

time have large numbers of delinquent Negro youth and they have no place to send them except to this institution. There is great need, therefore, for additional funds for providing additional buildings and equipment so that the institution can take care of from 450 to 500 Negro juveniles.

It is believed that when this institution gets under way with a fairly adequate budget and a trained staff of instructors the boys can be more or less self-supporting. At least, as a part of their training program, they can raise their own food or most of it.

This new institution has also had the cooperation of many other state agencies. These organizations are manifesting a genuine interest in the work of this institution.

For information write Mr. P. H. Eason, state agent for Negro education, State Department of Education, Jackson, Mississippi.

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IOWA
PUBLIC HEALTH
BULLETIN

FOR IOWA'S HEALTH

A Brief Description
of the
Iowa State Department of Health

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STATE DEPARTMENT OF HEALTH
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Volume LV

1941

No. 1

January, February, March

IOWA STATE DEPARTMENT OF HEALTH

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DES MOINES

IOWA STATE DEPARTMENT OF HEALTH

The work of this division is divided among three sections, each of which performs various tests relating to public health. Largest is the serology section which is responsible for syphilis and gonorrhea tests. Among these are blood, spinal fluid and so-called gold curve examinations for syphilis and standard microscopic examinations for gonorrhea.

The bacteriology section conducts tests for diphtheria, tuberculosis, typhoid and paratyphoid fever, rabies, tularemia, undulant fever, Vincent's infection and a miscellany of other conditions.

In the third section sanitary examinations of water from public and private supplies are made, special specimens for the state health department are tested, and mineral examinations are done. Also the water section tests milk and makes various other examinations.

DIVISION OF VITAL STATISTICS

Gearing its activities in such manner as to supply essential vital data to other divisions of the department to be used as a basic guide in public health activity, the vital statistics division has four principle functions; namely:

1. Reception of all complete birth, death, marriage and divorce records for the State of Iowa.
2. Coding, indexing, transcribing, tabulating, analyzing and compiling statistical reports from vital records.
3. Storage and issuance of certified copies of vital records.
4. Coordinated activity with other divisions and governmental agencies.



Daily hundreds of requests for birth records reach the vital statistics division. Clerks in reception hall obtains required information from personal callers.

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housing and food handling, and advises directors and operators on general sanitation matters and suggests improvements.

L. Milk Sanitation (Milk sanitation by law is a function of the State Agriculture Department and local boards of health)

1. Makes fact-finding surveys of condition of milk sanitation at request of any local board of health.
2. Assists any local board of health in drawing up ordinance and in setting up local inspection and laboratory service.
3. Makes rating of efficacy of local inspection upon request.

M. Industrial Hygiene

1. Conducts preliminary survey of all types of industry to determine nature and magnitude of hazards caused by dusts, gases, vapors, improper ventilation, poor lighting, etc.
2. Makes studies of hazardous processes and conditions, advising industries of findings and recommending methods of control.
3. Reviews occupational disease reports and investigates cases reported.
4. Promotes keeping of sickness records by industry and associated organizations and makes statistical analyses of such reports.
5. Acts in advisory capacity to enforcement agencies, including Bureau of Labor, Mine Inspector and Industrial Commissioner.
6. Conducts educational program to acquaint industry, labor and other interested groups with importance of program.

N. School Sanitation

1. Acts in advisory capacity to Department of Public Instruction on water supply, sewage disposal, heating, lighting and ventilation.
2. Prepares and distributes bulletins and standard plans on sanitary facilities.

O. Rural and Community Sanitation

1. Sponsors and supervises W. P. A. privy program.
2. Prepares and distributes standard plans on private water supply and private sewage disposal.

P. Cooperative Work with Other State and Federal Agencies

1. Reviews plans and specifications of all sanitary projects financed with federal aid.
2. Makes inspections and acts in advisory capacity on matters of sanitation to state and federal agencies, including Farm Security Administration, Federal Housing Administration, Department of Social Welfare and Civilian Conservation Corps.

DIVISION OF LABORATORIES

Busy Place

A busy place, where the majority of the bacteriological, serological and water tests pertaining to the protection of public health are made, is the State Hygienic Laboratory of the state health department at Iowa City.

During the last six months of 1940, for example, 22,144 bacteriological specimens were examined, 182,688 blood and other tests for syphilis and gonorrhoea were made, and 7,957 water, milk and other specimens were tested. On an average during that period, the laboratory made 1,390 examinations per working day.

IOWA STATE DEPARTMENT OF HEALTH

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FOREWORD

In increasing number during recent months, requests have been received from schools, study clubs, speakers and others for information regarding the organization and activities of the state health department. This interest is sincerely appreciated, and wishing that it will continue, the department publishes this bulletin for distribution to answer similar requests in the future.

Publications dealing exclusively with the programs and activities of individual divisions of the department have been used for this purpose in the past and as a supplement to these, the current quarterly bulletin, it is hoped, will round out the picture.

Walter L. Piercing
Commissioner of Health.

IOWA PUBLIC HEALTH BULLETIN

PUBLISHED QUARTERLY BY THE IOWA STATE DEPARTMENT
OF HEALTH

WALTER L. BIERRING, M.D., Commissioner.....Editor
Edition 17,000

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For Iowa's Health

There is an old stereotype which still persists in some quarters that safeguarding the public health is chiefly a matter of tacking up a quarantine sign and the health officer is the person who swings the hammer.

This belief long ago should have gone the way of the cigar store Indian. In step with the steady march of knowledge in medicine, dentistry, nursing and engineering, public health work has moved far forward.

Prevention of disease and untimely death remains the major objective of workers in public health, but methods of procedure have been greatly changed. Among these changes, the most significant from the Iowa health standpoint is the trend toward decentralization, a movement calculated to bring the services of the department of health nearer the community and the individual.

Numerous Activities

Evidence of this course is seen in numerous activities. Witness a few of them.

So-called pneumonia typing stations where sputum diagnoses of pneumonia are determined operate in 150 laboratories established by the state health department throughout the state.

Complete wholtime staffs including a medical director, supervising nurse, public health engineer, and varying numbers of public health nurses are located in five district and four county branches of the state office, reaching a total of 34 counties.

Venereal disease clinics, partially financed by the state health department with funds made available through the United States Public Health Service, combat syphilis and gonorrhoea in 15 of the more densely populated communities of the state.

In cooperation with the Iowa Tuberculosis Association and with the approval of the local medical societies, the state health department conducts tuberculosis case-finding programs in nearly every rural county of the state. The purpose is to find cases of tuberculosis at an early stage when treatment offers greatest promise of cure.

Public health engineers of the engineering division review plans for local water and sewage treatment plants, offering the value of their specialized knowledge of sanitation problems to local authorities.

In keeping with progress in all lines of public health, a new type of personnel has developed. Today specialized training is needed by those who work in this field. The doctors, for example, not only are graduates

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of accredited medical schools but also have additional study in schools of public health. The nurses first go through regular hospital training and then move on for additional college and public health study. Likewise, the engineers take special work in sanitation in addition to their college courses of study.

Behind the Scenes

Behind the scenes, acting in an advisory capacity to the state department of health, is the Board of Health. In the early days of its existence the board, which first met in 1880, had the dual function of passing on matters of policy and also carrying out the administrative functions of the state health program through the services of a paid secretary.

Until 1924, through a period of constant growth, the board served this double purpose, but that year its function became purely advisory and administrative duties were delegated to the newly-named state department of health.

Confusion still exists as to the distinction between the board and the department. A large percentage of the mail which comes to the department is erroneously addressed to the Board of Health, but a smooth-functioning working arrangement has been developed between the two units.

With the members of the executive council of the state and the commissioner of health as ex-officio members, the Board of Health consists of five physicians appointed by the Governor. According to law, the appointive members serve "for a period of two years or until their successors are appointed and qualify." They meet semi-annually, in January and July, naming a president and secretary from the members of the group to serve for a year's term. The appointees receive no compensation but their expenses for travel to the semi-annual meetings are paid by the health department.

Throughout the year the board is linked to the department by correspondence and special conferences but on the days of its regular meetings, the board figuratively "takes over". One by one the various division directors appear before the board and report on the activities of the past six months. Starting with the commissioner's report, the members listen to each of the department's division directors. The reports are questioned if necessary and at its discretion the board may ask for additional information. Finally a vote is taken to approve or reject each report.

Also at these meetings the commissioner presents matters of policy, asks for advice and recommendations regarding proposed programs, and seeks assistance relating to administrative problems.

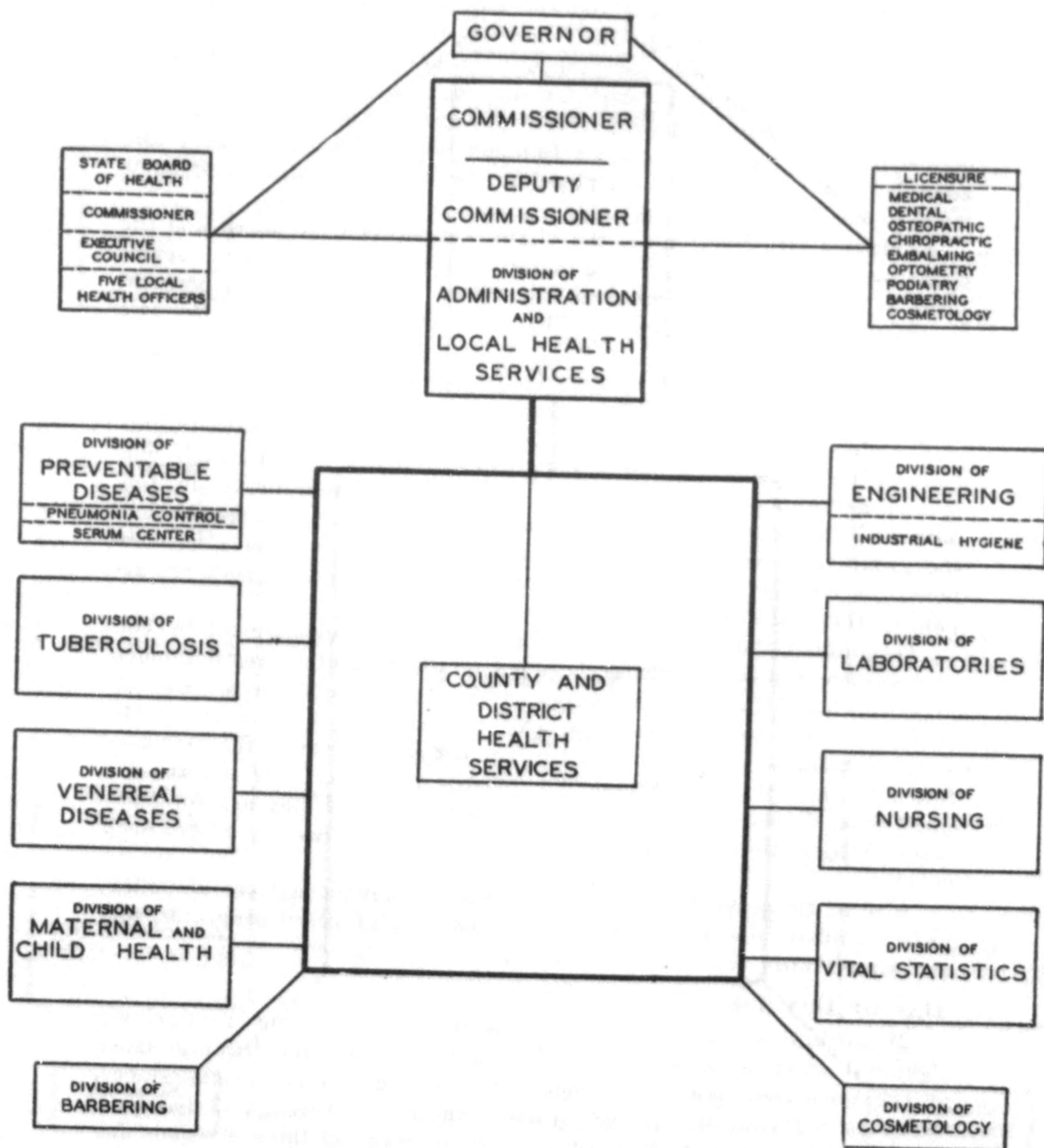
Day by Day Job

Meanwhile the state health department's day by day job of exercising "general supervision over the public health," to quote the defining clause in the Iowa code, goes on. Under the leadership of the commissioner, the work of the department at present is carried out through 12 divisions.

Considerable variety has arisen in the programs of these divisions due to the specialized nature of the work but there is one factor which is common to all. That is emphasis of public health education. In modern public health practice, police powers are relatively little used. Public

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ORGANIZATION OF THE IOWA STATE DEPARTMENT OF HEALTH



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health education, rather than police measures, is employed to show the need for enforcement of health rules and regulations.

The theory, one which is proving beneficial in actual practice, is that if the people are educated to see the need for correction of existing health evils, they will want to help bring about improvement. In this way a spirit of cooperation is engendered which pays bigger premiums in the long run than "clamping down" in every instance with rigid police power. Through education and service, the department hopes to develop a common desire on the part of the public and official and non-official agencies to bring about needed improvements in public health.

Iowa's policy of isolation of persons ill with a communicable disease is an illustration of this. At one time isolation, or quarantine as it was formerly termed, was regarded by many persons as a disgrace and the quarantine sign was looked upon as a symbol of shame. Consequently many rebelled at quarantine in spite of the fact it was required by law.

Today, however, though isolation has not been accepted universally throughout the state, circumstances are changing. Under certain conditions isolation regulations make it possible for the breadwinner to come and go, to continue working without loss of time and money when someone in the family is ill.

The newspaper, the radio, public speakers, posters and other avenues of communication have told the public that isolation is a two-way proposition—first, that it protects the isolated case against contact with others and possible complicating infection with another disease, and second, that it protects the general public by reducing the danger of spread of disease and thereby helps check prevalence of communicable disease in the community. When viewed in this light, isolation has both private and public connotations which are selfish on the one hand and generous on the other.

Protection of the patient is the first concern of the family, and through education, it is hoped, the public will be taught to see that isolation affords the best safeguard. Public duty is of secondary interest to the family when one of its members is stricken with disease, but those who understand the workings of isolation regulations realize that the warning placard posted on the house is also a protection to the public.

The placard itself, therefore, certainly is not a shaming device. Instead it is coming to be regarded as a symbol of honor, and the families which display it when necessary feel proud to contribute to the protection of public health in the community.

**DIVISION OF CENTRAL ADMINISTRATION
AND LOCAL HEALTH SERVICES**

Though education is a basic part of the program in each division, it is specifically associated with the division of central administration, headed by the commissioner. Included in this division are two employees whose duties are in general to coordinate the educational activities of the department and to assist each division with their programs in addition to conducting generalized programs and campaigns for the department as a whole.

In broad terms, the assignment of public health education is to verify health information Iowans already have or correct misinformation, disseminate authoritative facts relating to health, and acquaint the public

with the services available through the state department of health. The lecture platform, radio, newspaper, printed leaflet, exhibit, and still and motion picture are used in accomplishing this.

The Central Office

Education, however, is but one of the activities which stem from the division of central administration. It is around this division that the entire program of the department revolves. This is the central office, and in it the efforts of all the divisions are coordinated, budgets are drawn up or approved, health campaigns are planned and projected, and the manifold functions pertinent to the whole department are administered.

Paradoxically, perhaps, through this division, the central administration, the trend toward decentralization takes concrete shape. Associated with the central division, is a director of local health services who is responsible for promoting these outlying, branch units and supervising their work.

In effect the local services are miniatures of the state health department and perform for their areas the services which the department attempts to provide for the state as a whole. Manned by wholetime staffs including a medical director, supervising nurse, public health engineer, and several public health nurses, one nurse for each county of the district, the district services (as of Dec. 31, 1940) reach a total of 30 counties. Headquarters for the districts, five of which have been established to date, are located in Le Mars, Centerville, Manchester, Fort Dodge, and Decorah.

In four counties, namely, Woodbury, Des Moines, Washington and Polk, local services, operating exclusively in each of these counties, have been established. Complete staffs, corresponding in organization to those in the district services, function on a full-time basis in these areas.

