

PROGRAM
OF THE
NORTH CAROLINA PUBLIC HEALTH
ASSOCIATION

TWENTIETH ANNUAL SESSION

MONDAY, APRIL 28, 1930

Papers Limited to Twenty Minutes—Discussion to Five Minutes
President—DR. J. R. HEGE.....Winston-Salem
Vice-President—DR. D. E. FORD.....New Bern
Secretary—DR. F. M. REGISTER.....Raleigh

PROGRAM

9:30 A.M.—LADIES' CARD ROOM

1. Call to Order by the Junior Past President, Dr. C. C. Hudson, Greensboro.
2. Invocation—Rev. Murdoch McLeod, Pinchurst.
3. Introduction of Dr. J. R. Hege by Dr. Charles O'H. Laughinghouse.
4. President's Annual Address: Dr. J. R. Hege, Winston-Salem.
5. Report of Secretary, Dr. F. M. Register, Raleigh.
6. Report of Special Committees.
7. Appointment of:
 - (a) Committee on President's Address.
 - (b) Committee on Visitors and New Members.
 - (c) Committee on Resolutions.
 - (d) Other Committees.
8. The Practicing Physician's Responsibility in the Matter of Public Health—
Dr. C. W. Armstrong, Salisbury.
Discussion:
9. The School Nurse in a Generalized Nursing Program—Miss Willie Burt
Fuller, Greensboro.
Discussion—Mrs. Karl B. Cline, Concord.
10. Tuberculosis Control Applied to a North Carolina County—Dr. L. B. Mc-
Brayer, Southern Pines.
Discussion—Dr. C. C. Hudson, Greensboro; Dr. P. P. McCain, Sanatorium.

2:30 P.M.—LADIES' CARD ROOM

1. Health Activities in Industry—Dr. E. S. Thompson, Medical Director, R. J.
Reynolds Tobacco Company, Winston-Salem.
Discussion—Dr. T. W. M. Long, Roanoke Rapids; Dr. E. E. Robinson,
Concord.
2. The Opportunity and Duty of Women in and for Health—Mrs. Charles R.
Whitaker, Chairman of Health, State Federation of Women's Clubs, and
Vice-President North Carolina Tuberculosis Association, Southern Pines.
Discussion—Dr. John Symington, Moore County Health Officer, Carthage.
3. Record Forms, Charts, Graphs, etc., in a Health Department Office—Dr. R. L.
Carlton, Winston-Salem.
Discussion—Dr. D. E. Ford, New Bern; Dr. J. H. Epperson, Durham.

8:00 P.M.—LADIES' CARD ROOM

1. Address—Dr. L. A. Crowell, President State Medical Society, Lincolnton.
2. Election of Officers.
3. Address—State Health Officer—Dr. Chas. O'H. Laughinghouse, Raleigh.
Adjourn Sine Die.

TRANSACTIONS
OF THE
NORTH CAROLINA PUBLIC HEALTH
ASSOCIATION

TWENTIETH ANNUAL SESSION
PINEHURST, MONDAY, APRIL 28, 1930

The North Carolina Public Health Association met in the ladies' card room of the Carolina Hotel and was called to order at 9:30 a.m. by Dr. C. C. Hudson, Junior Past President, Greensboro.

The invocation was said by the Reverend W. M. McLeod, pastor of the Presbyterian Church, Pinehurst.

Dr. Charles O'H. Laughinghouse, State Health Officer, Raleigh, introduced the President, Dr. J. R. Hege, Winston-Salem, who then read his President's Address.

PRESIDENT'S ADDRESS

J. R. HEGE, M.D., Winston-Salem

I have tried for months to decide on a subject to discuss on this occasion. I would like to say something that would help public health in North Carolina. Something that would make public health activities more numerous, more complete, more beneficial to our respective communities, more serviceable to our citizenry, more worthy of the expenditure of our tax monies and more deserving of the high esteem that public health is held in the minds and opinions of every North Carolina citizen.

