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torial Board: E. C. Branson, L. R. Wilson, E. W. Knight, D. D. Carroll, J. B. Bullitt.

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PROGRESS IN PUBLIC HEALTH

RURAL PUBLIC HEALTH WORK

.ocal public health machinery in rural as was the subject of a report render- to the American Country Life Associa- n in Chicago the other day by E. C. anson, committee chairman, and we reproducing it for our News Letter ders with the hope that it may effect- ly re-enforce the great work that is be- done in North Carolina by Dr. W. Rankin and the State Board of Health

Scope of the Report

The findings of your committee con- n the governmental machinery of pub health work among 44 million dwell in the open country of the United tes outside incorporated towns of ry sort and size, and 10 million vil e dwellers in towns of fewer than 2,500 abitants. Here, all told, are 54 mil- n people, or just about half our total ulation at present. These people are de and apart from the centers of busi s activity and social enterprise. Re- te and aloof, they were hard to reach vn to the last household in our liberty nd, war stamp, and war benevolence ves. They are just as hard to reach h public health literature and to use to self-protective activity in be- f of disease-prevention and health- motion.

The instinct of self-preservation is fee- in individuals, except on the lower els and in dramatic situations of sud- n peril to life and limb; it is even bler in the collective personalities led cities, as most of us have learned the struggle to persuade boards of al- men to invest in adequate public lth machinery; it is almost non-exis- t, as a local civic asset, among the ltitudes scattered throughout the vast en spaces of America.

Your committee has been charged with nsidering the hard end of public health rk, namely, the public health machin- that will effectively reach and serve rural multitudes who can not will not take individual or collective ion in behalf of themselves, their mes, or their home communities. Ru- public health like the rural public ool is a mired wheel at present in the ited States.

Committee Findings

Effective public health work in rural eas seems to your committee to mean

1. A state department of public health th authority to determine general pub- health policies, to broadcast popular blic health literature, to establish and aintain standards of public health ser- e, to supervise and direct all state and al health activities, agencies, and in- tutions whatsoever, and to serve within e state as a direct coordinating center r all extra state public health organiza ons and agencies, federal health bureaus well as national public health philan- ropies.

2. Regional diagnosis centers, general nics and dispensaries—enough to be thin easy reach of the rural population a state.

3. Hygiene and sanitation as required bjects of instruction in all grades and pes of schools receiving state aid.

These as a setting and support for

4. A county-unit organization of public alth machinery under state health ard guidance.

Explanations in Brief

1. The State Department of Public ealth. It appears to your committee be both possible and desirable that all cal public health work, regional, county, nd municipal, be placed under the au- oritative guidance of the state health oard; and also that all outside public ealth agencies and organizations operat- ng within a state function through the tate board—this, in order to avoid, in Milton's phrase, confusion worse confoun- ed, which being translated means con- ounded confusion. This finding pre- upposes the willingness of public health rganizations, local, state, and national, o federate their aims, to concentrate heir funds, and to operate through a ingle responsible state agency in com- ortable comradeship. If it connot be o, it indicates a sad lack of self effacing- ness among Good Samaritans along the road to Jericho. Pending such a federa- ion, national organizations should place heir public health work on a project basis, and definitely announce their projects to the public.

2. Regional Diagnosis Centers, General Clinics, and Dispensaries. Such centers ought to be established in steadily increasing number in every state, and their location determined by the necessities of remote rural regions. The investment and operating expense ought to be a charge upon the state treasury, supplemented by the funds of such federal bureaus and volunteer organizations as find these centers useful in reaching the disabled constituencies they are created to serve. The lack of such centers at present leaves our rural populations at the mercy of clogging inveterate superstitions, quack doctors, and patent medicine venders.

