progres
to go to to
moved the
months ag
said she c
she would

Getting
important
getting a h

About th
Examining
it, told hi
never; he r
life. I ha
people got
family phy
His people
the family
ough exam
conclusion

"You have
But the do
at the time

Dr. Abs
nothing mo

Dr. J.
enter into

by the ordinary will serve as a (lth.) The find-suitable blanks, ng living habits, given to the pa-

th the following aginal speculum, a sphygmomano-table. Sputum nation for intes-f Hygiene when-

due of periodical s will become an that the health t work.

at everybody has ot my purpose to of the points that

in public health our hats to him years it has been lical examination nsured examined, ty to spend some l a good deal the paper this after-egislature provid-Carolina. I am ces of the citizens een done in the

ty. I agree with the age of thirty living. Teaching s after they have

If I were called upon to name what one thing causes more disease and suffering to humanity than any other one thing I believe I would have to say it is bad teeth and gums. I believe there is more stomach trouble, more nervousness, more rheumatism and insanity, caused by caries of the teeth, and pyorrhea of the gums, than any other thing. It kills people. I remember an old woman I was called upon to see shortly after Christmas. She was sixty years old; she had been in bad health a number of years, had gotten so sick and so nervous that when a person entered the room unexpectedly she would faint, and when I saw her it looked as if she would live only a short while. After making several tests I came to the conclusion that the sole cause of that woman's trouble was her gums; her teeth were dangling like a pendulum of a clock, the pus was dripping from her gums. I tried to impress on the family the importance of having those gums treated. They said "she has had that for twenty years, surely that cannot be the trouble." After treating the old lady for some time, and making no progress she finally decided to have her teeth pulled, she was unable to go to town to the dentist, so I carried the dentist to see her; we removed the teeth, gave her treatment for her gums. That was about two months ago. Last Saturday that lady walked into my office. She said she came to thank me for what I had done; she said she believed she would have been dead if her teeth had not been removed.

Getting hold of diseases when they are in their incipieney is very important because so many things can be much more easily relieved by getting a hold in their early stages.

About three weeks ago I was called to see a man that had gripe. Examining that man, I found he had a heart lesion. I told him about it, told him he could not do any heavy work for some time, possibly never; he must not lift heavy loads, that he must lead a quiet, moderate life. I had not been his physician before that time and some of his people got after him to go to his family physician. It happened his family physician was out of town at the time I was called to see him. His people said, "McCracken might be mistaken about that, go and see the family physician." So he went and told him to give him a thorough examination. The doctor gave him an examination and at the conclusion he said, "Doctor, have I got leakage of the heart?" He said, "You have had it four years, ever since you had the rheumatism." But the doctor had never told him before. If he had been cautioned at the time it was discovered he might be a well man today.

Dr. Absher has so thoroughly covered this subject I think I can add nothing more.

DR. J. C. BRASWELL, JR., Rocky Mount: I shall not attempt to enter into the discussion of such an excellent paper, but due to the

fact that this work is in its infancy and Dr. Absher is one of the pioneers of this line of work, I would like to ask two questions for my own benefit and perhaps for the benefit of the other members of this Society, namely: Who makes the diagnoses and how are they made? Second, how are the patients informed of the condition that may be present and what is the attitude of the physicians in their respective counties?

DR. RANKIN: I was unfortunate in getting in late. I do not know how much Dr. Absher brought out in regard to the subject of the work and how this particular piece of work started. This work was undertaken by the large life insurance companies of this country through their organization known as the Association of Life Insurance Presidents. They meet once a year. This organization created the Life Extension Institute. This Life Extension Institute employed a Secretary, Dr. Fiske, Medical Director of the Metropolitan Life Insurance Company, and Prof. Irvin Fisher. They appointed a reference board, composed of the leading men in surgery, physiology, and various hygienic and allied subjects, to meet and advise with their executive committee in regard to the work. The work determined upon is, to illustrate, this: They go to an organization like Sears, Roebuck & Company, or some big business that employes from a thousand to ten thousand employees, and they point out to the employers of the company the importance of the employees being in a good physical condition, the lessening of accidents, the production of a better quality of material. They say: "We have a force of so many examiners, we will give your employees a thorough examination, we will come in and examine them for a flat rate of so much." In the last two years the Institute has examined something over 200,000 people. One interesting point to practitioners is that the Institute referred fifty-nine per cent of the persons examined to the medical profession.