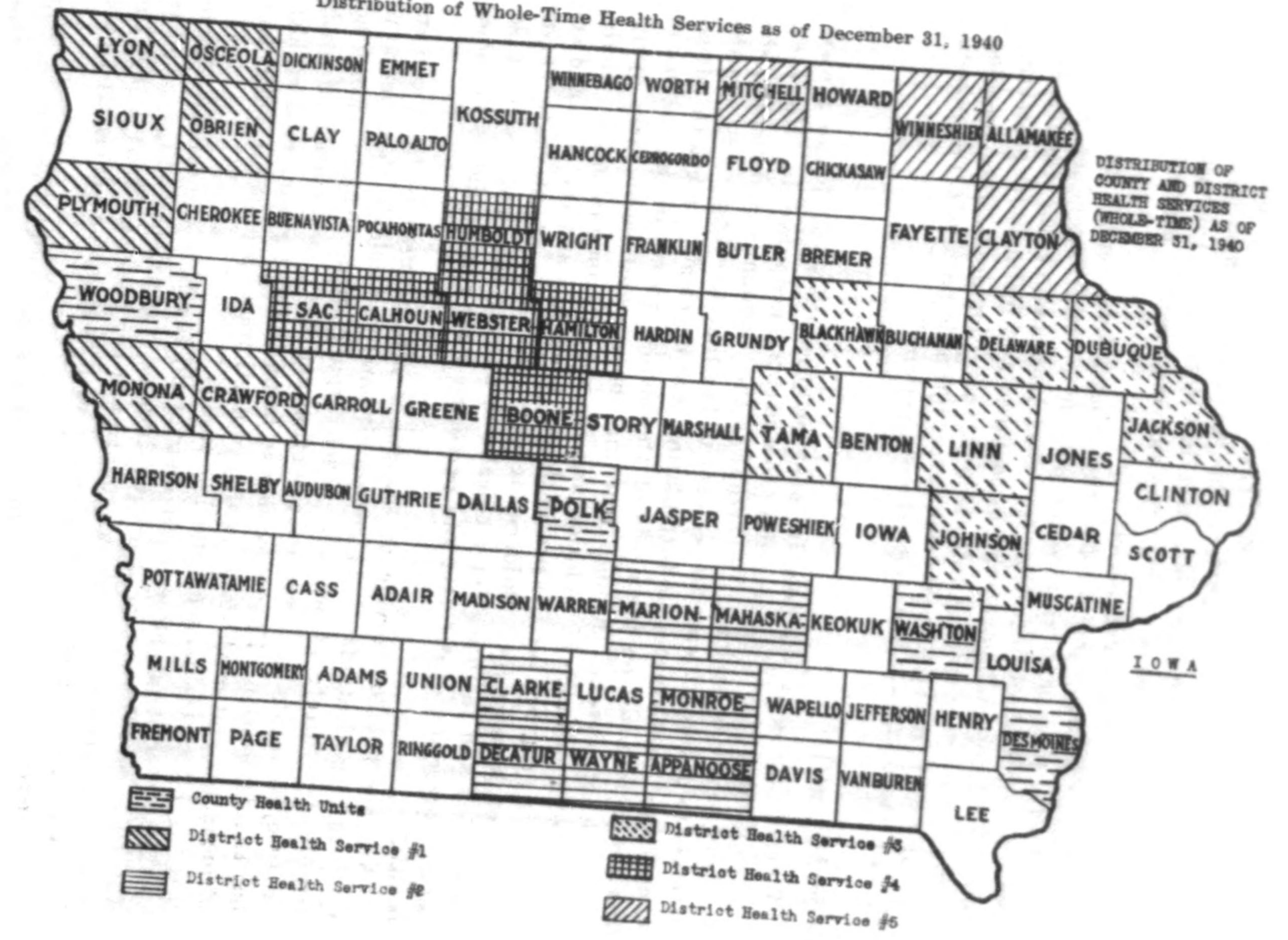
The cost of maintaining the district offices is assumed by the state health department while, in several instances, the counties having full-time service pay a share of the expenses. In the case of the county nurses, however, expenses are handled equally by the health department and the county, each paying 50 per cent.

At the head of each unit is the medical director who in turn is responsible to the state commissioner of health, according to a recent department report, "for the faithful, scientific, and effective performance of his duties." Among them, the report continues, are "the appraisal of health needs and the development of measures best suited to the requirements of each community."

Further, a liberal portion of the medical director's time is occupied in "the prevention and suppression of epidemics, coordination of the services of town and township health officers with those of private physicians in the prevention of spread of contagious diseases, the promotion of programs directed toward the control of tuberculosis, syphilis, gonorrhea, pneumonia, tularemia, Rocky Mountain spotted fever, dental caries, and illnesses peculiar to infant, child and maternal health."

An able assistant, one whose services are of basic importance to the community is the public health nurse. "Her work takes her into the homes of sick children, expectant mothers, young babies, and to those suffering from diseases that are transmitted directly or indirectly by the sick.

Distribution of Whole-Time Health Services as of December 31, 1940



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"Her duties may be generally classified into three types—those which primarily concern the (1) home, (2) school, (3) women's and other organizations."

Always careful to cooperate with the private physician in charge of a case, the public health nurse, in the event of an emergency call, "advises concerning the necessity of medical care but does not recommend any particular physician." The patient chooses his own physician, and the nurse makes return visits to interpret his instructions through demonstration and in other ways so that the sick may receive maximum benefits from his treatment and advice.

In case of communicable disease, the departmental report states, "she is very careful to demonstrate to the mother, or other attendant, how to prevent the spread of infection to other members of the family and community. She emphasizes the importance and methods of protecting certain groups, particularly infants and young children, from measles, whooping cough, diphtheria, scarlet fever, infantile paralysis, pneumonia, influenza, the common cold and other infections."

School Health

Working alone as she does in most counties, the nurse is not always able to distribute her time according to a prearranged schedule. However, as school health is basically important to the community and county, she attempts to devote at least 20 per cent of her time to school work. In the schools she "participates in formulating and developing a health education program based on the needs of the pupils; assists in the control of communicable disease through teaching the recognition of early symptoms, the importance of isolation and the value of immunization, participates in a program for the prevention of handicaps and the care and education of handicapped children, teaches the value of adequate health supervision and facilities for medical and nursing care and assists in securing correction of defects; and performs other related duties in school health."

Another field of service of the public health nurse is "in the many types of organizations of the community and particularly those made up largely or entirely of women. Such organizations usually afford her broad opportunity for group instruction and the dissemination of public health information. She endeavors to bring to these groups modern ideas of measures and methods of health protection and promotion which more directly affect the mother and her family."

The supervising nurse in the district offices and in the counties having full-time service has, as her title implies, supervisory duties over the nurses assigned to the various counties in her district. Most of her time is spent in this capacity though some of it is spent on generalized public health nursing.

If prevention of disease were simply a matter of vaccination, isolation and other measures directly related to man, safeguarding public health would be a far easier task than it is. But the sources of disease are often located in environment, and are not associated with individuals until disease has struck.

It is the public health engineer's job to find and remedy disease sources in environment and among the many problems he is called upon to solve

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are the protection of "supplies of water, food and milk, and the safe disposal of trade waste and domestic sewage as well as the prevention of occupational hazards."

The public health engineer holds an important place in the district and county health services because he is making it possible for the state health department to do much more to bring about improvement in local environmental factors affecting the public health.

Many of the water supplies used by villages and rural schools in the state fail to meet reasonable standards of sanitation, and in areas served by local health personnel, the public health engineer devotes considerable effort to correcting these.

He is interested in protection of the public milk supply and food and food products which, through contamination, may contribute to spread of typhoid fever, diarrhea, dysentery, diphtheria, scarlet fever, septic sore throat, and other disease conditions.

The safe disposal of wastes from processing plants, shops, schools, and homes is of great importance and often requires his engineering precision.

He is constantly on guard to seek and make corrections in environment needed to improve comfort and safeguard health. His interests and duties are concerned with a long list of environmental problems; among them, poor heating and inadequate ventilation in school, shop and home; contamination of the air with noxious odors, dust or toxic gases; inadequate illumination; and the effect on health of new industrial processes.

A relatively new but invaluable member of the modern public health staff, the district or county engineer contributes a "peculiar blend of engineering skill and sanitary science" to the health program.

DIVISION OF PREVENTABLE DISEASES

In all of its activities, whether those directly concerned with the central office in Des Moines or the branch offices throughout the state, the Iowa health department is mainly interested in one thing; namely, prevention of disease. Prevention is the guiding principle behind the work of every division, but it is particularly evident in the duties of the preventable disease division.

Ear of Department

This division, in a sense, is the ear of the department. To it, from all over the state, come the reports of communicable disease cases, and from these reports, the division maintains a picture at all times of the state of preventable diseases in Iowa.

These reports are tabulated by day, week, month, year and biennial period, and through study of the reports on the basis of past experience, the division can predict with reasonable accuracy the expected incidence of various diseases. Case reports are also furnished the United States Public Health Service for the compiling of national statistics.

Epidemic Clues

The reports also give clues as to potential and actual outbreaks of epidemic diseases, the division then acting in an advisory and consultative

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capacity to the local authorities. In response to calls from local health officials, the division investigates outbreaks of epidemic disease whether due to contact, contamination of milk, water, food or other causes. Recommendations are made with reference to control and preventive measures.

The division, in cooperation with attending physicians, assembles case reports of pneumonia, undulant fever, typhoid fever, infantile paralysis, epidemic encephalitis, encephalomyelitis, Rocky Mountain spotted fever, tularemia, malaria, diphtheria and smallpox. Further attention is given to occupational diseases, disease spread from person to person, from animal to man and from insect or arachnid (ticks, mites, etc.) to man.

Special Programs

Two special programs, one in connection with pneumonia, the other for human immune serum, are included in the activities of this division. Recent development of new drugs and serum for pneumonia diagnosis and treatment have made possible great gains against this disease and to hasten reduction of the pneumonia death rate in Iowa, the division has established approximately 150 diagnostic typing stations throughout the



In its serum center, the state health department processes serum for prevention or treatment of several diseases and pools normal human blood to make serum for use in cases of severe hemorrhage or shock. Here doctor checks serum specimen.

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state for diagnosis of this disease. These stations are supplied free of charge with the new diagnostic typing serums. Training courses for technicians and physicians in the use of these serums are sponsored by the health department at the State Hygienic Laboratory.

Specific type curative serum for the treatment of underprivileged patients is supplied by the division to physicians in charge of cases. In addition an informative bulletin on diagnosis and treatment of pneumonia, written by the department's Advisory Committee on Pneumonia Control, is furnished to the physicians.

The other special project of the preventable disease division is maintenance of the department's serum center which is licensed by the National Institute of Health, Washington, D. C., to process and distribute human immune convalescent serum for the prevention and/or treatment of scarlet fever, measles, whooping cough, and infantile paralysis. Normal human pooled serum for use in combating shock in emergency cases and convalescent serum for Rocky Mountain spotted fever, undulant fever and tularemia are also made and distributed by the serum center.

The blood from which these serums are made is obtained at clinics held in selected areas throughout the state. For human convalescent serum, patients who have recently recovered from the specific disease for which the serum is to be used act as donors. Blood for pooled normal serum is obtained from any normal, healthy adult. The latter serum is suitable for all transfusion types.

Tuberculin for skin tests to help in the diagnosis of tuberculosis, in addition, is prepared in the serum center laboratory and distributed in cooperation with the tuberculosis division and the Iowa Tuberculosis Association.

DIVISION OF TUBERCULOSIS

Early Diagnosis

Early diagnosis of the disease is the most important aspect of tuberculosis control, and the tuberculosis division conducts a case-finding program, in cooperation with the Iowa Tuberculosis Association, which is designed for precisely this purpose—to obtain diagnosis by aiding the physicians through finding cases early.

Knowing that the earlier treatment is started, the greater the chance the patient has for cure, the division begins by obtaining the approval of the county medical society to carry on a case-finding survey in its county. At present medical society approval has been obtained in all but five of 80 rural counties of less than 30,000 population which the division is principally trying to reach. On special request three of the larger counties have come into the program, but in the majority of these local programs exist.

After approval of the medical society has been granted, the division checks tuberculosis case and death reports from the cooperating counties to learn the names of persons who have been in contact with individuals known to have or to have had tuberculosis. Armed with this knowledge, a public health nurse, either from a district or county office or from the state department, visits the county and obtains permission from the physicians to talk with their patients.

Having this permission, the nurse visits the families which have been in contact with a case of tuberculosis and urges all members to see their physicians for examination. If his findings show that tuberculosis may be present, the division makes arrangements to take X-rays of the chest to further verify the physician's diagnosis.

If the patient, in the opinion of the physician, is able to pay, it is suggested that the X-ray be taken privately in the usual manner. On the other hand, if the patient is unable to pay, the X-ray will be taken at a conference held by division personnel in cooperation with the medical society.

X-Ray Conference

An X-ray conference day is selected at which all films of patients referred by physicians are taken, as many as 150 persons having been X-rayed in one day at several of these clinics in the past. The films are then developed in the state health department and confidential reports are furnished the physicians. These reports are accompanied by a photograph in miniature of the X-ray films which show pathology and from these the doctor is able to determine the extent of infection.

At this point the work of the division ends in the county until new contacts have developed. Surveys then are started in other counties, and the division prepares to move on. Meanwhile, the patient and physician together make arrangements for treatment which is begun much earlier in most instances than if such a program were not in existence. When it is learned that new contacts have developed, the county is re-surveyed, and the same advantages are made available to these persons.

DIVISION OF VENEREAL DISEASE CONTROL

With approximately 2,500 reported cases of syphilis expected annually and probably three or four times this many cases of gonorrhea occurring each year, the venereal infections present a more difficult control problem than most communicable diseases. It is essential that cases be found and placed under treatment as soon as possible after infection until they are cured or can no longer transmit the disease to others.

Finding Cases

Finding cases of venereal disease is the first important step in control. The division relies on the private physician for reports of cases and on the basis of these reports, with the help of the physician, effort is made to determine the source and contacts of the known case. A public health nurse, specially trained in venereal disease control, is employed by the division to search for sources and contacts. In the district and county health services, she consults with the nurses and assists them with venereal disease control.

To further speed finding of cases, free blood testing service for syphilis is available at the State Hygienic Laboratory of the state health department at Iowa City. Laboratory procedure aids in the diagnosis of gonorrhea are also available free of charge at this laboratory. In addition doctors in the division make surveys of various institutions for the purpose of finding cases and giving aid in treatment procedures.

The Iowa prenatal examination law which requires blood testing for all expectant mothers is another valuable aid in discovering cases.

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Second Step

The second important step in venereal disease control is to place every known case under treatment and hold it until non-infectious or cured. In five ways—through distribution of antisyphilitic drugs, support of clinics, consultation services, research and case control—the division attempts to help the physician in this regard:

1. Antisyphilitic drugs, furnished in sufficient quantities to provide maximum benefit or cure for the patient, are supplied each physician who reports a case of syphilis.
2. Venereal disease clinics are maintained by the county or city in 15 of the more populous centers of the state, and drugs for treatment of both syphilis and gonorrhoea are furnished to these clinics. The clinics are operated on a county-wide basis and treat borderline as well as indigent cases.
3. Through correspondence and personal visits, so far as personnel permits, the division endeavors to give consultation service to physicians on accepted standards of treatment and help with special problems.
4. At all times the division strives to keep abreast new developments in the field of venereal disease control. At the time of writing, research is being conducted in Des Moines on the new so-called drip method of treating syphilis, a simplified five-day treatment. Standard treatment at present requires from 18 months to two years.
5. Placing a patient under treatment is one thing; keeping him there is another. In order to prevent relapses and the recurrence of infectiousness, the division endeavors to follow every case reported as having lapsed treatment by letter or personal interview.

Because syphilis and gonorrhoea have been "tabooed" diseases for many years, intensive educational efforts are conducted to make the subject of venereal diseases known. The venereal infections are regarded as communicable diseases, not disgraces, and they receive the same consideration in educational programs as other communicable infections.

DIVISION OF MATERNAL AND CHILD HEALTH

Primarily educational, the work of this division is aimed toward helping protect the health of infants, mothers and children and particularly toward reducing the number of infant and maternal deaths.

For General Public

For the general public, publications on maternal and child health are available through this division which maintains its own literature supplies. Films and slides may be obtained on request. Poster and exhibit materials are distributed for study and educational purposes. Speakers are provided various groups when time permits.

For certain groups, such as expectant mothers, special activities are carried out. Upon the request of physicians, a series of prenatal letters pertaining to proper care is sent to expectant mothers. Diet schedules, also, are furnished upon request.

At stated intervals throughout the year refresher post-graduate courses for public health nurses and physicians are offered, and printed material, publicity aids and suggestions for the organization of diph-

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theria and smallpox preventive programs are provided groups interested in sponsoring such programs.

For such local or county-wide preventive campaigns, approved by the local county medical society, the division furnishes toxoid for diphtheria immunization and vaccine for smallpox vaccination. Schick testing material is also distributed to determine susceptibility to diphtheria.

Further, ampules of silver nitrate for treating the eyes of new born babies for the prevention of blindness are furnished free of charge upon request of physicians and hospitals. Portable incubators, available to physicians and hospitals at all hours, are supplied each county having a full-time public health nurse under the supervision of the state health department and each of the five district health services. It is emphasized that the latter equipment is not intended to replace hospitalization.

A demonstration providing rural obstetrical medical and nursing service is conducted in Washington county with the help of this division, and in cooperation with the Broadlawns County Hospital of Polk county, the Polk County Medical Society and local health services, a home delivery demonstration service is maintained at the hospital. Additional beds for obstetric cases have been provided at the State University Hospital, in conjunction with the Department of Obstetrics and Gynecology, to make available facilities for postgraduate training of practicing physicians.

Among other duties, the division makes studies in the various fields of maternal and child health, offers consultant service in the field of public health nursing to assist in extending and improving maternal and child health services, and gives assistance to local groups in organizing their own maternal and child health programs.