3. Schools of every grade and type receiving state aid in any measure should offer instruction in hygiene and sanitation, with lessons in first aid, bedside nursing, and sick-room dietetics, adapted to classes of various ages and degrees of preparedness. A measureable command of these matters ought to be required for a license to teach in the public schools of the United States; otherwise college, normal school, and summer school courses in these subjects are likely to be offered in vain for long years to come. Credit courses must be used to create civic and social mindedness. The schools must hurry to capitalize popular interest in public health. Public health servants must be trained in wholesale numbers, and rural communities must be stirred into readiness for action, by intelligent local leaders in multiplied thousands. Public health instruction in the schools is foundational.

The County-Unit Plan

4. The County Unit of Public Health Machinery. In forty-one states the county is the local unit of civil government. Just as we have slowly come to see that public education on a county-wide basis is the way of progress, so it begins to appear that the county as such is the proper territorial basis for local health organizations operating as mediate agencies of state health board effort, and that on no other basis are we likely to reach and serve our country populations in public health work. And this is probably just as true in regions where the town or township is the real unit of political life as it is in areas where the township is merely a geographic term with little or no significance of economic, social, or civic sort. Effective public health work is expensive —too expensive for rural tax-payers or for dwellers in fractional areas of rural counties. Our rural counties, it is well to remember, are four of every five on an average the country over; that is to say, in 2,350 of our 2,950 counties two-thirds or more of the people dwell in the open country and in small towns and villages. The time has come to recognize this fundamental fact and to act upon it. The taxable wealth of an entire county is required to support public health work that is organized to reach all the people. It is not too much to say that every dollar of taxable wealth in every county ought to back health-promotion and disease-prevention in the richest town center and poorest country district alike. Bear ye one another's burdens, and Every man shall bear his own burden, are complementary Biblical truths. They are also complementary democratic doctrines. They mean local tax levies, re-enforced by state and federal aid and by private benevolence local and national.

A state health board can function most effectively through county health machinery. It is hard to see how it can otherwise reach individual farmsteads in sparsely settled rural areas. In every detail—in health surveys, in case work, in advice, supervision, care and cure—public health bulks up too big for centralized authorities, agencies, and institutions. And this is true in urban and rural areas alike. Public health is fundamentally a local problem, and at last it must be in largest part a local responsibility. Consider tuberculosis, for instance. The country over, the open pronounced tubercular cases of all sorts are around ten per thousand inhabitants; which means 25,000 cases in a state of two and a half million people. It is hardly thinkable that a state sanitarium with a few hundred beds can be either a diagnosis center or a curing station for such a host of stricken sufferers. On the other hand, the open cases in a little county of 16,000 inhabitants are some 160, and the deaths around 20 per year. Clearly the problem is too large for one big sanitarium in any state. Tuberculosis is a county problem and it calls for county or county-group hospitals. Such hospitals are now required by law in New Jersey, New York and Massachusetts, and other states are moving ahead in the same direction.

County Health Machinery

County Public Health Machinery. Effective local public health work involves:

1. A county public health board, elected preferably by the county board of finance and the county board of education in joint session, and supported by a fund at least one-third of which is locally derived, the balance coming from state, federal, and other outside agencies and organizations if possible.

2. A county health department, headed by a whole-time county health officer, with clerical help, laboratories, and assistants in the largest measure possible. He should be elected by the county board of health, the county board of finance, and the county school board jointly, from a certified list furnished by the state board of health. He should be answerable to the local health board and through it to the state health authorities. He should hold office without re-election during good behavior and effective service. He should have directive oversight of all local public health agents and institutions in the county. He should be quarriered with the county school superintendent or alongside him with the veil between rent in twain.

3. A county-paid public health nurse, one to start with and more just as rapidly as supporting funds can be found. She should be chosen by the county health officer from the certified list of the state board, to whom she is finally responsible through the county health officer.

4. A county tuberculosis hospital, in every county where the annual taxes state and local are $100,000 or more, under permissive legislation, by a majority vote of the voters voting. In areas where county populations are small and taxable properties meager, county-group hospitals should be established.