There is an idea that health work financially interferes with the business of the profession. This is one particular piece of health work that is a money-making thing for the doctors. The examiners do not, of course, treat anybody; they find the condition, inform the patient, and advise that patient to go to the doctor. So far as the financial ability of the State Board of Health will permit us to use the methods of the Institute, we are using them. We put an examiner in the county and we keep him in the county as long as the county commissioners will pay for the work.

DR. D. C. ABSHER, Henderson: There is one point I failed to make in my paper and I noticed no one else brought it out, and that is, that if we have a fine automobile or even an old buggy we carry it to the shop now and then, usually about once a year, and have the mechanic to run over it and see if there are any loose bolts or taps about it. If

the
by
an
pre
am
of l
I
or
bee
no
def
pos
wh
giv
the
not
whu
mo
to
cou
wil
the
can
sorr
uni
pre
on
poi
nos
dis
tell
For
losi
tha
tha
sta
an
am
rep
spe

one of the pioneers
 stions for my own
 ers of this Society,
 ey made? Second,
 may be present and
 tive counties?

te. I do not know
 subject of the work
 s work was under-
 is country through
 e Insurance Presi-
 a created the Life
 employed a Secre-
 tan Life Insurance
 a reference board,
 y, and various hy-
 heir executive com-
 d upon is, to illus-
 t, Roebuck & Com-
 usand to ten thou-
 rs of the company
 sical condition, the
 quality of material.
 t, we will give your
 and examine them
 he Institute has ex-
 sting point to prac-
 cent of the persons

interferes with the
 iece of health work
 e examiners do not,
 inform the patient,
 ar as the financial
 to use the methods
 miner in the county
 commissioners will

nt I failed to make
 it, and that is, that
 we carry it to the
 have the mechanic
 r taps about it. If

there is anything wrong we have him to tighten it up because we realize by doing that we can make the machine last longer. If we do that for an automobile we certainly ought to exercise as much intelligence in preserving the body. One thing we do in making these periodical examinations is to try to impress upon the person examined the importance of his being examined at least once a year.

Dr. Braswell asked three questions. The first question was whether or not the examiner makes the diagnosis. The literature which has been prepared by the State Board of Health on this subject states that no diagnosis will be made by the examiner. He merely points out the defects. If he finds some obstruction of the nasal passages he is supposed to put a check on a blank report, but he is not supposed to state what that defect is. He makes his reports in triplicate, one to be given to the patient, the second report he gives to the family physician, the other report he keeps for his own records. He is supposed, I say, not to make any diagnosis, but the patient very often wants to know what the diagnosis is. He thinks the man coming from Raleigh knows more than the doctor in the county, and very often it is very hard not to tell the man what you think the trouble is. I have found in our county that this has given Dr. Ellington some little trouble.

As to the attitude of the physicians, I believe practically all of them will approve of the plan. In our county the matter was brought to the attention of the County Medical Society before we started the campaign, and the Society unanimously approved the work. I am sorry to say, however, that the fact that some few diagnoses were made unintentionally, and the fact that some did not agree with the diagnoses previously made by the family physician, caused a change of attitude on the part of some of those doctors afterwards. That is an important point for a health officer to keep in mind. Keep as far from a diagnosis as possible. Find the defect but do not be explicit in defining the disease. You can explain to the physician orally afterwards but do not tell the patient what his disease is. There are some exceptions, though. For instance, if you examine a patient who, you are sure, has tuberculosis, I am of the opinion that, whether you state on the blanks or not that no diagnosis will be made, you should tell the patient. I believe that the average physician can detect tuberculosis in the incipient stage if ordinary care is exercised. You may examine a man's eye and see that he has defective vision, still you may not have time to examine the retina with the ophthalmoscope. You will, therefore, simply report to the man that he has defective vision, and it is then up to the specialist to diagnose the real cause of the defective vision.

A PLEA FOR THE PHYSICAL AND MENTAL EXAMINATION OF BEGINNERS IN SCHOOL.

CHAS. O'H. LAUGHINGHOUSE, M.D., GREENVILLE, N. C.