I have visited more than half of the organized health departments in the State during the past year; and I interviewed either the health officer or members of his personnel in nearly every one of the departments and I got some knowledge of the essential factors that compose the average health department. With this information at hand, one might be expected to criticize public health programs and activities. Had I been looking for only the evil, the wrong, the errors and the shortcomings, perhaps I would, but with much love, appreciation, respect and loyalty, I was looking for something good and I had no trouble in finding it. I saw men working under handicaps of financially cramped budgets, small personnel, political upheavals, with all the useless fool changes that they bring to worry the souls of saints. I saw men bowed down over work with programs running into years, programs planned and working to preserve the health and happiness of men, women and children by the thousand—numbering out of all proportion to the personnel and budget of the department. On top of all of this,

all of the county wards, that is, the county home, county chain gang, jail and outside poor hanging on the department's neck for medical services and so often this load is heaviest, where the budget was the smallest.

In studying my visits I found myself interested to know what factors constituted public health as public health is practiced in North Carolina. It seems to me that:

The first factor and perhaps the most outstanding one was a social consciousness for the welfare of the masses. We might call it the sociological factor.

Second, an economic factor for both life and property.

Third, a legal factor exerting an influence on the unsympathetic, a compulsive influence.

Fourth, a political factor, which when conspicuously present is quite questionable and may at times present a treacherous attitude, yet this political factor is a mighty force for good when properly controlled and directed.

Let us consider these factors in some detail.

The sociological factor of public health.

Do you question that public health is allied to the science of sociology? Let me quote a modern encyclopedia's definition of sociology. "This science was established in France in the eighteenth century. It was founded for the purpose of the systematic investigating of questions relating to domestic hygiene, education, labor, punishment and reform of criminals, and the prevention of pauperism. Sociology in recent years has made advances in civilized countries in precautions against disease, the reconstruction of hospital charities, the regulations of prisons and workhouses, the establishment of reformatories for young criminal and fallen women."

In directing public health programs we have a lot to do with precautions against disease, hospital charities, prisons and fallen women.

When sociology is mentioned, we naturally think of our own public welfare departments. This is especially true of us in counties where the welfare departments are well organized. They seem to take the definition of sociology quite seriously, particularly with reference to hospital charities and precautions against diseases. Sometimes we are inclined to think that their duties are to "Tell George what to do," but that is only a presumption in most instances. We appreciate their services most in acting as a sort of "shock absorber" to protect the health officer from snags that infest the medical profession. We might call them sort of business secretaries for the health departments. Scientists would perhaps name them "catalists."

We acquaint ourselves with the principles of this sociological factor with such public health activities as the quarantine act. Here the masses are protected at the inconvenience of the individual. We may contrast this with the democratic principle of allowing the small-pox case to run at large. Again the sociological factor presents itself in our program of clinics such as tonsil, venereal, vaccination, baby and infant welfare, pre-school, school child, dental, orthopedic and many others. The free and routine physical examination of school children and notification of

parents of physical defects; dissemination of free health literature; compulsory vaccination of small-pox for school children, physical examination of applicants to marry, food handlers, prisoners and venereal suspects are all sociological in principle. The sanitary ordinances dealing with streets, premises both domestic and business come in this category as does medical services rendered the county wards, county home, outside poor and etc.

If we choose to go more into detail, we find the Chief of the Federal Children's Bureau saying, "We need adequate services for the prevention of social maladjustments and diseases that result in delinquency. Beginning first, they need relief from unnecessary separation from parents, they need adequate health and psychiatric service and more care for the physically handicapped."

But is this sociological factor found only in public health programs? How does it come to be in public health? Did the sociologist bring it in and detail the medical men, who have chosen public health as a profession to carry it on? Or are medical men sociological by training and nature? If it was a natural trait, you would expect the occasional tendency by the law of averages. But, here is an instance of fifty medical men in one town, specialists in their line of work giving their services free of charge to a hospital that cost \$500,000, located in the capitol city of one of our states on a twenty-three acre lot. This hospital to which I refer receives \$167,000 a year from the state legislature for its maintenance. The requirements to gain admission to this hospital are that you be divested of all earthly possessions and live in this particular state one year. If you can pay your expenses, you can't get in at all. The services rendered are expert care in orthopedics, pediatrics, general surgery, physiotherapy, ear, eye, nose and throat and any other treatment indicated. This institution isn't any part of a public health program, it's just a plain medical hospital. I wish to quote from the bulletin issued last week by the Ninth District Medical Society the following under the title of Charity—"Millions of dollars are left every year to hospitals and various charity institutions, but the writer does not recall having seen where anything has ever been left to pay doctors for attention to charity patients. Doctors as a whole take care of charity patients freely and gladly. This takes up a great deal of time and costs the doctor a lot of money." And I want to ask you if all these activities are not sociological in principle?