In short, a county health organization should develop a robust sense of local responsibility for local health problems. It should be removed as far as possible from local partisan politics and at the same time allow the largest possible measure of local democratic participation consistent with effectiveness.

To this end, the initiative of local health authorities ought to be respected and their wisdom conserved by bringing them together and having them assist in determining the standards of local health work on the highest possible levels. In this way local taxpayers have an understandable basis upon which to compare costs and results in the various counties, to know how their county ranks in public health work among the counties of the state, and whether or not it is moving ahead or lagging behind—whether or not it is getting results or getting left. Such standards democratically determined are essential to the best efforts of local health officers and the largest possible support in local communities.

CIVIC CONSTRUCTIVENESS

In a recent book Frederick S. Lee has once more exhibited what is known about the working of the human machine and the little use that is made of that knowledge. We know perfectly well how to eradicate malaria and yellow fever, yet these diseases still claim many victims. We know that we could prevent half of all the deaths that occur every year, and yet they are not prevented. Thirty percent of the blind people would see if only a few drops of an antiseptic solution had been put into their eyes at birth; but this very simple precaution is not yet in general use. The reasons lie in the fact that there is no effective program for the organization of mankind in health concerns, no effective agencies to study such a program, and little teaching in the field of social medicine.

We shall never reach the point where we really govern ourselves and master the world until the universities become civically constructive.

We can already foresee the time when every school of medicine will devote the greatest part of its activities to social medicine. By enlarging its aim and broadening its method, by dropping its academic and professional aloofness, medicine will become the center of community service.—Dr. René Sand, Lecturer on Industrial and Social Medicine, University of Brussels.

THE CAROLINA PLAN

A uniform system of health work, embraced in eight separate units covering all the activities of whole-time county health officers is recommended to the State Board of Health in the resolution prepared and adopted yesterday at the concluding session of the Co-operating County Health officers in Raleigh. The State Health Board will consider the resolution at its meeting next Monday.

There are at present 16 counties in the State that have the whole-time co-operative health officer and there are at present in the hands of the State board applications from four additional counties for the whole-time service that will bring the number to within one of the authorized list of 20 counties. Applications are pending from Union, Harnett, Nash, and Vance counties.

The co-operative service was established three years ago and since that time the work has outgrown its original scope and in each county has developed along somewhat independent lines. The object of the conference held yesterday was to unify the work and place it upon a more sound and efficient basis. Each of the 16 counties at present supporting the work was represented at the conference.

Eight Units Recommended

The following units of work are recommended in the resolution:

Educational Unit: To educate the people of the county as to the prevalence of preventable diseases, the possibilities of health improvement and the means of disease prevention and health promotion.

Quarantine Unit: To work in co-operation with legal agencies of the State, visit schools and homes when necessary to establish measures of control.

Soil Pollution Unit: To collect data on the prevalence of disease from soil pollution, give treatment when necessary, teach the necessity and importance of providing sanitary privies.

Life Extension Unit: For the physical examination of adults by appointment. This work will follow closely the work now being done by the Life Extension Institute.

School Unit: To conduct medical inspection of school children and supervise the physical examination of public school teachers.

Infant Hygiene Unit: To have charge of the organization and instruction of mothers' clubs, train them in the care of infants, and standardize regulations for midwives.

Tuberculosis Unit: To exercise a careful oversight over the disease in the county, conducting a general campaign for the prevention and cure of tuberculosis, provide clinics, etc.

Health Officer's Staff

In each county there will be a whole time health officer, a trained nurse, a rural sanitary inspector and an office assistant. The salary of the health officer is fixed for the first year at $2,400 and $2,700 for the second year with $600 for travel expenses. The nurse will receive, including travel expenses, $2,100, the sanitary inspector, including travel, $1,500 and the office assistant $600 per year.

Of the total budget of $8,000 the county will appropriate $4,000 in addition to providing office room and equipment. This amount is supplemented by $1,000 by the State Board of Health, a like amount from the International Health Board, a branch of the Rockefeller Foundation, and $1,800 is allotted by the American Red Cross.—News and Observer.

TALKING IN GUILFORD

We have for years been talking here in Guilford about a tuberculosis sanitarium, but apparently there is no intention of establishing one; the people are thinking about other things. The state has a successful sanitarium, but it is little more than a demonstration of what can be done, so limited are its facilities. In one way, it looks as if a state is greatly criminal if it finds out that a thing can be done and then does not do it. For years this has been notoriously the case as to treatment of the insane; now it is so in tuberculosis work, and in conservation of citizenship through training of delinquent youth.

Still, when you take the long view, you find that in all these enterprises of conservation, progress is made. The faddists of the world waste effort and energy in foolish, futile enterprises; but all along real progress is accomplished. So he is rash who denies that an actual, wholly efficient conservation of human life will be achieved. And it is possible that it might develop quickly; decade after decade might show increasing progress. Or it may be a development of centuries.—Greensboro Daily News.

CALDWELL FARMERS ACTIVE

Caldwell farmers are becoming more and more interested in local water power development, lights and other power conveniences on the farm. Already farmers in the county are taking advantage of the offer made by the University of North Carolina through the bureau of extension to investigate any water-power site and advise as to the cost of development and installation of lights, farm machinery and other conveniences.

Mr. D. C. Flowers, who lives out in the Little River Section, is the first farmer in the county to take advantage of the offer of the University, and last week Mr. W. C. Walke of the State Highway Commission, working in collaboration with the University bureau of extension, was here from Chapel Hill to go over the proposition with Mr. Flowers and make estimates of the probable cost for his development.

Within the next few days Mr. Walke plans to return to Lenoir and go over a small water-power site for Mr. John B. Steele in the Valley.

In both cases Mr. Walke will figure out the probable cost necessary for the development of the water power and then the cost of all installations, including lighting for home and farm houses and for needed farm machinery and other conveniences.

This service comes free. There is no charge whatever. This work is made possible through an act of the general assembly of 1917, which provides for the bureau of farm-home comforts and conveniences, which has been inaugurated by the University bureau of extension. Its purpose is to aid in the upbuilding of farm communities through the development of small water powers to furnish current for the needed conveniences on the farms.

Mr. C. W. Warlick of this place has been instrumental in stirring the present interest in the development of the small water powers, and it was through his work that Mr. Walke was sent to Caldwell.—Lenoir News-Topic.

FINE SENSE IN CHATHAM

Sheriff Lane down in Chatham is mailing out a little card that shows at a glance the total of each taxpayer's taxes and just what each taxpayer's dollar pays for, as follows:

Poll Tax	$3.20
State Tax	$ .15 2-3
County	.19
School	.67
Special	.17
Bridge	.06
Road	.10
	$1.34 2-3

Special Road Levy

Center, Haw River, Cape Fear and Bear Creek Townships. 50c Property. $1.50 Poll.

Matthews and Gulf Townships. 40c Property. $1.20 Poll.

Oakland Township. 60c Property. $1.80 Poll.

Special School Levy

Carbonton, Bonlee, Goldston, Gum Springs, Holly Oaks, Merry Oaks, Pittsboro, Silk Hope, Grove, Olive's Chapel. 30c Property. 90c Poll.

Bynum, Chestnut Hill, Eastern Academy, Gulf, Ore Hill, White Oak. 25c Property. 75c Poll.

Hank's Chapel, Moncure, Cotton, O'Connell. 20c Property. 60c Poll.

Bonsal. 40c Property. $1.20 Poll.

Bennett. 50c Property. $1.50 Poll.

Goldston, Moncure (for bonds). 30c Property. 90c Poll.

Bonlee (for bonds). 15c Property. 45c Poll.

In townships having special road tax deduct the regular 10c, and in Baldwin Township add 10c to the regular 10c.

Write Sheriff Lane for a copy of his card.