Medical inspection of schools is not new. The International Medical Congress emphasized the need of it in America as far back as 1876. Like many other movements that make for economy, morals and the prolongation of human life, the idea lay seemingly dormant until 1894, when the city of Boston established a regular system for this purpose. At the International Congress on School Hygiene, during its Buffalo meeting, in 1913, widespread interest in this subject pro and con was evidenced by the foremost educators of America. Today the work has become established to an extent sufficient to give even the most conservative ample grounds for the conviction that it is an economic force, so powerful for good that it must be accepted and adopted.

It is my purpose on this occasion to call attention to a phase of the problem which, from the viewpoint of farsighted economics, means much to the State. I refer to the thoroughgoing scientific examination of the physical and mental fitness of each child on entering school life.

The parent, teacher, and medical inspector, will have to do team work to succeed in the undertaking; therefore to make it a success, we must first develop a public sentiment that will satisfactorily assist in perfecting that which medical inspection undertakes to accomplish. The examination of the child at the time of its entrance in school can be made the great rallying place, the common meeting ground for all those interested in the child. It can be made the tripod magnate, the coöperative leader between the home, the teacher and inspector—a thing which is fundamental; because it is only through the coöperation of these three forces that the problem of adapting school work to the capacity of the physically and mentally abnormal child can be intelligently solved. The one great cause of inefficiency and waste in the school work of today is the failure to recognize the child's individual capacity. I fear we forget that a few years ago the parents were pupils, and that the beginners of today will be the parents in twenty years of the children that feed the educational mill.

To determine the mental development of the child on entering school life will necessitate the close observation of the child's behavior, not only in school but on the playground. The teacher should be taught how to observe and learn a child's character and disposition. Tests have been worked out, by which one can determine the contents of the child's

mind, its interest. The Binet-Simon with the various tests to spot the

If you gently handle a child there is no harm because a thorough examination in the beginning and cure of many of the burdens of the child's life toward medical education in life that children will cost will be saving the defect completely and not saving enough in the maintenance of its a sufficiently usable

The application of insurmountably tests, which can be done in years; for example, even a child is unable to use his mature powers his actual (chronic) ability to reach the level of the mental to do successfully in a certain group, is given Credit is given for every five points is added to the total which have been successfully all and although not to the age of the child is awarded

Just so soon as common knowledge of the educational and psychological applications

EXAMINATION

N. C.

International Medical
 far back as 1876.
 , morals and the
 rmanent until 1894,
 for this purpose.
 uring its Buffalo
 pro and con was
 day the work has
 the most conserv-
 economic force,
 opted.

to a phase of the
 economics, means
 itific examination
 tering school life.
 have to do team
 e it a success, we
 actorily assist in
 s to accomplish.
 nce in school can
 g ground for all
 pod magnate, the
 and inspector—a
 h the coöperation
 hool work to the
 ild can be intel-
 and waste in the
 child's individual
 rents were pupils,
 a twenty years of

in entering school
 d's behavior, not
 should be taught
 tion. Tests have
 nts of the child's

mind, its interests, its ability to use the knowledge it possesses, etc. The Binet-Simon tests for the sixth year can be put into practice along with the various tests of psychologic age, which puts the teacher in position to spot the psychopaths.

If you gentlemen would undertake to blaze the way in North Carolina there is no doubt but that other States would soon begin to follow; because a thorough physical and mental examination, made compulsory in the beginning of school life, will help greatly toward the diagnosis and cure of many neglected chronic cases of childhood. It will lighten the burden of teachers rather than add to it; it will simplify the problem of pedagogics, it will develop a more correct attitude in parents toward medical inspection; it will save the anguish of learning later in life that children are irrevocably defective. The extra money it will cost will be saved immediately and over and over again by eliminating the defective that repeats the same grade year after year. Ultimately and not so far in the dim distance of the future, the State will save enough in the curtailment of appropriations incident to the maintenance of its asylums, prisons, and criminal courts to pay an interest sufficiently usurious to satisfy the wildest dreams of avarice.

The application of the Binet-Simon scale of intelligence tests is not insurmountably difficult. It consists of the application of a series of tests, which can be met successfully by the average child of stated years; for example, we will say seven. The child of seven years, however, is unable to meet the group of tests which is adapted to the more mature powers of the eight-year-old child. A child, no matter what his actual (chronological) age may be, who in this examination is only able to reach the level of the average seven-year-old child, is said to have the mental age of seven years. Frequently a child who is unable to do successfully any complete group of five questions beyond a certain group, is able to do isolated questions in these higher groups. Credit is given for these questions according to the arbitrary rule, that for every five isolated questions answered correctly an additional year is added to the age, corresponding to that group of questions; all of which have been successfully answered. Thus the child, who answers successfully all the questions corresponding to the age of seven years, and although not answering completely all the questions corresponding to the age of eight, but answers ten of the eight-year questions, this child is awarded two additional years.