DENTAL HYGIENE

While a separate division of preventive dentistry is contemplated, work in dental hygiene at present is associated with the maternal and child health division. Preventive dentistry is a growing field, for dental defects are closely allied with preventable general systemic conditions, and currently it is regarded that there are four main dental problems which concern the state as a whole:—mottled enamel, dental caries, pyorrhea and Vincent's infection and malocclusion.

In connection with mottled enamel (disfiguring of the teeth caused by excess amounts of fluorine in community or private water supplies) surveys have been and are being made of areas having such water in Iowa. The teeth of school children in these areas are examined to determine the type of defect existing, and in cooperation with the public health engineering division, suggestions for remedial measures to correct the water are offered.

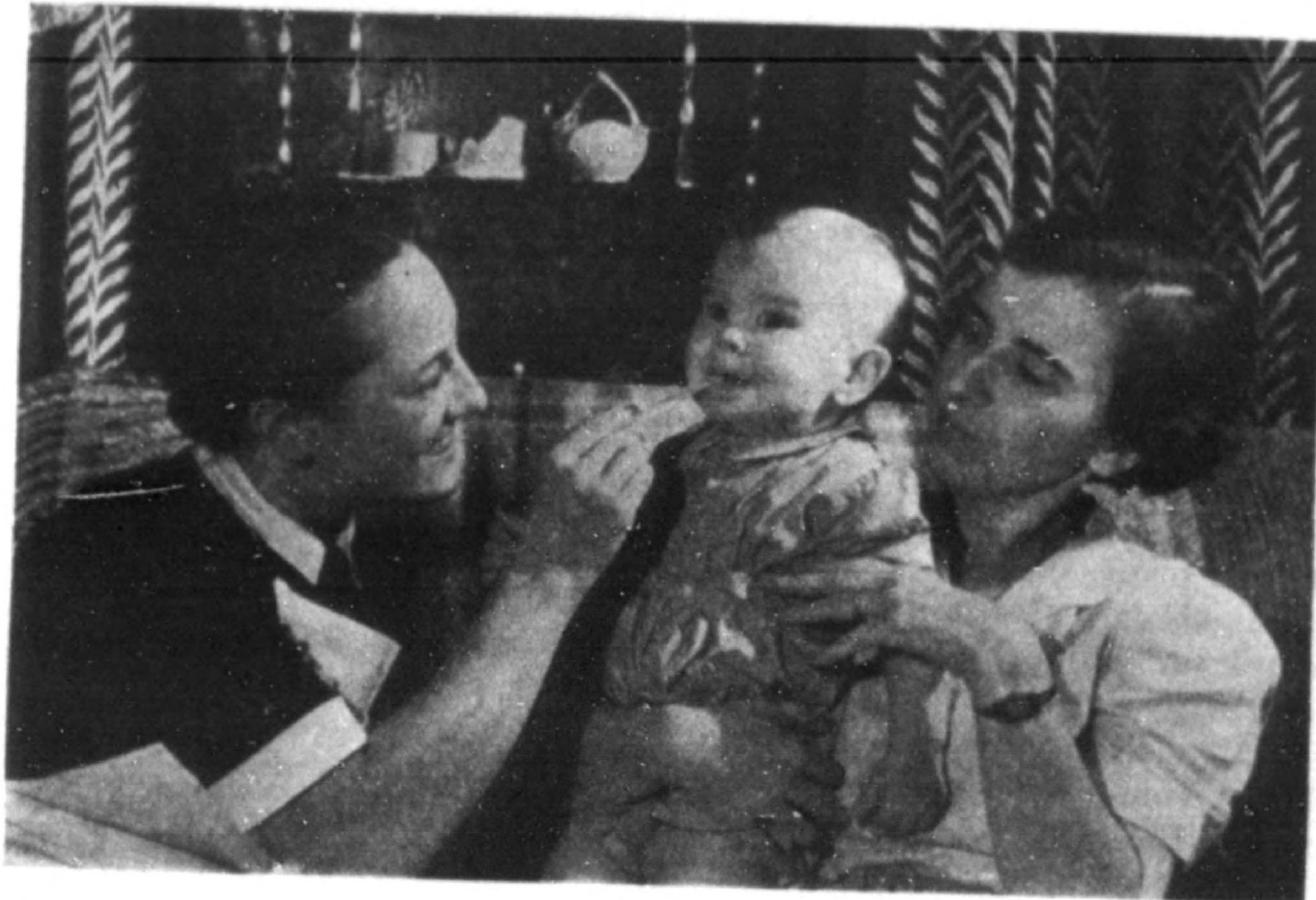
Show Tooth Destruction

According to some reports, 66 per cent of the two year age group will show tooth destruction and 96 per cent of those five years of age will present a like condition. Several programs to prevent such conditions have been established.

A preschool program is designed to reach children before they are old enough to go to school, to survey dental conditions in this group, call

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Concern with preschool health, including dental hygiene, takes important place in work of the public health nurse. Youngster in picture proudly displays first tooth for mother and nurse.

attention to the amount of defects and encourage correction before damage is done.

A second program is conducted in the schools under joint sponsorship of the department and the Bureau of Dental Hygiene, University of Iowa. Two public health nurses are devoting full-time to this program. They present slides and lectures before school and adult groups on the value of oral hygiene as a means to prevent dental decay and further destruction. The division's dentist also appears before similar groups in like capacity.

As a third step to prevent dental decay, the division distributes Howe's silver nitrate solution, a preventive agent, to practicing dentists. Through follow-up questionnaires and other methods, extensive research is done as part of this program.

Pyorrhea and Vincent's infection and malocclusion (irregular teeth), in addition to other dental problems, are principal topics in refresher courses offered to both the medical and dental professions. A continuous stream of literature on preventive dentistry goes out to dentists, nurses, physicians, teachers and others from the Bureau of Dental Hygiene and the health department.

DIVISION OF PUBLIC HEALTH NURSING

The work of this division includes every phase of public health nursing sponsored by the state health department. Three nurses, a director and two assistants, comprise the division's personnel.

From their office in the state health department building emanate the many programs public health nurses conduct throughout the state. To this division, all nurses employed by the state health department, in-

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cluding those in the district and county health services and the nurses working in the various divisions as well, turn for supervision and professional direction.

By group conferences and individual interviews and by the written word in letters, instruction sheets, procedure forms, and pamphlets, the division offers assistance to all nurses in the field. Subjects of these endeavors include such bulletins as "Rural School Health," "Dental Health Education," "Nursing Care in Pneumonia," "Nursing Supervision and Mental Hygiene"; regional conferences regarding venereal disease control and state-wide services for crippled children; and institutes on a variety of health subjects.

Though the greater share of the work of this division has to do with giving professional direction and supervision to nurses, there are numerous other responsibilities to be met. The division also recruits candidates for public health nursing and stimulates interest in further professional education for public health nursing personnel.

In addition the division supplies public health nursing consultation to the commissioner of health and the directors of the various divisions within the health department and assists them in the planning and developing of all programs which require the services of public health nurses. Similar advice and consultation are given local official and non-official agencies as requested by them.

Typical Week

During a typical week, the personnel in this division prepares and submits to the commissioner budget estimates to meet public health nursing



Up to their knees in marshy area along Mississippi river, these public health engineers are investigating breeding place of malaria-carrying mosquitoes.

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needs; prepares manuals, guides and procedures of public health nursing; works on surveys, studies and evaluations of public health nursing; maintains a roster of all public health nurses with their qualifications and service evaluations; arranges for the introduction of new public health nursing personnel to their areas; and develops plans for new programs or improvements of existing projects.

**DIVISION OF PUBLIC HEALTH ENGINEERING
AND INDUSTRIAL HYGIENE**

Preventing spread of disease through environmental sources—that is the goal of public health engineering and industrial hygiene division which has a staff of a director and seven assistant engineers in addition to the engineers in the district and county services. The duties of this division in general may be enumerated as fact-finding, advisory, educational and law enforcement, with emphasis on the first three.

Far-Reaching Activities

Probably less generally understood but equally as far-reaching as other departmental programs, the work of this division, nevertheless, is extremely widespread. This is evidenced in the following outline showing the scope of the division's activities:

A. Public Water Supplies**1. Municipal**

- a. Makes routine surveys of existing water works and recommends improvements to local officials.
- b. Reviews and approves plans for new plants and extensions or improvement of existing plants.
- c. Makes special investigations upon request.
- d. Advises local superintendents on operation, laboratory procedure, etc.
- e. Checks operation efficiency of treatment plants with field laboratory.
- f. Collects specimens and interprets reports of analysis made by State Hygienic Laboratory.
- g. Makes well location surveys in cooperation with Iowa Geological Survey.
- h. Reviews weekly operation reports submitted by operators.
- i. Holds regional conferences for operators and superintendents.

2. Makes inspections and certifies to U. S. Public Health Service all drinking water used on common carriers.**B. Public Sewerage, Sewage Disposal and Waste Disposal****1. Municipal**

- a. Reviews and approves all plans for new sewer systems and sewage disposal works, and for extensions to same.
- b. Makes routine inspections of sewage treatment plants, and recommends improvements to local officials.
- c. Makes special field investigations with field laboratory to:
 - (1) Check efficiency of plant.
 - (2) Advise operator on plant operation and plant laboratory procedure.
- d. Holds regional conferences for superintendents and operators.

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- e. Makes investigations and advises local officials on garbage and refuse disposal.
- C. Stream Pollution
 - 1. Makes investigations of stream pollution including:
 - a. Bacteriological and chemical examination of stream water to determine extent of pollution.
 - b. Determination of source of pollution, and chemical examination of sewage and industrial waste.
 - c. Examination of the physical condition of stream.
 - 2. Prepares reports covering stream pollution investigation.
 - 3. Assists in conduct of hearings on stream pollution before the Commissioner.
- D. Swimming Pools
 - 1. Reviews and approves plans and specifications for new pools.
 - 2. Makes inspections and advises managers and operators through reports and bulletins.
 - 3. Interprets results of analyses.
 - 4. Reviews weekly operation reports.
- E. State Institutions
 - 1. Makes routine inspections of water supply, sewerage, garbage disposal and milk sanitation, and reports findings to Board of Control.
 - 2. Reviews and approves plans and specifications for sanitary facilities.
- F. State and Federal Parks
 - 1. Reviews plans and specifications for all sanitary facilities.
 - 2. Makes inspections of water supply, sewerage, garbage disposal and swimming beaches, and reports findings to Conservation Commission.
- G. Communicable Diseases
 - 1. Cooperates with epidemiologist by making the necessary sanitary investigation such as water, milk, insects and rodents, and plumbing, in the conduct of an epidemiological study.
 - 2. Supervises emergency installations of water purification devices, etc., in case of epidemic or threat of epidemic.
- H. Plumbing
 - 1. Prepares, revises and interprets State Plumbing Code.
 - 2. Acts in advisory capacity to local enforcement agencies.
- I. Housing
 - 1. State Housing Law (applicable to first class cities only).
 - a. Acts in advisory capacity to local enforcement agency.
 - b. Interprets state code.
 - c. Conducts hearings on disputes before Commissioner.
 - 2. Makes inspections and advises local boards of health upon request.
- J. Public Health Nuisances
 - 1. Makes investigations on request of local boards of health or five citizens.
 - 2. Acts in advisory capacity to local boards.
 - 3. Enforces laws upon failure of local board to act.
- K. Summer and Other Camps
 - 1. Makes inspections of sanitary facilities including water supply, sewerage, sewage disposal, refuse disposal, swimming pools, milk,

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- housing and food handling, and advises directors and operators on general sanitation matters and suggests improvements.
- L. Milk Sanitation (Milk sanitation by law is a function of the State Agriculture Department and local boards of health)
1. Makes fact-finding surveys of condition of milk sanitation at request of any local board of health.
 2. Assists any local board of health in drawing up ordinance and in setting up local inspection and laboratory service.
 3. Makes rating of efficacy of local inspection upon request.
- M. Industrial Hygiene
1. Conducts preliminary survey of all types of industry to determine nature and magnitude of hazards caused by dusts, gases, vapors, improper ventilation, poor lighting, etc.
 2. Makes studies of hazardous processes and conditions, advising industries of findings and recommending methods of control.
 3. Reviews occupational disease reports and investigates cases reported.
 4. Promotes keeping of sickness records by industry and associated organizations and makes statistical analyses of such reports.
 5. Acts in advisory capacity to enforcement agencies, including Bureau of Labor, Mine Inspector and Industrial Commissioner.
 6. Conducts educational program to acquaint industry, labor and other interested groups with importance of program.
- N. School Sanitation
1. Acts in advisory capacity to Department of Public Instruction on water supply, sewage disposal, heating, lighting and ventilation.
 2. Prepares and distributes bulletins and standard plans on sanitary facilities.
- O. Rural and Community Sanitation
1. Sponsors and supervises W. P. A. privy program.
 2. Prepares and distributes standard plans on private water supply and private sewage disposal.
- P. Cooperative Work with Other State and Federal Agencies
1. Reviews plans and specifications of all sanitary projects financed with federal aid.
 2. Makes inspections and acts in advisory capacity on matters of sanitation to state and federal agencies, including Farm Security Administration, Federal Housing Administration, Department of Social Welfare and Civilian Conservation Corps.

DIVISION OF LABORATORIES

Busy Place

A busy place, where the majority of the bacteriological, serological and water tests pertaining to the protection of public health are made, is the State Hygienic Laboratory of the state health department at Iowa City.

During the last six months of 1940, for example, 22,144 bacteriological specimens were examined, 182,688 blood and other tests for syphilis and gonorrhoea were made, and 7,957 water, milk and other specimens were tested. On an average during that period, the laboratory made 1,390 examinations per working day.

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The work of this division is divided among three sections, each of which performs various tests relating to public health. Largest is the serology section which is responsible for syphilis and gonorrhea tests. Among these are blood, spinal fluid and so-called gold curve examinations for syphilis and standard microscopic examinations for gonorrhea.

The bacteriology section conducts tests for diphtheria, tuberculosis, typhoid and paratyphoid fever, rabies, tularemia, undulant fever, Vincent's infection and a miscellany of other conditions.

In the third section sanitary examinations of water from public and private supplies are made, special specimens for the state health department are tested, and mineral examinations are done. Also the water section tests milk and makes various other examinations.

DIVISION OF VITAL STATISTICS

Gearing its activities in such manner as to supply essential vital data to other divisions of the department to be used as a basic guide in public health activity, the vital statistics division has four principle functions; namely:

1. Reception of all complete birth, death, marriage and divorce records for the State of Iowa.
2. Coding, indexing, transcribing, tabulating, analyzing and compiling statistical reports from vital records.
3. Storage and issuance of certified copies of vital records.
4. Coordinated activity with other divisions and governmental agencies.



Daily hundreds of requests for birth records reach the vital statistics division. Clerks in reception hall obtains required information from personal callers.

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Checks Each Record

In receiving current vital records, the division checks each record as to completeness and accuracy of the statistical information required thereon. In the event incomplete vital records reach the division, the missing information is obtained by query process. When all records are complete in information, they undergo a process of coding prescribed by the United States Department of Commerce to facilitate the procedure of indexing, sorting and tabulating.

After vital records have been tabulated, a statistical analysis is made and the results recorded in the form of statistical tables and special reports. All vital records are transcribed each month and the transcripts are forwarded to the United States Department of Commerce, Census Bureau, for national analysis and compilation of statistical data.

After the vital records have been filed for a period of two years in the main office of the health department, where during that period they were regarded as current records and referred to quite frequently, they are bound in book form by county and year and stored in the state archives for future reference.

Annually, thousands of requests reach this division for certified copies of vital records to be used by individuals in establishing citizenship and, thus, obtaining employment, passports, access to public schools, marriage licenses, etc.

Much information, in addition, is supplied to federal agencies; including, United States Department of Justice, United States Public Health Service, United States Children's Bureau, War and Navy Departments, United States Department of Internal Revenue, etc.

LICENSURE, REGISTRATION, AND LAW ENFORCEMENT

Persons licensed to practice the healing arts are given a virtual monopoly as a class for rendering their services to the public. In return for this privilege, the state demands that each licensee shall possess certain moral, educational and technical qualifications, and Boards of Examiners for the various healing professions have been created by law to authorize the issuance of licenses, following examination, to those persons who possess these requirements and to exclude those who are found not to be fully qualified.

Under the practice acts which govern the healing professions in Iowa, the Boards of Osteopathy and Chiropractic Examiners have their own paid secretaries, certifying to the state health department the persons who are to be licensed to practice these professions, but the clerical duties for the boards of medicine and surgery, dentistry, dental hygiene, optometry, podiatry and embalming, barbering and cosmetology, as well, have been assigned to the state health department. The examiners' boards for nurses and pharmacists have separate offices.

For the others the department accepts applications for examinations, provides the necessary forms to applicants, cooperates with the examining boards in issuing rules and regulations for examinations, provides supplies needed during examinations, aids the examiners at the time of examinations, and issues licenses and renewals to persons authorized by the boards to receive them.

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But further, the department is charged with enforcing the practice acts. An attorney is employed for this purpose. Officially he is known as an inspector and he is endeavoring to keep "quack" doctors out of this state, settling unwarranted complaints against legitimate practitioners and removing unscrupulous practitioners from practice. He consults with the Attorney General's office on many of these problems.