Nowadays we hear a lot about socialistic medicine, state medicine, etc., personally I don't think there is any more charity done in public health practice, than in general practice. I did general practice for eight years, prior to entering public health. Outside of the county institutions, I perhaps did as much free practice in the eight years as I've done in the six years in public health. In my opinion whenever state medicine comes it will be at the demand, you notice I say demand, of the medical profession. The public is not foolish enough to want to pay for something that it has been and still is getting for nothing. There isn't a profession on earth that gives to the public gratuitously the services that the medical profession gives. (By Catton) In Seattle the other day a physician, Dr. U. C. Bates, was performing an operation on

a young sailor who had been critically injured in a ship wreck. The lad was at the point of death; unless an intricate operation was performed promptly he could not recover. Now it happened that this doctor, a man of considerable means, liked to dabble in the stock market. And on this particular morning had a big deal pending, with a lot of money involved. So it happened that just as the operation was about to begin the doctor's broker called the hospital and insisted that the doctor come to the telephone immediately. Stock prices were taking a sudden slide. The doctor stood to lose a fortune unless he could get to the telephone at once and give his broker some instructions. But there was the young sailor, to whom every minute was priceless, ready for the operation that must be performed at once if it was to save him. A nurse told the doctor of the broker's call. The doctor's answer came quickly. "Tell him to jump in the lake," he said. "I'm busy!" So he went ahead and finished the operation. It was a success. The sailor lived. The time it took, however, was expensive. By the time the doctor was able to get to the broker's office he found that his fortune had shrunk by just \$250,000. The sailor, by the way, was a charity patient. The doctor got no fee for the operation. And there's the story. No doctor, of course will see anything extraordinary in this. To the medical profession, this Seattle physician surgeon did the only thing he could have done. But the story is pretty significant, at that.

Robert Louis Stevenson in the eulogy of the doctor says, "He is the flower of our civilization and when that stage of man is done with, only to be marvelled at in history, he will be thought to have shared but little in the defects of the period, and to have most notably exhibited the virtues of the race. Generosity he has, such as is possible only to those who practiced an art and never to those who drive a trade; discretion tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important a Herculean cheerfulness and courage."

Does the name of Louis Pasteur, Edward Jenner, Walter Reed, Edward Livingston Tredeau and Florence Nightingale bring to your mind great professional geni or scientists or capitalists, or philanthropists? No! No! They were servants for the masses. Heroes, yes heroes for the human race. It is the spirits of these great men that still guide and direct us. At times we falter and grumble, mostly to one another. Then the great spirit buoys us up and onward, and so on through the ages we have come and will continue, so long as the good on the earth outnumber the evil.

The legal factor of public health. Our legal status was given us at birth, we were conceived in the hallowed mind of our beloved Dr. Thomas Wood, but we were born in the legislative halls of our state capitol with an annual infantile heritage of one hundred dollars. From that early day to the present, we have fought, plead, and won battle after battle in those legislative halls against our entrenched foes, ignorance, superstition, political party factions, lobbyist and even personalities.

Locally we meet our legal troubles, we have ordinances, rules and regulations made loosely, clumsy and meaningless at times and some-

times handled by both unsympathetic and inexperienced jurists, thanks be that sometimes J. P. means justice plaintiff, otherwise we might have more regrets. Who of us have no memories of the courts? We are all familiar with these unpleasant duties and it suffices to say we have an unpleasant factor known as the legal side, although we would not be without it if we had our choice. We would refer to it by the incompatible term a likeable dislike or pleasant unpleasant factor.

The political factor of public health. Political influences are evidenced in some of the sudden changes that take place at election time in health offices. Budgets are sometimes hampered by political influences. Do you suppose that this might account for the lack of growth of some of our county units? The health officer becomes a serf of the political machine. The annual report of this association in 1919 gives a rather detailed report of several of the county health units. It appears that some of the departments have made little growth in personnel or budget, since then. The reason for this stagnation may not be political. There are several things that may be responsible. The present department might be sufficient for the demands of the county, in the mind of its present health officer. The people may be so well educated in health, sanitation and etc., that it would be a waste of money to expand the department's activities. The last mentioned reasons are possible, but far from probable. We are sure that it couldn't be due to the small taxable wealth and high rate of the county, since the poorer counties need the service more than do the wealthy ones. We know it to be a fact, that the less material wealth people have, the more they need health. Times are hard this year, harder than any year since I've been in the work. Our work has increased greatly, our clinics are larger, calls more numerous, hospitalization budget exhausted at this writing.