Just so soon as the Binet-Simon scale of intelligence tests become common knowledge, just so soon as the school teacher gets it grafted into the educational machinery of the State, we can then begin to make practical application of it in handling criminology.

As a result of our neglect in the past, we have with us always the immediate and pressing need for the identification and care of the defective, not only for his own sake, but for the protection of society. They are increasing and will continue to increase until they are found out in early childhood, and until a general understanding is brought about, regulating the laws of mental health to an extent sufficient to segregate the defective and to popularize and educate coming generations on the science of Eugenics.

That we have been neglectful becomes clear when we recall that Congress only a few years ago spent months in debates concerning the "literacy tests" for immigrants and did nothing to exclude the defective classes. A negro from the cotton fields of Georgia, with no education at all, passed the Binet-Simon tests in the psychopathic laboratory of the municipal court of Chicago, and was found to be normal. Had he been an immigrant he would have been denied admission into the United States through and by the "literacy test," but had he been a defective of the moron type, able to read, he would have been admitted under the law of literacy. This gives an idea of the lack of appreciation on the part of our leading lawmakers as to this subject. The physician has heretofore given too little time to the subject; having left it to the alienist in the past, and the alienist, it seems, has until recently permitted the psychologist to excel him in the ability to measure human intelligence.

Four years ago a test was made between the ability of medical men and the Binet-Simon tests in the matter of detecting defective immigrants at Ellis Island. The doctors caught 10 per cent, the Binet-Simon tests caught 90 per cent. If the teaching and medical profession have lacked interest in this subject what must be said of the legal profession and the ministry? They, too, as a rule, have little or no knowledge of the subject. To illustrate: Not long ago there arrived into a certain Western city a fugitive from another state, a boy 20 years old, who had committed a triple murder. He was given, in the city to which he had fled, a physical and mental examination by a competent expert. He was found to have a basal age of eight years and a mental age of ten. He had dementia praecox, grafted on to feeble-mindedness, an affected lung, and an organic heart lesion. It was apparent to the casual observer that the boy was backward and stupid. While he lay in jail it was rumored that a mob, made up in the State from whence he fled, was organizing itself to lynch him. A judge in that State, on a plea of guilty, sentenced him to death. The sentence of the boy could be justified perhaps on the ground that it is better for society to eliminate him—provided our standards for deciding such things were

no high times," barbaric defectives realized him in

Criminal crime that go of the a to prov belong thief, n come el they ad crimina

The tures, r like, sho and edu

DE: before a better c among t thinking the last of this v us suffic district ity of o thousand

I was to him: preventiv in a sho He repli had the ness to g

re with us always the
n and care of the de-
protection of society.
until they are found
erstanding is brought
an extent sufficient to
te coming generations

en we recall that Con-
es concerning the "lit-
exclude the defective
ia, with no education
opathic laboratory of
be normal. Had he
l admission into the
," but had he been a
ld have been admitted
the lack of apprecia-
is subject. The phy-
subject; having left it
ms, has until recently
ity to measure human

bility of medical men
cting defective immi-
per cent, the Binet-
nd medical profession
said of the legal pro-
ave little or no knowl-
there arrived into a
e, a boy 20 years old,
given, in the city to
ation by a competent
lt years and a mental
to feeble-mindedness,
t was apparent to the
stupid. While he lay
he State from whence
dge in that State, on
sentence of the boy
s better for society to
ling such things were

no higher nor more humane than the primitive standards of "ye olden times," but in the light of modern knowledge such a sentence is as barbaric, as revolting, and as heinous as the crime for which the poor defective devil was put to death. Had his mental deficiency been identified during child life, those who came in contact with him could have realized his lack of intelligence and control, and could have dealt with him in such a way as to prevent his commission of crime.

Criminal statistics prove that the age when first commitments for crime occur is early in life, between the years of 16 and 22—a fact that goes far to show something inherently defective. The research of the alienist and psychologist confirm scientifically what statistics seem to prove. A large per cent of the flotsam and jetsam of humanity belong to this class—the prostitute, tramp, vagrant, alcoholic, petty thief, murderer, etc. They cannot compete with normal men, so become charges on charity, unemployed because unemployable, unless they adopt sporadic purposeless undertakings, exemplified usually in criminal careers.

The money society lays out upon them for police and court expenditures, reformatories, prisons, poorhouses, workhouses, asylums, and the like, should be used in finding them out during childhood and managing and educating them accordingly.

DISCUSSION.

DR. ALBERT ANDERSON, Raleigh: I do not know when I have heard before any medical meeting a more timely address. I believe nothing better could be done than to have this address printed and distributed among the people of our State. It is in line with what I have been thinking should be done from my experience in work of this kind for the last four years. I was impressed so strongly with the importance of this work that I asked permission of our board of directors to allow us sufficient money to pay expenses of one of our staff to canvass our district on the mental hygiene work. In this way we reached a majority of our counties and put this preventive work at least before ten thousand people in a year's time.

I was talking to our Governor about this preventive work and said to him: "I hope to see the day soon come when we can take up this preventive work more earnestly and effectively, and, in my opinion, in a short time we could decrease the numbers that are coming to us." He replied that it should be done and it seemed to him that we had had the cart before the horse long enough. He also expressed a willingness to go before the committee for an appropriation and ask for suffi-

cient money for each hospital in the State to employ a field worker. This work would lead to the discovery of abnormal children who could be trained in the home and school in a way to prevent the development of future trouble by fixing the right habits upon their mentality and getting wrong habits out of their lives.

Parties are sent to our prisons by the courts instead of hospitals where they should be treated as patients. This is all wrong. If we cannot have relief by enlarging our hospitals it is impossible to relieve the situation. The congestion at all of the hospitals is alarming and demands immediate relief. If the right thing is done, all of the hospital men should carry this message to the profession, to the teachers and to the homes. I believe that is our greatest work, and while this cannot be done at present, I would urge upon the doctors of North Carolina to move with us that the State provide room enough to take these people into our hospitals during the incipient state of their trouble instead of letting them stay at home to become chronic and hopeless before we get them.

I thank Dr. Laughinghouse for this able address in behalf of the unfortunates and in our behalf who are battling every day to improve the situation.

DR. ARCH CHEATHAM, Durham: I want to thank Dr. Laughinghouse in behalf of the Society for the able paper he has presented to us. It is a subject we should all be interested in, and I am sure I represent the sentiment of this Society in thanking him for this able address.

DR. G. M. COOPER: I should like just about three minutes of the Association's time out of order if I can get it. One of the great questions now seems to be to call for volunteers. Dr. Z. M. Caveness, representing Wake County, has suggested this is too great a meeting to go away without results. Wake County is the first county to come forward to comply with the new school inspection law.

DR. Z. M. CAVENESS: I said this evening to Dr. Cooper that I would be very glad to volunteer Wake County to be the first county to comply with this new school inspection law. We can easily do this under the line of work we are doing.

I did not make myself very plain this evening. We have already practically met the requirements of this law in making these tests—medical inspection tests in our schools—because the teachers in every instance assisted in this work. School is suspended and she helps the nurse to make these tests. It seemed that some of the gentlemen seem to think this nurse was making diagnoses. She is not. We are only

using her
sician, an
finds that
he refers
suggests v
that have

Dr. Jo
school chi
say to th
that coun
as the ne
years.

Countie
ford, Me
Catawba,

R

Moved
onded; ca

REPO

First.
floor.

Second.
sisting of
sent to the

Third.
their title
that the S
the title a

Fourth.
present, an
mend that
attend, he
to be read.

The foll

We, the
to tender o
for the lav

by a field worker. children who could at the development their mentality and

stead of hospitals all wrong. If we possible to relieve is alarming and ne, all of the hos- on, to the teachers rk, and while this doctors of North om enough to take ate of their trouble ronic and hopeless

s in behalf of the ry day to improve

Dr. Laughinghouse as presented to us. am sure I represent his able address.

ree minutes of the e of the great ques- . M. Caveness, rep- eat a meeting to go ounty to come for-

Dr. Cooper that I e the first county to can easily do this

We have already aking these tests— e teachers in every d and she helps the the gentlemen seem not. We are only

using her in order that we may get these children to the family physician, and it is he who in every instance makes the diagnosis. If he finds that there is some condition that needs the attention of a specialist he refers them to one of his own choice. Otherwise, he prescribes or suggests whatever in his opinion the child needs to correct the defects that have been pointed out by the inspection.

Dr. JOHN THAMES: I would like to answer in this way. Every school child in New Hanover County was examined last year. I will say to those county health officers that the teachers in the schools in that county helped us make examinations very much in the same way as the new law provides for. I did the county work in the last two years.

Counties complying with New School Inspection Law—Vance, Guilford, Mecklenburg, Buncombe, Forsyth, Sampson, Swain, Martin, Catawba, Pitt, Haywood, Nash, Montgomery, New Hanover.

REPORT OF COMMITTEE ON RESOLUTIONS.

[Report not received]

Moved by Dr. Rankin that resolution be adopted as a whole. Seconded; carried.

REPORT OF COMMITTEE ON RECOMMENDATIONS OF PRESIDENT.

First. That all nominations of officers of the Society be made from the floor.

Second. That each health officer prepare a brief report of his work, consisting of not more than five hundred words, and that a copy of this report be sent to the Secretary not later than ten days before the annual meeting.

Third. That all members who are to read papers send to the Secretary their title and brief of its contents at least thirty days before the meeting, so that the Secretary when appointing members for discussion may send them the title and brief of said paper for their guidance.

Fourth. Recognizing the fact that the writer of a paper cannot always be present, and being desirous of always having a complete program, we recommend that whenever the author of a paper finds that he cannot possibly attend, he either delegate some one to read same or send it to the Secretary to be read.

WM. M. JONES,
JOHN THAMES,
C. S. McLAUGHLIN,

Committee.

The following special resolution was introduced by Dr. G. M. Cooper:

We, the members of the North Carolina Health Officers' Association, desire to tender our sincere appreciation to the Buncombe County Medical Society for the lavish manner in which they have entertained our Association today.

Moved by Dr. Rankin that it be adopted by a rising vote. Unanimously carried.

DR. CHEATHAM: The election of President is now in order.

DR. D. E. SEVIER: I wish to place in nomination a man whom I have known since the organization of the Health Officers' Association of North Carolina. I know he has always been progressive. I feel sure that he stands second to none, not only in the State of North Carolina but in the United States, and I wish to present for your due consideration the name of Dr. D. C. Absher, of Vance County; postoffice, Henderson.

Moved by Dr. Braswell that nominations be closed. Nomination seconded by Dr. Braswell; unanimously carried.

DR. D. C. ABSHER, Henderson: I want to assure you that you have made a very great mistake in electing me as your President. However, if it is your will that I shall serve you I shall do my best to occupy the chair.

The next in order is the election of a Vice-President. Nominations are in order.

DR. ARCH CHEATHAM, Durham: I rise to put in nomination for Vice-President a man who has always responded when called on by this Society, and he has done his work well. I am going to place in nomination the name of Dr. M. T. Edgerton, of Pitt County, for Vice-President.

Nomination seconded; unanimously carried.

Dr. Cooper nominated by Dr. Caveness for Secretary-Treasurer. Nomination seconded by Dr. D. E. Sevier; unanimously carried.

DR. D. C. ABSHER: I feel myself that we should make Dr. Cooper Secretary for life.

REPORT OF AUDITING COMMITTEE.

We, the Auditing Committee, have examined the records of the Secretary and Treasurer of the North Carolina Health Officers' Association, and find the receipts and disbursements to be in balance and the same to be accurate and correct.

AW

C. W. REYNOLDS,

A. C. BULLA,

E. F. LONG,

Committee.

Absher, I
Absher,
Absher, I
Address,
Address
Address
Ambler,
Appointm
Auditing,
Auditing
Braswell,
Braswell,
Campbell,
Caveness,
Cheatham
Cheatham
Committe
Committe
Nomir
Resol
Audi
Committe
Committee
Cooper, D
spection
Cooper, D
Dallgny,
Edgerton,
Explanatio
dren—D
Explanatio
dren:
Dr. D.
Dr. W.
Dr. J.
Dr. G.
Dr. Z.
Dr. W.
Dr. L.
Dr. G.
Explanatio