Menace to Health

It is recognized that there is probably no worse menace to public health than the pretended healer who has neither medical knowledge nor character as a basis for his work. By ferreting them out, prosecuting them and educating the public regarding the health laws, the department hopes to eradicate the charlatans who, at worst, commit manslaughter or murder by deluding their patients with visions of cure.

BARBERING AND COSMETOLOGY

Separate divisions for barbering and cosmetology are included in the department. Both divisions work closely with the examining boards for these occupations, approving applications for and licenses to practice in Iowa.

The chief duty of each division is the making of routine inspections of barber and beauty shops and special inspections of the more serious complaints. Records of all licensed barbers and beauticians and week-by-week reports on the location, personnel, and sanitary conditions of barber and beauty shops are kept in these divisions.

Through education, in addition to routine inspection, these divisions also seek to improve sanitary and health conditions in their fields.

THE PUBLIC

The last and greatest division of the state health department is not officially included on the department's organization chart. It has no office, for you can't squeeze 2,500,000 persons into a single, small place of business. There are no desks, typewriters, files, ledgers or any of the other facilities needed to run a division.

But what this division offers—what the Iowa people think and do about public health—contributes most toward success of the Iowa State Department of Health in its various activities. Any public program, especially health, requires the cooperation of the public. By giving this, after due deliberation of the merit of departmental policies and projects, the public helps improve public health.

Any public program, especially health, requires the understanding of the public. By learning what must be done, admitting the existence of problems, examining the proposed methods for correcting them, and seeking properly considered action, the public aids public health.

Vision and Motive

Any public program, especially health, requires vision. Disease and death rates are stubborn opponents. Efforts started today to bring them down may not show results until many years hence, and then after exercising to the fullest extent, patience and perseverance.

Above all, the public contributes motive—that public health will be protected and improved. And with this support, the public health program in Iowa shall continue to move forward.

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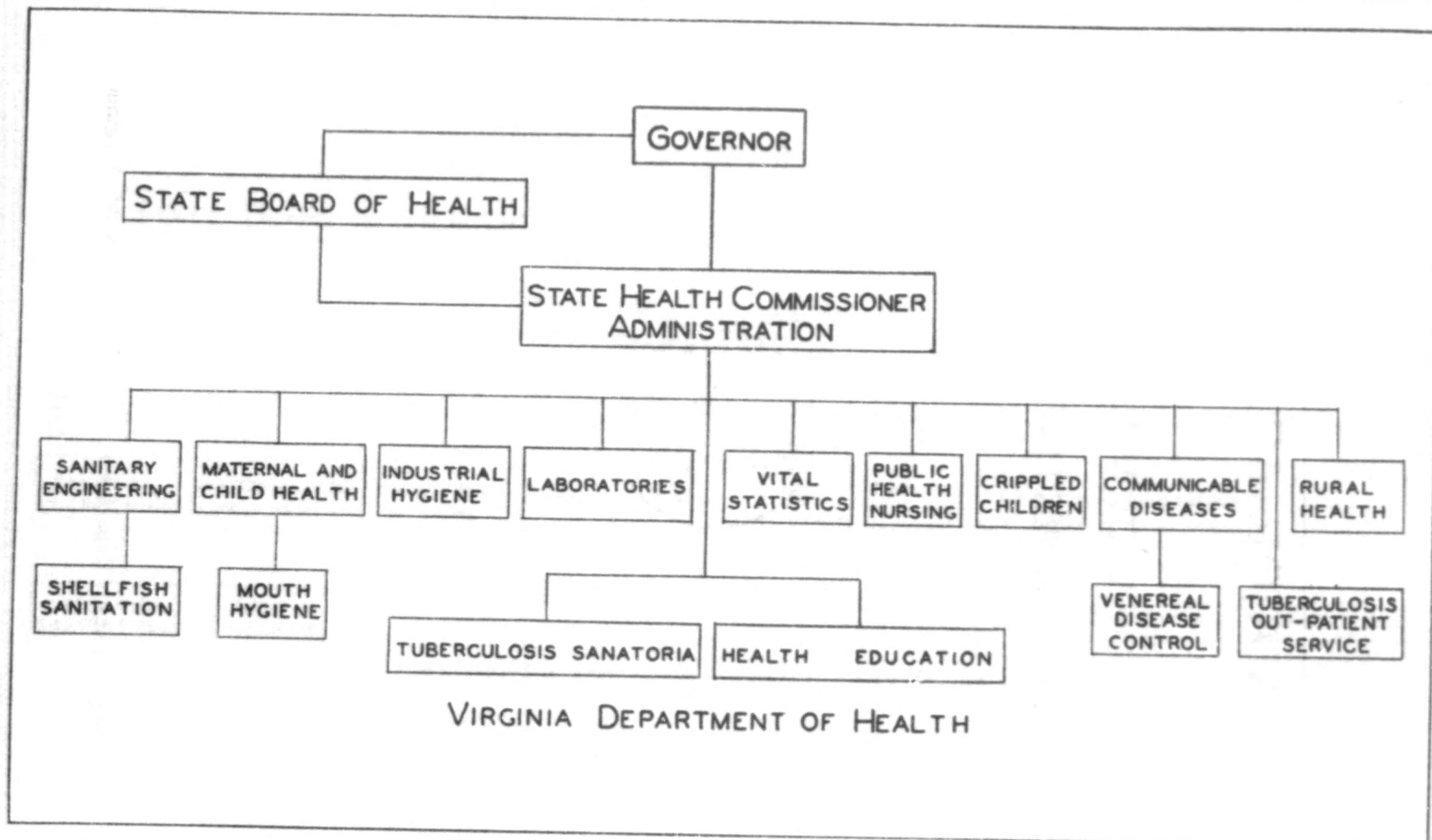
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MAJOR ACTIVITIES
OF
THE VIRGINIA
STATE DEPARTMENT OF HEALTH



Virginia State Department of Health, Richmond, Virginia

1942



STATE BOARD OF HEALTH

William Tate Graham, M. D., President.....	Richmond
J. Bolling Jones, M. D.	Petersburg
Guy R. Harrison, D. D. S.	Richmond
Mrs. Franklin H. Kenworthy	Purcellville
George B. Lawson, M. D.	Roanoke
W. R. Williams, M. D.	Richlands
Lawrence T. Royster, M. D.	University
<hr style="width: 10%; margin: 10px auto;"/>	
I. C. Riggin, M. D., State Health Commissioner	Richmond

**ORGANIZATION AND MAJOR ACTIVITIES
OF THE
VIRGINIA STATE DEPARTMENT OF HEALTH**

STATE BOARD OF HEALTH

The State Board of Health consists of seven members appointed by the Governor for overlapping terms of seven years each. The State Health Commissioner is an ex-officio member. Five members are chosen, one from each of the five grand divisions of the State, and two members from the State at large. At least two shall be members of the Medical Society of Virginia, and one shall be a member of the Virginia State Dental Association.

The State Board of Health must meet annually in the city of Richmond and may also meet at such other times and places as it may determine. The members receive no salary, but are allowed a per diem for the time engaged in the discharge of their duties plus actual expenses incurred in attending meetings.

The State Board of Health has the power to make, adopt, promulgate, and enforce reasonable rules and regulations for the promotion of public health. The Health Commissioner is the executive officer of the Board, but is not a member thereof.

STATE DEPARTMENT OF HEALTH

Under the reorganization bill enacted by the General Assembly of Virginia in 1927, the Department of Health was established as an administrative department of the state government. The State Board of Health and the State Health Commissioner were continued as previously provided by law, and all existing provisions of law in relation to the Board and Commissioner were continued in force. In effect, the reorganization enactment recognized and established by law the existence of the Department of Health as an administrative agent of the state government with powers and duties heretofore performed by the State Board of Health through its executive officer, the State Health Commissioner.

BUREAU OF ADMINISTRATION

The Bureau of Administration is under the immediate direction of the State Health Commissioner, who:

Administers the activities of the various bureaus, each of which is directed by a person well trained in the special field for which the bureau is responsible.

Supervises the preparation of all budgets and is responsible for the expenditure of all funds appropriated for health work.

Is responsible for the storage, distribution and sale of biologics at cost to the physicians of the State and for the distribution of anti-syphilitic drugs free of charge for the treatment of all cases of syphilis.

Is responsible for the purchase of all equipment and supplies, and for the maintenance of all equipment used in the conduct of the activities of the Department.

Supervises all health educational activities.

Is responsible for the administration of the three state tuberculosis sanatoria.

BUREAU OF RURAL HEALTH

Organizes new county and district health departments.

Maintains the administrative, technical and professional supervision of local health departments.

Assists local health departments in securing competent personnel.

Assists in the development of programs for local public health activities.

Maintains the policies and standards of the State Department of Health as applied to local health work.

Reviews programs and evaluates the services of the local health departments.

Supervises activities pertaining to sanitation throughout the State.

Prepares and submits reports of activities and accomplishments of the local health departments to the contributing and appropriate agencies.

The staff of the Bureau upon request is available for talks before groups interested in public health.

COMMUNICABLE DISEASES

Collects*, tabulates, and analyzes data concerning the incidence of communicable and preventable diseases in the State in order that information concerning the prevalence and distribution of these diseases may be available as a basis for the recommendation of measures for their prevention.

Investigates all outbreaks or unusual prevalence of communicable diseases to determine the source of infection and to institute control measures.

Maintains a consulting diagnostic service in communicable diseases which is available without charge to all physicians in the State upon request.

Conducts epidemiological and bacteriological studies of communicable diseases to gain additional knowledge of their characteristics and to devise or improve methods for their prevention.

**Weekly reports of all communicable and preventable diseases are received from all physicians practicing in the State.*

Prepares information of educational value concerning communicable diseases for publication and distribution.
 Advises and aids local health departments in the preparation of programs for the control of communicable diseases.

Division of Pneumonia Control

1. Furnishes drugs and sera for the treatment of medically indigent pneumonia patients.
2. Through approved clinical laboratories designated as Pneumonia Stations provides laboratory examinations for pneumonia cases that are unable to pay for these services.
3. Prepares information and statistics regarding pneumonia for distribution to the public.
4. Cooperates with the Pneumonia Commission of the Medical Society of Virginia in its professional education program.

DIVISION OF VENEREAL DISEASE CONTROL

Conducts studies to obtain the fundamental information necessary for the control of venereal diseases.
 Conducts studies to determine the adequacy of treatment facilities, both urban and rural.

Collects, tabulates, and evaluates morbidity reports and other data concerning the incidence and prevalence of venereal diseases.
 Cooperates in the establishment of venereal disease clinics.
 Recommends procedures tending to standardize the treatment of venereal diseases as far as possible.

Promotes an informative and educational program for physicians and the laity.
 Distributes, free of charge, drugs to hospitals, clinics, and physicians for the treatment of all cases of venereal diseases.

Coordinates intra and interstate correspondence involved in contact-tracing and case-holding procedures.
 Supervises the Marriage Examination Act and provides follow-up service for delinquent cases to non-health serviced areas of the State, and reports to health serviced counties and cities cases delinquent from treatment under the terms of the Marriage Examination Act for follow-up.

In cooperation with the Department's laboratory the Division conducts serologic evaluation studies to determine the efficiency of test performance in private and semi-private laboratories desiring approval to perform serologic tests under the terms of the Marriage Examination Act.

In cooperation with the State Selective Service Board the Division follows up all individuals rejected because of positive serologic test discovered in their routine examinations, and follows up all cases of gonorrhea reported by the medical examiner of Selective Service Boards.

Coordinates the venereal disease control programs of Virginia's major defense areas, namely, Hampton Roads, Metropolitan Northern Virginia, Camp Lee Area, and Radford Area.

BUREAU OF LABORATORIES

Examines specimens as follows:

1. From suspected cases of communicable diseases.
2. From suspected carriers of communicable diseases.
3. From persons recovered from communicable diseases to determine freedom from infection.
4. Specimens of feces for intestinal parasites.
5. Animal heads for rabies.

Makes periodic bacteriological examinations of water samples from public and institutional water supplies, swimming pools, and bathing beaches.

Examines samples of water from private wells and springs.

Makes mineral analysis of drinking water supplies upon the request of the Bureau of Sanitary Engineering.

Examines samples of food products thought to have caused severe gastro-intestinal disturbances in families or groups of persons who have consumed the suspected foods.

Prepares and distributes free of charge containers for submitting all specimens.

SANITARY ENGINEERING

Water Supplies:

Exercises general supervision and control over all water supplies and waterworks in the State in so far as the sanitary and physical quality of waters furnished may affect the public health.

Investigates any water supply to ascertain its purity and fitness for drinking or domestic purposes.

Advises with authorities of cities, towns, institutions, and individuals, regarding appropriate sources of water supplies and methods of treatment or purification.

Examines plans and specifications for new waterworks systems or extensions and major changes in existing systems, and, on approval, prepares permits as required by law.

Prepares, interprets, and transmits to local authorities or individuals reports on samples of water examined or analyzed by the Bureau of Laboratories.

Authorizes the posting of "Public Water Supply Approved" signs at the corporate limits of cities, towns or communities.

Certifies, through the U. S. Public Health Service, all waters furnished on interstate carriers to the public for drinking.

Investigates sources of commercial spring supplies and facilities for cleaning and sterilizing bottles and equipment.

Sewerage and Sewage Disposal:

Consults with and advises authorities of cities, towns, institutions, and individuals, regarding sewerage systems, the disposal of sewage, and industrial wastes.

Examines, on request, the plans and specifications for sewerage systems and sewage disposal plants.

Makes periodical visits to sewage treatment plants for the purpose of checking operating procedures.

Stream Pollution:

Makes such investigations as properly come under the jurisdiction of the State Department of Health regarding nuisances or hazards to health believed to be caused by the discharge of sewage or industrial wastes.

Makes sanitary surveys of land areas bordering shellfish growing areas and conducts bacteriological studies of tidal waters which flow over such areas, making reports to the proper authorities.

Shellfish Inspection and Sanitation:

Conducts sanitary and bacteriological investigations of tidal water overlying or influencing shellfish areas. Approves, restricts or condemns such areas.

Exercises sanitary supervision over methods of taking and handling shellfish prior to packing.

Inspects shucking and shellstock plants, establishments or places where oysters or clams are prepared and packed for marketing; certifies shippers or persons responsible for shipments, who have complied with sanitary requirements.

Inspects plants at which crabmeat is processed and packed for marketing.

Makes bacteriological examinations of samples of oysters, clams and crabmeat.

Grants permission for marketing oysters and clams which have been relaid in approved areas.

Consults with and advises dealers with reference to construction of plants, needed equipment and operating procedures.

Advises city and county health agencies regarding laws or ordinances governing the local sale of shellfish.

Malaria Control:

Conducts a general program for the control of malaria.

Furnishes technical supervision during construction of all drainage projects for the elimination of the malaria and pest mosquito.

Swimming Pools and Bathing Beaches:

Examines, on request, plans and specifications for artificial swimming pools and consults with officials of municipalities, institutions, and with individuals, regarding the sanitary requirements for such pools.

Makes sanitary and bacteriological surveys of public bathing beaches.

MATERNAL AND CHILD HEALTH

Supervises, advises and assists county health departments in the inauguration and conduct of local programs designed to protect and improve the health of mothers and children.

Through full-time health departments and in cooperation with the local medical societies, assists in the organization and conduct of maternal and child health clinics for indigent patients, stressing the necessity for and the advantages of medical supervision.

Administers the provisions of the Maternity Hospital Law through inspection, licensing and supervision of hospitals and institutions which receive and care for maternity patients and newborn infants. Advises and assists in providing improved standards of care in these institutions.

Renders advisory service and aid to all hospitals and institutions in developing and maintaining adequate facilities for the care of premature infants. Assists in the operation of a training center for the post-graduate training of registered nurses in the care of premature infants.

Investigates all maternal deaths in Virginia and studies, in cooperation with the Committee on Maternal Health of the Medical Society of Virginia, the causes responsible for these deaths in order to direct measures for their prevention.

Cooperates with the state and local boards of education in the development and conduct of school health programs and assists in the organization of clinics for pre-school and school children in counties that do not maintain full time health departments.

Assists local health departments and the Bureau of Vital Statistics in the supervision and instruction of midwives.

Promotes and assists in the development of nutrition programs.

Cooperates with all state and local organizations or groups engaged in promoting the health of mothers and children and renders aid and advice in regard to their programs.

Prepares information of educational value for publication and distribution, and participates in public talks, lectures and discussions regarding the health of mothers and children.

MOUTH HYGIENE

Confers with health officers and division superintendents of schools in regard to holding dental clinics in their respective counties.

Assigns clinicians to the counties requesting, and meeting the requirements for, the operation of dental clinics. Supervises dental clinicians.

Checks weekly and monthly reports.
 Is responsible for the collection and expenditure of all funds for mouth hygiene.
 Sends out material and forms used in the dental clinics.
 Director is available for talks before groups interested in mouth hygiene.

PUBLIC HEALTH NURSING

Serves in an advisory capacity to the various bureaus of the State Department of Health and to county health officers and nurses on all problems pertaining to nursing.

Assists in state-wide special projects such as immunization programs and organization of home nursing classes.
 Conducts district institutes for staff education of the nursing personnel.