Centuries ago a Greek philosopher, anatomist and physician, wrote: "Science and art offer nothing of value, strength is incapable of effort, wealth is useless and eloquence powerless if health is wanting."

Politicians of city, county and state are committed to the policies of conserving health. Herman Michael Biggs says: "Public health is purchasable. Within natural limitations any community can determine its own death rate."

President Hoover reminds us of the Child's Bill of Rights; believed by some to be next to the Magna Charta, one of the most important documents ever issued. It is so great a document that I think we should recite it.

"The ideal toward which we should strive is that there should be no child in America:

"That has not been born under proper conditions.

"That does not live in hygienic surroundings.

"That ever suffers from undernourishment.

"That does not have prompt and efficient medical attention and inspection.

"That does not receive primary instruction in the elements of hygiene and good health.

"That has not the complete birthright of a sound mind in a sound body.

"That has not the encouragement to express in fullest measure the spirit within, which is the final endowment of every human being."

The economic factor of public health. An economist is one who expends or directs the expenditure of money, time, or labor judiciously and without waste. The greatest loss of the American nation today is not the stock market crash and bankrupt big business. This is only money changing hands in irregular channels. There is no actual money loss. There is just as much money today as yesterday. When we think of labor judiciously expended, we think of Henry Ford with his highly specialized methods of expending labor. Industrial methods have been brought about to preserve labor. We have arranged a paper on our program on this subject. But time, as the economist thinks of it, is the number of years added to the average life of yesterday. The greatest loss in American big business today is the large number of successful, high powered business and professional men who are dropping out long before their expectancy. Stressman of Germany passed out of the picture at fifty-one years. E. H. Harriman, the great railroad builder of our country, amassed a fortune of nearly a hundred million and passed out of the picture twenty or thirty years ahead of time. These men are great losses to their countries. Look at Edison, Rockefeller and Justice Holmes and many others rendering most valuable services, yet passed seventy. It looks like some of our great business and professional men master everything but themselves. They play the business game by rules, but in the game of health, they play wrong, when it comes to eating, sleeping, resting and playing, they fudge and play the work hand. They look after the railroads, banks and big business and forget or neglect eating, resting, sleeping and recreating.

Public health activities do not stop at economizing on time. It extends into property. Listen to this. One big ship in dock was fumigated with deadly gas, while the hatches were battered down, they took out two thousand dead rats and a quarter of a ton of cockroaches. Who did this? Why, the health authorities. How about handling, purifying and preserving milk, meat and other foods in such a manner as to make them safe and economical for the consumers? Think of the hazard to our children of dirty streets, poor housing conditions and communicable disease. Thousands of lives are saved annually by our public health regulations. Tuberculosis bacilli carry away hundreds and thousands each year, but think of the reduction we have been blessed with in the last decade or so: In 1880 the rate was 250 per 100,000; 1890, 240; 1900, 200; 1910, 160; 1920, 115; 1928, 75. Public health converts disasters, like the Mississippi River flood, into blessings in disguise to the community in which they occur. I noticed a statement from the press a few days ago, that the losses from the flood had been offset by the improved sanitary conditions throughout the valley.

Dr. Louis I. Dublin and Dr. Alfred T. Lotka recently published a book on "The Money Value of a Man," in which they discussed the cost of bringing up a child, the economic value of a man at the age of eighteen and various other ages. They base their money value on the judgments in suits to recover damages for fatalities of minor children, adult children, husband or father, wife or mother and etc. They pic-

ture very clearly the economic value of man. The title and introduction of this book would lead us to believe that it was very theoretical, but close examination of it reveals the fact to us that it is very practical.

Public health nursing has a commercial value as shown in the employment by business concerns of nurses to look after the health of their workers. This is the practice of not only some of the life insurance companies, but also of many of our big industrial plants. The industries that I am familiar with have nurses in each of their large plants, well equipped with first aid materials and are supervised from a central department, well managed by a full time industrial physician. These business concerns are not experimenting with these nurses. They know that they are economical. There are approximately twelve thousand graduate nurses doing public health work in the United States today. The nurse is found to be of economic value in visiting the sick, in school work, assisting in communicable disease control, aids to the school physician, home visits to interpret the findings and advice of the physician to the parents, infant welfare, tuberculosis and vaccination clinics. She conducts nutrition classes for the underweight child, supervises the activities of the physically handicapped and gives health training and instruction to all children. She also concerns herself with the hygiene of the school plant and mental hygiene of the children.