Assists public health nursing committees in the development of their local programs.

Seeks to maintain a high standard of professional efficiency among public health nurses by keeping them informed of educational opportunities, by encouraging them to take advantage of such opportunities, and by recommending only qualified nurses for public health positions.

Assists public health nurses in obtaining positions, assists associations as to methods of obtaining public health training.

Standardizes reports and daily record keeping, and stimulates the correct reporting of nursing activities.

Evaluates the information obtained from the monthly reports as a basis for development and extension of community health programs.

Compiles, through surveys, material helpful in the administration of nursing activities.

CRIPPLED CHILDREN'S BUREAU

Endeavors to locate and register every crippled child in the State.

Assists in organization of diagnostic and treatment clinics in rural areas.

Provides hospitalization, transportation and orthopedic appliances for indigent cases.

Endeavors to provide follow-up of all hospital and clinic cases by nurses.

Cooperates with the Rehabilitation Division of the State Department of Education to assure proper coordination of physical restoration and vocational training.

Promotes an educational program to prevent crippling diseases and accidents in the home and on the highways.

Provides orthopedic consultation service for all cases of poliomyelitis during the sub-acute stages of the disease.

Conducts a study to determine the incidence of rheumatic fever and provides care for a limited number of cardiac cases in a demonstration area.

INDUSTRIAL HYGIENE

Makes preliminary surveys of industrial plants to ascertain the nature of the work, raw materials used, products manufactured, by-products, sanitation, working environment, and the number of workers potentially exposed to hazardous conditions or materials.

Makes detailed studies in industrial plants which desire information on the actual concentration of dusts, gases, fumes, and vapors from various processes; on such conditions as illumination, ventilation, and air conditioning, and on the probability of such materials and conditions causing disease among the workers.

Offers consultation service in the design and installation of ventilation and air conditioning equipment, in the efficiency of existing equipment, and advice as to change of material or process in the interest of health preservation.

Provides consultation service in the diagnosis of occupational and general diseases and advice as to the best methods for the prevention and control of such diseases.

Prepares reports on findings and results of special studies.

Cooperates with other state departments and non-official agencies interested in preserving the health of industrial workers.

TUBERCULOSIS OUT-PATIENT SERVICE

Maintains an active registry of deaths, active cases, suspected cases, and persons who have lived in intimate contact with living or deceased cases of tuberculosis.

Locates cases, suspects, and contacts.

Provides popular health instruction concerning the control and prevention of tuberculosis.

Provides diagnostic service that includes physical examination, x-ray examinations, tuberculin testing, and consultation service for patients referred by physicians to clinics operating on a regular schedule.

Operates a state-wide collapse therapy program for indigent pneumothorax patients, and furnishes hospitalization for thoracoplastic and other major surgical operations.

Provides a follow-up nursing service to assist the physician in the supervision of open cases, in the instruction of patients as to care and precautions to be instituted for the protection of contacts, and in the selection of cases for institutional care.

Notifies local health departments of all cases discharged from the sanatoria.

STATE TUBERCULOSIS SANATORIA

The three state tuberculosis sanatoria maintained under appropriations made to the State Department of Health are:

Catawba Sanatorium, Catawba Sanatorium	400 beds
Blue Ridge Sanatorium, Charlottesville	370 beds
Piedmont Sanatorium (colored), Burkeville	269 beds

In order to be eligible for treatment at the state sanatoria, patients must be legal residents of Virginia.

Suitable patients are admitted upon recommendation of private physicians in order of their application. Preference is given to cases in homes in which there are young children.

A limited number of free beds is available at each of the sanatoria.

A charge of \$1.00 a day is made with the exception of Piedmont Sanatorium at which the charge is 50 cents a day.

STATE SUBSIDY TO LOCAL TUBERCULOSIS SANATORIA

The General Assembly makes an appropriation to aid local sanatoria in the care of local cases and to enable these sanatoria to accept a limited number of cases from the State at large.

In order to be eligible for a state subsidy local sanatoria must comply with certain standards prescribed by the State Board of Health.

The following local sanatoria receive state subsidy:

Pine Camp, Richmond	286 beds
Charles R. Grandy, Norfolk	130 beds
Hilltop Sanatorium, Danville	71 beds
Tidewater Memorial Hospital, Lynnhaven	51 beds
Winslow Memorial, Danville	14 beds
Roanoke City Sanatorium, Roanoke	69 beds

Conditions for admission of state patients to local sanatoria are similar to those for admission to the state sanatoria.

PUBLIC HEALTH EDUCATION

Prepares monthly the Virginia Health Bulletin and distributes it to physicians, dentists, pharmacists, public health nurses, welfare workers, division superintendents of schools, and to commissioners of health throughout the United States, and to other individuals requesting it.

Prepares weekly health talks and special releases for the newspapers, also health broadcasts.

Prepares and distributes literature dealing with communicable diseases, maternal and child health, sanitation, and other phases of public health.

Prepares departmental exhibits.

Lends books and pamphlets covering all phases of health to parents, physicians, nurses, teachers, students, health workers, social workers and interested laity.

VITAL STATISTICS

Secures through the city health officers, and local registrars in the magisterial districts of the State, certificates for all births, both living and stillborn. These certificates must be completely and accurately filled out by the attending physician or midwife, or head of the family in case there be no attendant, and delivered to the registrar within ten days.

Registers, for one dollar, births occurring before June 14, 1912, the date of the establishment of the Bureau of Vital Statistics. Only those certificates bearing evidences of correctness, based upon written record, family Bible, infant baptism or physician's record, are accepted.

Receives from the local registrars certificates of all deaths, which must be reported before removal or disposition of the bodies. The undertaker or, where there is no undertaker, the head of the family is held responsible for the delivery of the complete certificate to the local registrar, the certificate to include a statement from the attending physician as to the cause of death.

Receives from the court clerks on the 10th of the following month reports of all marriage licenses issued, all divorces granted, and all adoptions of children.

Promptly indexes all reports.

Is responsible for the enforcement of the law relating to reports dealing with vital statistics and, when necessary, reports violations to the proper authority for legal action.

Compiles and edits reports of births, deaths, marriages, divorces, and adoptions, and publishes annually a summary of the information contained in these reports.

Through an Act of the General Assembly in 1918, the State Registrar of Vital Statistics was given supervisory power over the midwives of the State. Midwife permits, upon the recommendation of a physician, are issued by the State Registrar.

Issues notification of birth registration to mothers of children born in wedlock to be preserved in order to establish age for school, labor, licenses, and for many other purposes.

Furnishes certified copies of birth, death, marriage and divorce records for a nominal fee. Those needed for securing government pensions and compensations are supplied free of charge.

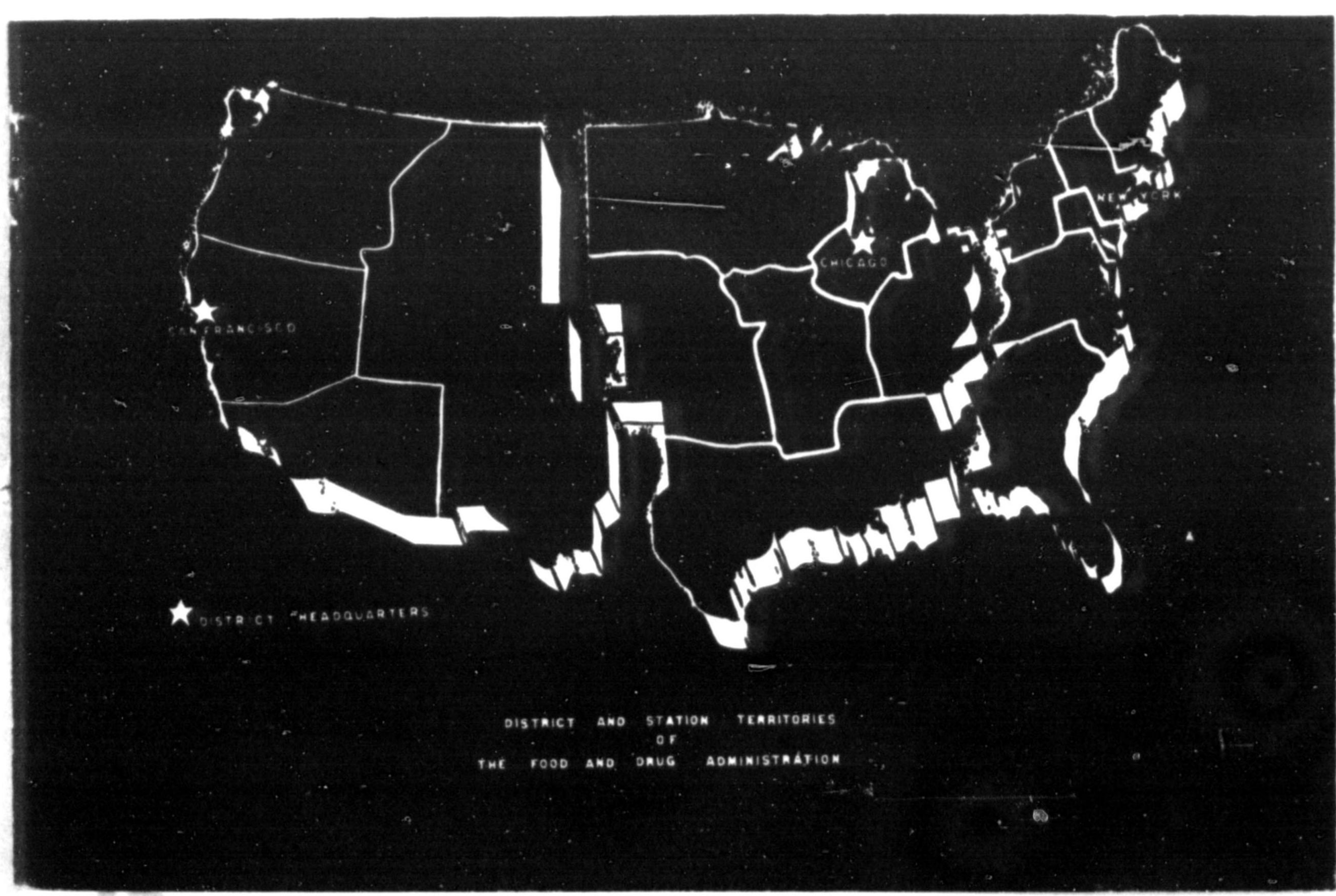
Administers the law for the prevention of blindness of the newly born, distributing ampules of 1 per cent Solution of Nitrate of Silver to physicians and midwives for use in the eyes immediately after birth.

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THE
FOOD & DRUG
ADMINISTRATION

FEDERAL SECURITY AGENCY



**The Food and Drug Administration
Federal Security Agency**

**Enforcement
of the**

Food, Drug, and Cosmetic Act

Tea Act

Import Milk Act

Caustic Poison Act

Filled Milk Act



**MISCELLANEOUS PUBLICATION No. 1
Food and Drug Administration**

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ORGANIZATION OF THE FOOD AND DRUG ADMINISTRATION

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IMPORT DIVISION, A. E. Taylor.	
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FIELD SERVICE

EASTERN DISTRICT, Room 1200, United States Appraiser's Stores, 201 Varick Street, New York, N. Y., W. R. M. Wharton, *Chief.*

Atlanta Station, Room 416, Federal Annex, J. J. McManus, *Chief.*

Baltimore Station, Room 800, United States Appraiser's Stores, Gay and Lombard Streets, McK. McKinnon, Jr., *Chief.*

Boston Station, Room 805, United States Appraiser's Stores, 408 Atlantic Avenue, G. H. Adams, *Chief.*

Buffalo Station, Room 415, Federal Building, South Division and Ellicott Streets, T. F. Pappe, *Chief.*

New York Station, Room 1200, United States Appraiser's Stores, 201 Varick Street, A. E. Lowe, *Chief.*

Philadelphia Station, Room 1204, New Customhouse, Second and Chestnut Streets, C. S. Brinton, *Chief.*

CENTRAL DISTRICT, Room 1222, New Post Office Building, Van Buren and Canal Streets, Chicago, Ill., J. O. Clarke, *Chief.*

Chicago Station, Room 1222, New Post Office Building, Van Buren and Canal Streets, Chicago, Ill., H. D. Garrett, *Chief.*

Cincinnati Station, Room 501, Post Office Building, S. A. Postle, *Chief.*

Kansas City Station, 323 United States Courthouse, 811 Grand Avenue, W. H. Hartigan, *Chief.*

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New Orleans Station, Room 225, United States Customhouse, 423 Canal Street, E. C. Boudreaux, *Chief.*

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WESTERN DISTRICT, Room 502, Federal Office Building, Fulton and Leavenworth Streets, San Francisco, Calif., J. L. Harvey, *Chief.*

Denver Station, Room 531, United States Customhouse, W. Vincent, *Chief.*

Los Angeles Station, United States Appraiser's Building, 1236 Palmetto Street, A. J. Brown, *Chief.*

San Francisco Station, Room 502, Federal Office Building, Fulton and Leavenworth Streets, San Francisco, Calif., H. C. Moore, *Chief.*

Seattle Station, Room 501, Federal Office Building, R. S. Roe, *Chief.*

PLAN OF ORGANIZATION

The function of the Food and Drug Administration is the enforcement of five statutes designed to insure the honesty and purity of foods, drugs, devices, and cosmetics. The Food, Drug, and Cosmetic Act, together with the Tea Act, the Import Milk Act, the Filled Milk Act, and the Caustic Poison Act, constitute the statutes enforced. In none of these acts is there any reference to the Food and Drug Administration. This organization was established by Congress on July 1, 1927, for the specific purpose of administering the small group of statutes intended to secure freedom from adulteration and require truthful labeling of certain commodities.

To discharge its technical, administrative, and regulatory responsibilities successfully, the personnel of the Food and Drug Administration includes chemists, bacteriologists, physicians, veterinarians, microscopists, pharmacologists, inspectors, administrative officers, and other specialists. With the necessary complement of clerks and helpers, the staff numbers about 900. These are divided into a field service of 600 persons and a Washington staff of 300.

Field Service

Geographically, the field service is composed of three inspection districts. (See map.) Roughly, the Atlantic seaboard is the eastern district; the Mississippi valley, the central; and the Rocky Mountain and Pacific slope areas, the western. The districts, in turn, are subdivided into inspection station territories, of which there are 16. The station headquarters, located in strategic cities, are equipped with extensive laboratory facilities in which analyses are made of samples submitted for this purpose by the various inspectors. The field laboratories also work with the Washington staff in developing analytical methods, and not infrequently develop new methods of analysis to deal with unique forms of violation. These facilities are employed to assist the field force in surveys and campaigns in connection with the enforcement of the various acts.

The station headquarters are manned by inspectors and analysts working under the direction of the station chief. This organization is sufficiently flexible for the operations of the station personnel to be readily shifted from routine law enforcement to cope with an emergency. Such a shift may become necessary because of the contamination and spoilage of large quantities of products by flood waters, or the discovery that a

dangerous drug or poisonous food has been widely distributed. Each station is responsible for seeing that the laws enforced by the Food and Drug Administration are complied with by the manufacturers, dealers, and importers who trade within a specified territory tributary to the city in which the station is located. An accurate account is kept of the time expended in operations under each law.

The stations operate under the general direction of the district chief, and district officers are in turn under the general direction of Washington headquarters. Like the stations, the districts are held responsible for violations originating in their respective territories.

Washington Staff

The Washington staff is headed by the Commissioner and Assistant Commissioner of Food and Drugs, who direct and coordinate regulatory activity in Washington and the entire United States as well. In this task they are assisted by the heads of the several administrative and technical divisions.

Divisions such as Vitamin, Bacteriology, Pharmacology, and Micro-analytical are concerned with *all* products that are within the jurisdiction of the acts enforced. In this respect they contrast with the Food, Drug, and Cosmetic Divisions, which confine their activities to the products from which their names are derived. Both groups, however, have extensive laboratories and engage in considerable research directed toward technical data of value as a basis for administrative action. In the field of vitamins, as an illustration, declarations that a particular nutritional substance is present are incapable of regulatory control without a method for determining its presence. Solving such problems frequently results in unique scientific discoveries. Technical information is coordinated with regulatory activity by the administrative personnel.

Administrative Divisions

The Interstate Division is primarily an administrative office which assists the Commissioner and Assistant Commissioner of Food and Drugs in planning and directing enforcement activities. In its capacity as an aid in the determination of administrative policy, it suggests such basic investigations as are necessary to execute the several acts. It receives and evaluates field reports on sample analyses and recommendations for regulatory action. Subject to the approval of the Commissioner, the Interstate Division possesses the power of final decision with respect to the charges that shall be brought and the action that shall be taken.

The Import Division is responsible for the enforcement of the Tea Act, the Import Milk Act, and the import section of the Food, Drug, and Cosmetic Act. It serves as a clearing house in connection with the examina-

tion and disposition of imported articles by the stations. Since they are located in several widely scattered ports of entry, the division seeks to maintain a uniform administrative policy with respect to similar import problems. In the work of controlling imports, close cooperation is maintained with the Division of Customs of the Department of the Treasury.

Subject-Matter Divisions

The Food Division is the leader in the development of scientific methods of food-law enforcement. It is a repository of existing technical knowledge and a workshop for improving and developing methods of analysis for establishing definite proof of violations. It acts as a reviewing laboratory on cases developed under the food provisions of the several acts and furnishes expert witnesses for court cases. It prepares project plans on foods and initiates and executes the investigational work which is an essential preliminary to regulatory activity. In such investigations the Food Division, with the assistance of the field force, ascertains current trade practices through the medium of factory inspections; prepares and subsequently analyzes experimental packs of food products; determines the composition of numerous market samples; and acquires information concerning consumer understanding of the composition of foods and various trade terms. Special investigations are necessary in connection with the formulation of food standards. Finally, the Food Division must supply the information essential to the formulation of appropriate food regulations.

The Drug Division is the source of technical information on questions of medicine, physiology, therapeutics, or pathology as they relate to foods, cosmetics, drugs, and therapeutic devices. It must determine what constitutes adequate directions for use and adequate warnings, the sufficiency of data submitted as part of new-drug applications, and the extent to which the labeling of various preparations complies with the Food, Drug, and Cosmetic Act. To furnish the necessary information the Drug Division must engage in extensive scientific experimentation, conduct clinical studies, and, with the cooperation of the field laboratories, develop methods of drug analysis. As part of its regulatory work it must assist in obtaining facts relating to violations as well as participate in the preparation and trial of court cases. In addition, it has the responsibility for the acquisition and development of data in connection with drug regulations.

The Cosmetic Division consists of two sections, one for color certification (see pp. 13) and the other for cosmetic analysis. Incident to the work of color certification, methods are developed for the analysis of coal-tar colors and for such of their components as may be harmful or injurious. Research work is done also on other phases of color analysis. The section for cosmetic analysis develops methods suitable for chemical

analysis of cosmetic preparations and, in particular, for the detection of such ingredients as may be harmful or deleterious. The Cosmetic Division is responsible for the planning of the cosmetic project.

Specialized Technical Divisions

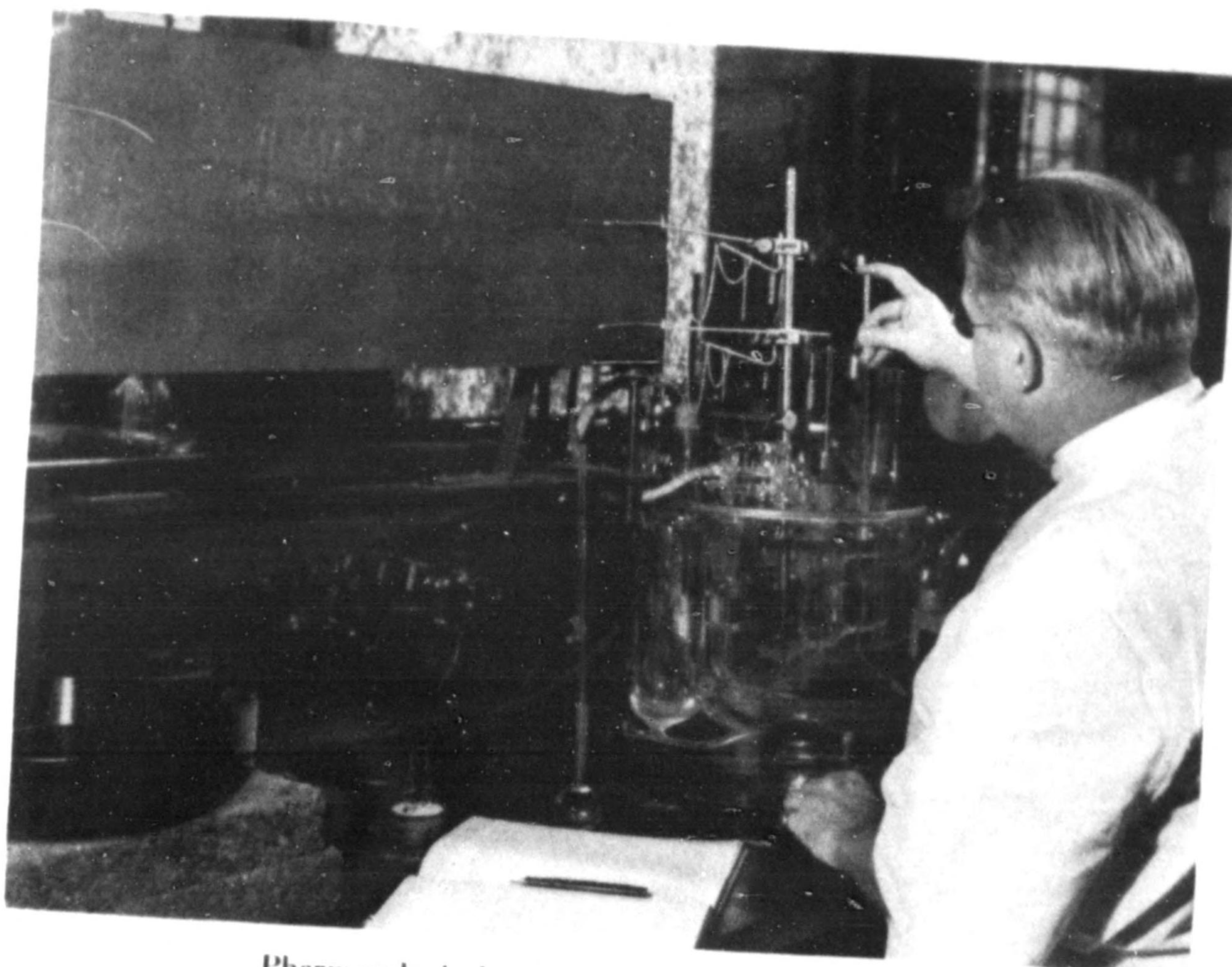
The Vitamin Division is primarily responsible for determining the validity of vitamin claims on products and for formulating a schedule for the collection, by the field force, of samples of vitamin products to be examined for vitamin content. It must then analyze them (usually through biological assay) and report its findings and recommendations as to whether or not legal action should be instituted. The Vitamin Division necessarily conducts research related to the development of satisfactory methods of vitamin determination. Such methods are an indispensable prelude to regulation. In case of a court contest involving charges alleging vitamin deficiency or illegal representations as to vitamin or nutritional value, the Vitamin Division must produce testimony in support of these charges.

The Bacteriological Division aids in determining the likelihood of danger to health through the transmission of harmful germs in detecting decomposition in foods and in ascertaining the presence of other filth, such as sewage pollution. In the conduct of factory inspections under the emergency-permit-control provision of the Food, Drug, and Cosmetic Act (see p. 13), the services of the bacteriologist are clearly indicated. Responsibility for the projects involving sea foods, whether or not such projects have bacteriological phases, also has been assigned the Division. Furthermore, the Bacteriological Division aids in solving bacteriological problems involving drugs and cosmetics. Products prepared for use in contact with wounds, or for injection into the body, must be examined for evidence of bacterial contamination. Those sold with representations that they will destroy infections in the body must be subjected to tests designed to measure the degree of efficacy they possess.

Making biological assays of drugs and toxicological studies is the task of the Division of Pharmacology. Deteriorating drugs, official drugs (those contained in the drug compendia recognized by the Food, Drug, and Cosmetic Act, namely, the United States Pharmacopoeia, the National Formulary, and the Homeopathic Pharmacopoeia) and nonofficial drugs must be assayed to determine whether or not they meet the required standards of strength when these are stated in biological terms. Many of these are used in emergency conditions where unknown variations in strength are liable to cause death. Toxicological investigations are in part concerned with ascertaining whether certain substances found in foods, drugs, and cosmetics, or their containers, are poisonous or deleterious. Before a coal-tar color can be listed as harmless it is necessary

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to subject it to toxicity and skin-sensitization tests. In the many substances known to be poisonous or deleterious, regulatory action may depend upon the development of new methods or the improvement of known means of interpreting their detrimental effects for effective presentation in court. Some of these substances may be safely used within certain limits and in these instances experimentation is directed to fixing proper tolerances.



Pharmacological assay of pituitary preparations

As its name implies, the work of the Microanalytical Division entails the microscopical identification of constituent ingredients of various mixtures as well as the detection of decomposition and filth in foods, drugs, and cosmetics. While sometimes serving as a source of supplemental information, these examinations are frequently the sole approach to an identification of many products. Microscopical methods and apparatus are devised in connection with the many problems that arise in the regulatory survey of the great variety of samples collected in the routine enforcement of the law. Methods have been devised for the detection of spoilage in tomato products, the determination of insect and other filth in cereal and dairy products, confectionery, dried fruits, and other articles. By the examination of control samples prepared under practical commercial conditions, it is possible to determine whether any particular product

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submitted meets with the standard of purity set up for the protection of the consumer.

Cooperation with State and Local Officials

For the purpose of developing and maintaining active cooperation with all State and local officials enforcing State and local food and drug laws, a Division of State Cooperation was established. Through the program of mutual assistance sponsored by the division, it is possible for State and Federal officials to check adulteration and misbranding within their respective jurisdictions more effectively. There is extensive interchange of information among all regulatory officials. Data for the solution of technical and administrative problems are made available upon request. Frequent area conferences, continuous contact between the field forces of the Food and Drug Administration and State and local officials, and national and sectional associations of regulatory personnel also stimulate cooperation. Responsible State officials are commissioned by the Federal Security Administrator to conduct examinations and investigations as agents for the Federal Security Agency in the enforcement of the Federal Food, Drug, and Cosmetic Act.



Microanalytical examination of catsup for mold

THE FOOD, DRUG, AND COSMETIC ACT

Provisions

Chief among the five statutes enforced is the Food, Drug, and Cosmetic Act of 1938. In its broadened scope (whereby devices and cosmetics are included within the law), in the new types of control instituted, in the provision for food standards, in its positive labeling requirements, and in the elimination of certain notorious defects characteristic of its predecessor (such as inadequate penalties and the requirement that therapeutic claims be fraudulent as well as false), the present act is a distinct advance over the Food and Drugs Act of 1906.

There has been a decided extension of the principles of consumer protection in the misbranding provisions of the Food, Drug, and Cosmetic Act. The labeling of foods, drugs, devices, and cosmetics now includes all written or printed matter accompanying an article as well as that in or upon the package or immediate container. No labeling may be false or misleading in any particular. Required information must not only be conspicuously placed upon the label but it must also be in terms the ordinary consumer is likely to read and understand under customary conditions of purchase and use. In determining whether labeling is misleading, account is to be taken not only of the representations made or suggested but also of the extent to which there is a failure to reveal facts material either in the light of such representations or the possible consequences of use. Half truths are insufficient. Even if the labeling of a food, drug, or cosmetic is adequate, containers must not be made, formed, or filled so as to mislead the consumer.

Food that does not conform to the legally established definition and standard of quality or fill of container must have the discrepancy clearly stated on the label. (See p. 12.) In the case of standards of identity, no deviations whatsoever from the standard are permitted. As for unstandardized foods, the label must reveal a full statement of the ingredients. All foods must state the presence of artificial flavoring, artificial coloring (except butter, cheese, or ice cream), or chemical preservative. Imitations must be labeled as such. The label of a food sold for special dietary uses must disclose such information concerning its vitamin, mineral, and other dietary properties as regulations may prescribe essential to inform purchasers fully of its value for such uses.

The labeling of all drugs and devices must bear adequate directions and warnings specifying use, dosage, and administration. Habit-forming drugs and their chemical derivatives must bear on their label the statement "Warning—May be habit-forming." Drugs designated by a name other than that recognized in the compendia listed in the act (known as non-official drugs) must give more complete information concerning their ingredients than is true for official drugs. Drugs liable to deterioration

must be packaged and labeled in accordance with regulations issued by the Federal Security Administrator. The term "drug" has been redefined in the 1938 act to embrace those intended to affect the structure or any function of the body as well as those for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.

While *misbranding* is concerned with labeling representations, *adulteration* is concerned with the content of foods, drugs, or cosmetics. A food, drug, or cosmetic is adulterated when it consists in whole or in part of any filthy, putrid, or decomposed substance. Preparation, packing, or storage under insanitary conditions which might contaminate it or render it injurious to health are also forms of adulteration. The same is true when containers are composed of poisonous or deleterious substances, or when a product bears or contains a noncertified coal-tar color.

Provided they are not in a quantity sufficient to injure the health of the user, foods may contain substances which, though poisonous or deleterious, are indispensable and cannot be avoided by good manufacturing practice. No part of any food may be the product of a diseased animal or of an animal which has died other than by slaughter. Prohibited, moreover, are deceptions such as those which conceal damage or inferiority increase bulk or weight, reduce quality or strength, disguise the absence of valuable constituents, or make a food appear better or of greater value than it is. Confectionery has been singled out for special attention to eliminate alcohol and nonnutritive substances from its contents.

Drugs, too, must not contain any substance which reduces quality or strength or is substituted for any component. Nonofficial drugs must conform to the strength, quality, and purity they purport to possess. Official drugs, on the other hand, are expected to conform to the standards stated in the official compendia in which their names are recognized. But certain deviations from the official standards are permitted, if such deviations are plainly stated on the label of the drug.

Of primary importance are the new types of control established by the Food, Drug, and Cosmetic Act. For any foods there may now be fixed a reasonable definition and standard of identity, quality, and fill of container. (See p. 10.) Any class of food contaminated with micro-organisms which may be injurious to health, and the injurious nature of which cannot be adequately determined after the product has entered interstate commerce, may be subjected to a system of emergency-permit control. (See p. 13.) New drugs are controlled to insure their safety by means of applications filed by the producer in advance of their shipment in interstate commerce. (See p. 9.) Coal-tar colors must be listed to insure harmlessness and suitability for use, and batches of such colors must be certified to insure freedom from impurities. (See p. 13.)

Illegal acts may be restrained through application to the courts for an injunction. This is in addition to the possibility of seizure of offending

goods and criminal prosecution of those responsible for violations. Provisions for factory inspection and for access to the records of interstate carriers to show interstate shipment of any food, drug, device, or cosmetic enable more adequate enforcement. The Federal Government has jurisdiction only over commodities in interstate commerce or those imported or exported. It does not have jurisdiction over products distributed within the States in which they were manufactured, although certain authority is given to regulate commerce within the Territories, Insular Possessions, and the District of Columbia.

The act provides for the inspection of foods, drugs, devices, and cosmetics when they are offered for entry into the United States. Such articles must be processed and packed under sanitary conditions; they must not be in violation of the new-drug section of the act; and their sale in the country of production or export must be neither forbidden nor restricted. Products in violation of any of the legal requirements are refused admission and must then be exported within 3 months or be destroyed. When offered for entry, however, the imported articles may be delivered to the importer under bond, pending the results of examination. Articles not grossly misbranded (such as by an erroneous statement of net weight), and those not seriously adulterated (as, for example, by a relatively small amount of pepper shells in pepper), may often be brought into compliance with the law by renovating. When this has been properly done, and reinspection shows that the product meets the requirements of the law, the shipment is released.

New Drugs

No person may introduce or deliver for introduction into interstate commerce any new drug unless an application containing certain prescribed information by which an accurate decision may be made as to the safety of that drug has been filed with and accepted by the Federal Security Administrator. By this means it is possible to prevent the sale to consumers of drugs not generally recognized among qualified experts as safe for use under the conditions recommended in the labeling. New drugs must first be subjected to appropriate experimental tests proving they are in fact safe before they may be shipped interstate for public use. To aid in obtaining the necessary experimental information, there is a provision in the act for the limited distribution of new drugs intended solely for investigational use by experts qualified by scientific training and experience to investigate the safety of drugs.

The rate of submission of new drug applications has averaged about 125 per month, the first 3 years the provision has been in effect. About two-thirds of these become effective. Many are incomplete and thus not eligible for consideration, while others are either withdrawn or refused. The Administration's responsibility does not end when an application is

made effective. Continued observation is essential to insure proper manufacturing control and uses and the early discovery of any harmful results in actual medical practice which may require reconsideration of the decision to permit traffic in the drug. The act permits the suspension of an already effective new-drug application as well as the revocation of a refusal to allow an application to become effective.

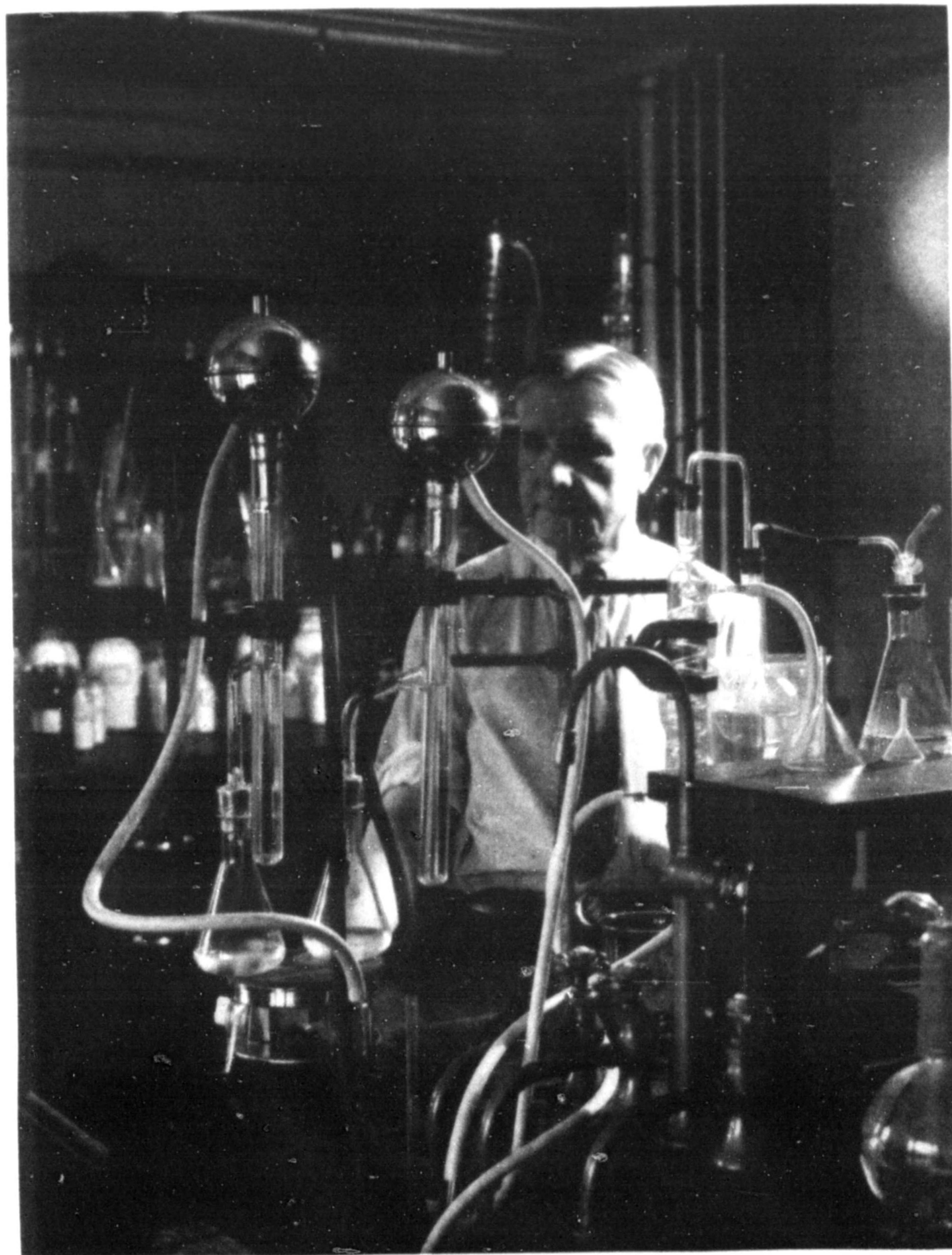
Food Standards

A food is defined as adulterated if, among other things, any substance has been mixed or packed with it so as to reduce its quality or strength, or if any substance has been substituted wholly or in part therefor. These provisions in themselves imply the existence of definitions and standards of identity and quality: no one can tell when an article is adulterated under them without first determining definitely what constitutes the unadulterated product. Bread, for example, may be made with widely varying moisture limits and, because of this, it is necessary to determine at what point water is being sold for bread. In the same way, if there is no standard of identity, preserves can be so manufactured that the fruit ingredient is but a very minor percentage of the finished product.

A few manufacturers less ethical than their competitors may change the composition of food products without altering the appearance of the final products, or they may vary quality without disclosing the variations on the label. Under these circumstances the consumer can never be certain of identity or quality without some system of reasonable standards to which adherence must be mandatory. It is very desirable, therefore, from the standpoint of the consumer, the ethical manufacturer, and the law-enforcement official, to have food standards which are recognized by the courts as legal and binding.

To promote honesty and fair dealing in the interest of consumers, authority is now granted by the Food, Drug, and Cosmetic Act for the formulation and issuance of regulations establishing for any food a reasonable definition and standard of (1) identity, (2) quality, and (3) fill of container. Butter, because it has been defined by law since 1923 as requiring not less than 80 percent milk fat content, is excepted. Fresh or dried fruits and vegetables are also excepted, though not completely since standards of identity relating to maturity and the effects of freezing may be established for avocados, cantaloupes, citrus fruits, and melons.

Standards of identity are based upon composition, such standards being nothing more than a listing of the characteristics which identify particular products. Tomato juice, for example, is defined as the un-concentrated strained liquid extracted from mature red or reddish tomatoes with or without scalding, followed by draining. The liquid may be



Chemical analysis of food

homogenized and may be seasoned with salt. More often a food is standardized through the use of numerical limits to control its composition. Preserves must have 45 percent by weight of fruit ingredients to 55 percent by weight of optional sweetening ingredients.

Color, size, texture, quantity, and freedom from defects provide bases for standards of quality and fill of container. To meet the standard of

quality for canned unpitted cherries each must weigh not less than one-tenth ounce, the pits must not weigh more than 12 percent of the weight of the drained cherries, and not more than 15 percent of the cherries in the container may be blemished with scab, hail injury, discoloration, scar tissue, or other abnormality. The standard of fill of container requires the maximum quantity of cherries which can be sealed in the container and processed by heat to prevent spoilage, without the cherries being crushed.

Once a definition and standard of identity for a particular food has been issued, a product must actually conform to the standard promulgated if it purports to be or is represented as such a food. In the case of standards of quality and fill of container, however, conformance is not necessary, provided the label of the food bears a statement clearly indicating that it is substandard. Honesty and fair dealing require that canned cherries failing to meet the standard of quality must state upon the label "Below Standard in Quality—Thin Fleshed" or "Blemished," or the statement "Below Standard in Quality—Good Food—Not High Grade." Where the standard of fill of container is not met, the label must state "Below Standard in Fill." While substandard, such foods are still legal, wholesome, and nutritious. Authority for variations below the prescribed standards does not legalize the sale of adulterated foods. The standards of quality and fill of container administratively established are set at a level above the standard of adulteration contained in the act.

These definitions and standards are formulated and issued in accordance with a procedure designed to insure both accuracy and every opportunity for a full and open presentation of facts by consumers, manufacturers, and enforcement officials. The order in which food is selected for standardization is determined by the prevalence and seriousness of abuses of consumer welfare occurring in the distribution of such foods. Conferences between administrative and technical groups within the Food and Drug Administration discuss the information which may afford an adequate basis for the formulation of each standard. Investigations concerning all aspects of the manufacturing, processing, composition, character, and consumer understanding of the food to be standardized are planned and executed. These data are reviewed and summarized and the various records referred to the Food Standards Committee for consideration, further inquiry if necessary, and recommendation as to the factors to be included in the proposed standard.

The Food Standards Committee is composed of four State officials and two officials of the Food and Drug Administration. State membership tends to promote uniformity in action by the State and Federal Governments as well as to insure a broad viewpoint in dealing with the problems involved. In considering the reports of the administrative investigations and conclusions referred to it, the committee has adopted the practice of

holding informal public hearings at which trade and consumer representatives may appear and testify.

Upon the basis of the recommendations of the Food Standards Committee, the Food and Drug Administration and the office of the General Counsel construct formal proposals. These proposals are reviewed by the Federal Security Administrator. After such modifications as he may decide upon, they are published in the Federal Register with notice that a public hearing upon these proposals will be held on a named date and place. Interested parties who cannot attend either in person or by counsel are invited to submit affidavits. The opportunity is thus given every interested party, including the representatives of the industry, the consumer, and the Food and Drug Administration, to testify before a representative of the Federal Security Administrator. Using only the record evidence obtained at the hearing, the Administrator formulates and publishes a tentative standard and allows time for the filing of written arguments and objections. The Administrator then formulates and issues the final standard, which ordinarily becomes effective 90 days later.

Emergency-Permit Control of Contaminated Foods

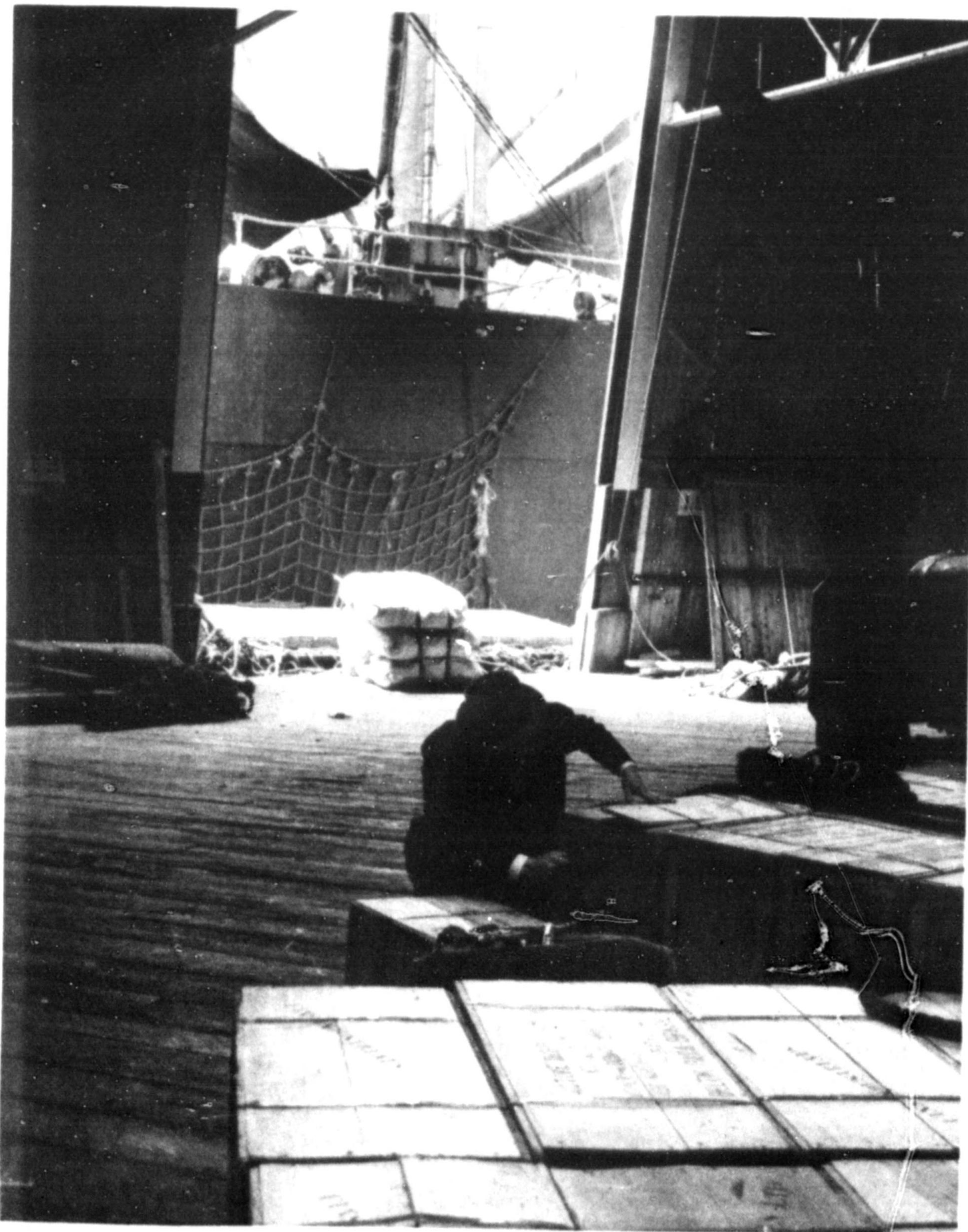
Certain foods may be contaminated during manufacture, processing, or packing, with micro-organisms, the injurious nature of which cannot readily be determined once shipment in interstate commerce has begun. In many instances existing methods for bacteriological examination require more time than ordinarily lapses between interstate shipment and final distribution and consumption. Past experience has demonstrated that pollution at the source (as in the case of certain sea foods), handling under insanitary conditions (so that pathogenic bacteria contaminate the product), or improper canning processes (a potential source of botulism) may give rise to such contamination. Once investigation has disclosed its actual presence, the threat to public health may be checked by the inauguration of a system of emergency permits applicable to all producers in whatever locality the evidence indicates should be subject to control. These emergency permits define the conditions of manufacture, processing, and packing and are in effect for such period of time as may be necessary to protect the public health. During that time producers must comply with these conditions to entitle their foods to be shipped interstate for public consumption. Failure to comply can be met by prompt suspension of the permit. Broad powers of inspection are granted for the purpose of determining whether or not there is compliance with those measures declared to be essential for the protection of the public.

Certification of Coal-Tar Colors

Artificial coloring to conceal damage or inferiority and the addition of poisonous or deleterious ingredients injurious to health are illegal.

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Coal-tar colors are, in addition, subject to compulsory listing and certification designed to insure their harmlessness and purity in advance of actual use. The requirements of listing and certification are applicable to coal-tar colors used in drugs and cosmetics as well as in foods. By specific exemption in the act the color certification requirements are not applicable to coal-tar hair dyes. The only protection in the case of hair



Inspector sampling import shipment

dyes is the provision that the label bear a conspicuous cautionary statement warning that the products contain ingredients which may cause skin irritation on certain individuals and directing a preliminary skin-sensitivity test according to accompanying directions. Eyelashes and eyebrows are not included in the exception for hair dyes. They are part of the area of the eye and, to avoid possible blindness, the use of coal-tar color in any article applied to this area is prohibited.

The 116 coal-tar colors selected after a detailed scientific check for listing as harmless and suitable for use have been taken from samples submitted by manufacturers in response to notices issued by the Food and Drug Administration. Eighteen of these are listed as harmless and suitable for use in foods, drugs, and cosmetics; 69 for use in drugs and cosmetics only; and 29 for use in externally applied drugs and cosmetics—which excludes application to the lips or any other body surface covered by the mucous membrane.

Since even a harmless, nonpoisonous coal-tar color may be so prepared or stored as to become contaminated with bacteria or other impurities, further provision has been made for the certification of batches of the permitted dyes to make certain of their purity. The person to whom such a certificate is issued must keep and make accessible to Federal food and drug inspectors records showing the disposal of all coal-tar colors from a certified batch, and is also required to use certain prescribed labeling in marketing the colors.

Sea Food Inspection Service

Since 1934, individual packers of sea food have been authorized by law to request that the Food and Drug Administration inspect all premises, equipment, methods, materials, containers, and labels used by the applicant in the packing of sea food. Standards of sanitation, equipment, and methods of operation which must be met are defined in administrative regulations. The canned product packed under continuous Federal inspection from wholesome material under sanitary conditions, and properly processed and labeled, is required to bear conspicuously on the label the statement "Production Supervised by the U. S. Food and Drug Administration." Although packers of all sea food may apply for Federal inspection, only the packers of shrimp have applied for the inspection service. At least 90 percent of the canned shrimp now marketed in interstate commerce has been packed under the supervision of the Food and Drug Administration.

The sea-food-inspection service represents a distinct innovation in Federal food-law enforcement in that the food manufacturer pays part of the cost of inspection and is free to accept it or reject it, as he wishes. The service corrects potential violations at their source. Compliance

with the regulations promulgated under the amendment insures the integrity of the products and thus renders the provisions for seizure, criminal prosecution, or injunction unnecessary. Not only is this advantageous to the packer but the consumer is more effectively guaranteed a sanitary, safe, and wholesome product.

Enforcement of the Food, Drug, and Cosmetic Act

The Task of Enforcement

Enforcement facilities do not permit a complete coverage of all products and industries within the jurisdiction of the act. The combined value, based upon manufacturers' selling prices, of manufactured domestic food, drug, and cosmetic products requiring attention is slightly in excess of \$11,000,000,000. This is exclusive of nonprocessed foods and of all imports. There are, for example, approximately 3,000 creameries in the United States with a total annual production of creamery butter of about 1½ billion pounds. In the Administration's central district alone there are 215 condensed milk plants, 2,200 cheese plants, and a large dried-milk industry, all of which need regulatory attention. Pharmaceutical products are so plentiful in variety and quantity that regulatory coverage without careful planning would probably not permit the examination yearly of more than one batch of products of each manufacturer.

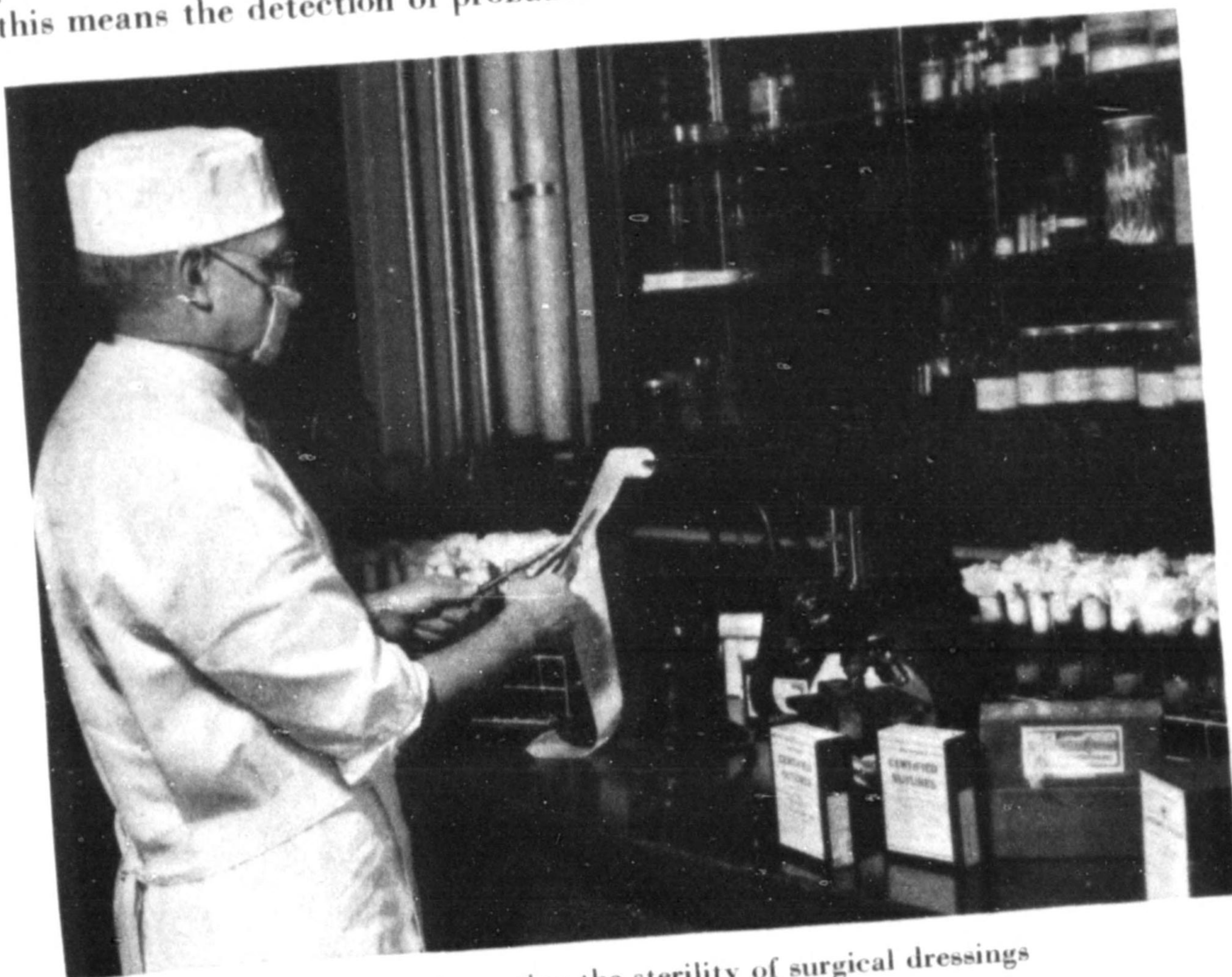
Types of Violations

With complete coverage impossible, selective enforcement is necessary. From the consumer viewpoint not all types of violations are of equal importance. The most important activity is obviously the suppression of practices that are public-health menaces, such as the shipment of foods or cosmetics containing poisonous ingredients, of worthless drugs offered for serious diseases, and of potent drugs which are dangerous to health when used in accordance with label directions. This phase of the food, drug, and cosmetic traffic is invariably given first attention. Its volume is heightened whenever floods and hurricanes devastate an area and damage commodities on a wide scale, necessitating special policing to insure destruction of polluted foods and drugs. Second in importance are adulterations which, though not necessarily harmful, involve the distribution of decomposed or filthy articles and are revolting because of such contamination. In point is the common infestation of a certain variety of whitefish with a parasitic, threadlike worm which coils itself in the muscular, fleshy portion of the fish and becomes encysted in a pus-like fluid. Finally, consideration is given to types of violations which involve economic cheats, well illustrated by the use of deceptively packaged containers and food mislabeled as to quality or identity.

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Project Plans

Coupled with the segregation of types of violations is a segregation of products and manufacturers most commonly found to violate the law. This is done by obtaining as nearly complete knowledge as possible of the practices of every branch of the food, drug, and cosmetic industry. By this means the detection of probable violations and the identification of



Bacteriologist testing the sterility of surgical dressings

those manufacturers whose operations are apt to require supervision is possible. Experience has demonstrated that in the case of certain products adulteration or misbranding is practically never found. The Food and Drug Administration is thus enabled to concentrate its working forces and its funds largely upon those products usually in violation of the law. The field and staff laboratories are constantly developing scientific methods for detecting and successfully proving violations in court. Once they are encountered, simultaneous and uniform action against them is instituted throughout the country by the various stations of the three food and drug districts. The program of regulatory action based upon the application of these principles of planning to a group of related products is termed a project plan.

Informal Methods of Enforcement

In appropriate instances the institution of formal legal action may be preceded by a public hearing at which interested persons may participate in the determination of an administrative policy. In line with the emphasis upon educational effort as part of the program of enforcement, the act allows resort to a suitable written notice or warning when it is thought warranted by the public interest as an alternative to punitive action to control minor violations. Apart from this, the Food and Drug Administration is constantly informing the industries subject to the act of its requirements with a view to keeping actual violations at a minimum. This is done by means of correspondence and various types of publicity releases informing manufacturers and shippers of the legal requirements imposed upon them. In addition to advisory legal interpretations, such information may also take the form of valuable technical data, the utilization of which by those affected will permit a ready compliance with the act. When it was discovered, some years ago, that the sap buckets and other equipment then in use were the source of the contamination of maple sirup with lead, this fact was transmitted to all of the affected industry, with appropriate suggestions for correcting the condition.

Seizure, Criminal Prosecution, and Injunction

In addition to the methods already mentioned for new drugs and emergency permit control, the Food and Drug Administration has its choice of several means of enforcement. One of these is actual seizure of the offending products, known legally as a libel for condemnation proceeding. In such a proceeding the articles in question are seized to prevent them from reaching the ultimate consumer. The seizure follows the request by the Food and Drug Administration of a United States attorney that he file a libel (a descriptive legal document) with the proper Federal court. Acting upon a court warrant issued pursuant to the filing of a libel, a United States marshal (usually accompanied by a Food and Drug Administration inspector) seizes the articles. They are then within the jurisdiction of the court. The party who would usually seek their release, known technically as the claimant, may fail to make an appearance before the court, in which event the case is disposed of on default. Or he may appear but agree with the contentions of the Administration in the libel, in which event a consent decree would issue. When the claimant contests the seizure, the question of whether or not the articles are in violation of the act is tried in Federal court.

Products which have been seized and condemned are not necessarily destroyed, but they may not be disposed of contrary to the provisions of the Food, Drug, and Cosmetic Act or the laws of any State or Territory in which the disposition happens to take place. The court may order the offending products destroyed if they cannot be reclaimed in any way,

which is true of decomposed foods and foods containing poisonous substances. But frequently adequate reworking (by which there can be effected the removal of excess moisture from butter), sorting (often possible with canned goods not all of which have been damaged), or cleaning (appropriate for the separation of excessive debris from nuts) will correct the adulteration. In the same way, relabeling (for such violations as an incorrect statement of net weight) will often render misbranded articles entirely legal and suitable for distribution. Under these circumstances the articles may be released to their owner under bond for reconditioning under governmental supervision. When an adverse decision against the claimant has been rendered, or when the owner has abandoned goods which have been seized, the court, as alternatives to destruction, may either give them outright to charity, or direct their sale by the appropriate United States marshal after ordering him first to eliminate the adulteration or misbranding involved. The proceeds of the sale, less the legal costs incurred, are sent to the United States Treasury.

Another possible penalty is criminal prosecution of the person or firm responsible for the violation of the provisions of the act. For the commission of any of the deeds prohibited by law a maximum fine of \$1,000 and imprisonment not in excess of a year may be imposed. Where the violation is done with intent to defraud or mislead, or where it is a second offense, the maximum fine becomes \$10,000 and the maximum imprisonment 3 years.

In some instances seizure and criminal prosecution are unsatisfactory means of enforcement, especially where a person or firm indulges in repeated and frequent violations. Congress has therefore authorized the enforcing agency to apply to Federal district courts for restraining orders which in effect deny the channels of interstate commerce to adulterated or misbranded foods, drugs, devices, and cosmetics, and to unlicensed new drugs and food in violation of the conditions of an emergency permit.

Selection of the Appropriate Penalty

Each of the above penalties is sought by the Food and Drug Administration under well-defined circumstances. Seizure is employed against products containing ingredients harmful to health and those marred by filth and decomposition. It is used also to prevent the distribution of products containing grossly false or misleading claims and those adulterated or misbranded so as to seriously demoralize legitimate trade practices. In fact, the Food, Drug, and Cosmetic Act permits more than one libel proceeding to be instituted simultaneously—so-called multiple seizures—when the evidence indicates probable cause that the misbranding is fraudulent, or dangerous to the health, or in a material respect misleading, to the injury or damage of the consumer. The object of both single and multiple seizures is to prevent adulterated or misbranded products from reaching and harming the ultimate consumer. This is achieved by

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Weighing butter

removing the offending articles from the market. Consequently seizures occur wherever a consignment happens to be found.

Criminal prosecution, however, is directed against the person or firm responsible for an offense and is always confined to the jurisdiction where the defendant has his place of business. Moreover, it is necessarily a slower remedy because the act requires that a potential defendant be first given appropriate notice and an opportunity to present his oral or written views on the matter, after which proper pleadings must be drawn up.

affidavits of analyst and other witnesses secured, and all forwarded, through the Department of Justice, to the United States attorney in whose jurisdiction the defendant has his business. The case must then await its turn on the court calendar. The trial itself is subject to the legal restrictions necessarily prevailing in criminal procedure, an important one of which requires exacting evidence to prove guilt. The result is that though criminal prosecution may legally be based upon the same consignment which led to the institution of seizure proceedings, such prosecution is often precluded where seizure action can be maintained. This is true, for example, of perishable foods that are subject to seizure because decomposition occurred after shipment. In such cases no criminal responsibility ordinarily rests upon the manufacturer.

This difference in the required degree of proof has brought about the adoption by the Administration of the practice of consolidating a number of shipments by one firm, each of which may have been the subject of a seizure, into one prosecution action. Their individual recital enables a more effective presentation to the courts of the continuing character of the illegal practices of the defendant. This, together with the factors already noted, accounts for the larger number of seizure actions instituted. It does not mean, of course, that no recourse is had to criminal prosecution when the facts of even a single shipment warrant such action.

Notices of Judgment

The Federal Security Administrator is authorized to publish from time to time reports summarizing all judgments, decrees, and court orders which have been rendered under the act. These periodical reports are known as notices of judgment. They are divided into separate groups— one for foods, another for drugs and devices, and the third for cosmetics. After the termination of a seizure action a notice of judgment giving the essential facts is prepared by the office of the General Counsel and published by the Food and Drug Administration as in the case of criminal prosecution. Because a notice of judgment detailing a seizure action makes no mention of criminal prosecution against the shipper, it does not follow that criminal action has not or will not be instituted. It is impracticable to combine the two actions in one notice of judgment. Those on seizure actions would be unduly delayed if the outcome of the criminal prosecution involving the same shipment were awaited.

THE CAUSTIC POISON ACT

Congress passed the Federal Caustic Poison Act on March 4, 1927. The statute is designed to assure the use of poison labels on certain dangerous caustic or corrosive products, or preparations containing them, and thus put users on their guard. Among the products included in the act are lye, ammonia water, carbolic, and several other acids.

The Caustic Poison Act requires adequate and conspicuous labeling of the poison, including its common name, the word "Poison" in letters of a specified size and style, and the antidote and directions for treatment. The label must also give the name of the manufacturer, packer, seller, or distributor. The Federal Act does not cover retail sales from bulk containers, except in the District of Columbia and the Territories of the United States, but does cover sales in containers suitable for household use when the goods cross a State line or are offered for importation into the country. To some extent States and cities have laws governing retail sales which are comparable to the Federal Act.

Shipments in interstate or foreign commerce which are misbranded under the Caustic Poison Act may be seized and the persons responsible for the violation may also be prosecuted. Upon conviction a fine of not more than \$200 or imprisonment for not more than 90 days, or both, may be imposed by the Federal courts.

THE IMPORT MILK ACT

Formerly fluid milk and cream were shipped to the continental United States from several countries, but today all of the foreign fluid milk and cream coming within the scope of the Import Milk Act is produced in Canada. Dried, condensed, and evaporated milk are not within the scope of the act, since it applies only to what is known as fluid (or market) milk. All importers or shippers must procure a permit before they are allowed to offer fluid milk or cream for entry into the continental United States. The permits are issued on a 12 months' basis. In case of violations, the Import Milk Act is enforced through suspension or revocation of the import permit, with the additional possibility of fine and imprisonment.

Fluid milk and cream are unfit for importation when all animals producing such products are not healthy, particular tests being administered to insure freedom from tuberculosis; when the farms or premises on which the stock is produced or handled are not sanitary, as determined by a scoring system provided for that purpose; when the bacteria content exceeds certain announced limits; and when the temperature of the milk or cream at the time of importation exceeds a specified figure. These requirements have resulted in the exclusion of sour milk and sour cream because of their high bacterial count. They have also tended to eliminate the importation of products which have not been pasteurized.

FILLED MILK ACT

By its terms the Filled Milk Act prohibits the manufacture or sale within Federal jurisdiction of any combination of milk, cream, or skimmed milk with any fat or oil, other than milk fat, so that the resulting product will resemble or imitate milk, cream, or skimmed milk in any form.

Congress has declared it to be an adulterated article of food, injurious to the public health, and its sale a fraud upon the public.

Although enacted in 1923 it was assigned to no definite agency for enforcement until an amendment of August 27, 1935, resulted in its allocation to the Food and Drug Administration. Enforcement is solely by means of criminal prosecution since the Filled Milk Act contains no provision for seizure or injunction.

THE TEA ACT

The Tea Act forbids the entry into the United States of any tea that fails to meet the standards of quality, purity, and fitness for consumption established by the Government. Since its passage in 1883, tea shipped to the United States has been so improved that rejections now average only about half of 1 percent of the total annual tea imports of approximately 100,000,000 pounds.

Under the provisions of the Tea Act, a board of seven tea experts, appointed each year by the Federal Security Administrator, fixes uniform standards of quality, purity, and fitness for consumption for teas to be imported into the United States. Samples of these standards are sold at cost to importers, who send them to their agents in the Far East, and similar samples are placed in the hands of the tea examiners at the ports of Boston, New York, San Francisco, and Seattle. Samples from each line of tea offered for entry at these as well as other ports are tested by organoleptic (sight, odor, taste) and chemical criteria to determine quality and freedom from impurities and coloring matter. Those that do not conform to the standards are refused entry by the customs officials. However, tea waste, tea siftings, tea sweepings, and low-grade tea may be brought into the United States if they are to be used solely for manufacturing certain chemical products. The importer of such tea must give bond to the collector of customs that their identity will be destroyed during the process of manufacture.

Under the law an importer may appeal within 30 days to the Board of Tea Appeals when he is of the opinion that a shipment of tea has been unfairly rejected. There is no appeal from the decision of this board, made up of three members of the Federal Security Agency. He is allowed 6 months in which to remove his rejected tea from the country, and failure to do so will result in the shipment being destroyed.

COLLABORATION WITH OTHER DEPARTMENTS

The Food and Drug Administration is authorized to collaborate with other departments of the Federal Government on matters relating to its especial field of work. This work includes analyses and investigations of medicinal products for the Post Office Department or the Federal Trade

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Commission to determine whether or not a product will fulfill the claims of its promoter in relieving or curing certain diseases. Analyses for the Post Office Department are made also of many products to determine whether or not they contain poison or are of such nature as to injure mail or the employees handling it.

Technical assistance for nonregulatory purposes is rendered a number of Government establishments, including the Veterans' Administration; the Panama Railroad; and the Departments of the Interior, Treasury, War, and Justice. Confining itself to products on which members of its staff specialize, the Food and Drug Administration aids in determining the relative value of various articles submitted by bidders for contract supplies and also in making certain that the products delivered by the contractors comply with the specifications under which they were purchased. The Food and Drug Administration is able to furnish other departments immediately with information which has a direct bearing on their problems and which could otherwise be obtained only at considerable cost for extended laboratory experimentation or original research.

PUBLICATIONS

Mailing lists are maintained of the names and addresses of those who request the receipt of notices of judgment (see p. 21) as issued on foods, drugs and devices, or cosmetics.

The texts of the acts, enforced by the Food and Drug Administration together with the regulations adopted for their enforcement, are published separately in pamphlet form under the following designations: Food, Drug, and Cosmetic Act, S. R. A., F. D. C. 1; Import Milk Act, S. R. A., I. M. No. 1; Caustic Poison Act, S. R. A., C. P. No. 1; Tea Act, S. R. A., T. No. 1. The text of the Filled Milk Act is available in mimeograph form.

A pamphlet, designated S. R. A., F. D. C. 3, gives coal-tar color regulations. Other separate publications containing special regulations under the Food, Drug, and Cosmetic Act will be issued from time to time.

Copies of any of the publications issued by the Food and Drug Administration may be obtained without cost by application to the Food and Drug Administration, Federal Security Agency, Washington, D. C.

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