SUMMARY

The Science of Public Health is of practical value to us only to the extent that we apply it in our daily problems. Its sociological, legal, political and economic aspects are applicable in one or more combinations in every problem that presents itself. The health worker that ignores the scientific principles of his profession, is headed for trouble. You may say "to heck" with politics, I'm in health work. I would like to remind you that public health work in North Carolina is not under a civil service administration, nor are you going to give every person you contact with his personal liberties and rights that he thinks the Constitution of the United States grants him. One is occasionally reminded of the cost in his own county of the public health department. These aspects of public health are definitely discernible and are of practical value.

Do you like your work? Do you want to keep doing it regardless of how the next political election turns out? There is only one way that I know of doing it. Make it a hard job. Load it down with hard work and keep on loading it down with harder work. Then it won't be the kind of work the other fellow is looking for. You know what the other fellow is looking for. He wants a soft snap—easy hours—good pay—no interference or difficult demands. He wants to run it for his own convenience. Well, if you make yours like that, you may think you are lucky and that you are setting pretty, but as a matter of fact, you couldn't be sitting worse. There is nothing that will put you out of a job quicker, than to make it a soft snap. If you want to keep the other fellow out and yourself in and fit, lay out a program that hurts, something difficult. Put it on a schedule that keeps you jumping, then follow it up to the minute. You can't keep mentally awake and fit

without conflict, criticism, danger, disappointment, failures, humiliation and constant everlasting pressure. Grief in your work keeps your brain keen and alert. An easy job is never happy nor a healthy one. It has no perspective, nothing to stimulate it. It makes you peevish and cross. The first thing you know, you are telling fellows where to get off. Don't let yourself feel safe. Don't make yourself comfortable. Plan some task that is dangerous and difficult, something to keep yourself hustling. Never let yourself say, I'm going to take things easy. The minute you begin taking things easy, that minute you start dying. You may not know that you are dying, but your county commissioners, board of health and everybody else will.

Our shortcomings are not our lack of knowledge, but lack of action. Don't talk to the other fellow all of the time, talk to yourself some. Tell it to yourself, till you believe it and do it. We need visatergo, more visatergo. Plenty of visatergo makes seats uncomfortable, offices stuffy and overheated. It even makes attractive stenographers less attractive. It makes us agile, hot and prancing. It makes us oscillate. It makes every cell in our bodies oscillate. It keeps us on the go. It makes us get out, plan a program and put it into action. Do not day dream and visualize and rest at that. The number of Schicks or school children examined do not count for anything, it's the positives treated or defects corrected that spells finis. The knowledge of 30 per cent underweights in a school doesn't help public health, it's the number that gain to normal weight that counts.

REPORT OF SECRETARY

F. M. REGISTER, M.D., Raleigh

The 19th annual session of the North Carolina Public Health Association met on April 15, 1929, in the auditorium of the Pilot Life Insurance Company, at Sedgefield, just outside of Greensboro, N. C., at 10:30 a.m. Meeting was called to order by the president, Dr. C. C. Hudson, City Health Officer of Greensboro. Invocation was said by Rev. Charles F. Myers, of Greensboro.

Dr. L. A. Riser, Director of Health Conservation of the Pilot Life Insurance Company, gave a word of welcome. Dr. A. W. McAlister, President of the Pilot Life Insurance Company, gave an address of welcome.

An address of welcome was also given by Hon. E. B. Jeffries, Mayor of Greensboro. An elegant and bountiful luncheon was served the Association by the Pilot Life Insurance Company, in their spacious dining hall. Several vocal and instrumental numbers were rendered by the employees of the Pilot Life Insurance Company during the luncheon hour.

The afternoon session was held in the auditorium of the Pilot Life Insurance Company.

A Dutch luncheon was served at King Cotton Hotel at 6:30 p.m. Doctors Kitchin, of Wake Forest, Davison of Duke, and Sidbury of Wilmington gave very instructive and entertaining radio talks over Station WNRC. The following committee were appointed: