

Cancer Recording Started

The Cancer Division of the State Department of Health has begun the installation of a Standard Record system in hospitals throughout the State. Photostatic copies of cancer case records with the name of the patient blanked out, will be filed in the office at Harrisburg. These records will be coded on punch cards so that qualified individuals at any time can obtain statistical data relating to cancer. This record system has the official approval of the Cancer Commission of the State Medical Society.

The Division has prepared a handbook for Secretaries of Tumor Clinics in Pennsylvania. Instructions on how to establish an individual record registry and follow-up system in an individual hospital are included in the manual. The foreword by Dr. Robert F. McNattin, Chief, Division of Cancer, states that "every case that is diagnosed or treated in your hospital should have a tumor sheet."

RABIES AND BOTULISM

The advisory Health Board at its last session ruled that physicians who treat persons attacked by dogs or other animals are required to report the cases to the municipal health officer.

The latter official is also required to acquaint victims of dog or animal bites with the dangers of rabies in cases where bitten persons are not treated by a physician.

Botulism, a form of food poisoning caused from eating improperly canned or processed foods, and epidemic diarrhea prevalent among new born babies were added to the list of reportable diseases.

The Black Bag

"Long established as the badge of the profession, the public health nurses' black leather bag contains no mysteries. It contains the few articles a public health nurse needs in carrying on her work—butcher type aprons carefully folded in an envelope shaped bag, towels, liquid soap to wash and clean instruments, rubbing alcohol, cotton, tongue depressors, throat sticks, scissors, forceps, a hemostat used to handle the sterilized dressings, tubes and funnels for giving enemas and catheterizations, a hypodermic needle and a syringe, aromatic spirits of ammonia and three thermometers."—*Johnstown Democrat*.

A 54.9 per cent increase in highway traffic deaths in the first seven months of 1946 compared with the corresponding period last year is reported for Pennsylvania by the State Bureau of Highway Traffic Safety.

Prenatal Blood Tests Up 300 Per Cent

E. S. EVERHART, M. D., *Chief*
Venereal Disease Division

There has been a gratifying increase in the number of prenatal blood tests performed by the State Health Department's laboratories since the prenatal testing Act of 1939 was amended last year (1945).

The original Act of 1939 required that a blood test be made as soon as possible after diagnosis of a pregnancy. When a specimen of the patient's blood was sent to the State Laboratory for a Wassermann test it was incumbent upon the physician to make a statement that the woman was unable to pay for the test.

In 1945, at the request of the State Department of Health, the Legislature amended the original Act so that pregnant women could receive the advantage of the free blood testing service provided by the State Health Department. Before the Act of 1945 laboratory service was free to all persons in the Commonwealth without question except to the pregnant woman. This injustice was corrected by the 1945 law.

There has been an increase in prenatal blood tests performed by the State Laboratories of almost 300 per cent in 1946 as compared to 1945. As a consequence there should be a corresponding increase in the number of cases of syphilis discovered in pregnant women and, therefore, a corresponding reduction in the number of children born with syphilis.

The Pennsylvania Department of Health is looking toward the day when no child in the Commonwealth shall be born with syphilis. This will be an attained accomplishment when syphilis is discovered early in pregnancy and proper treatment is instituted at once.

Penicillin is a substance derived from a green mold which has been found to destroy certain kinds of bacteria. A solution of it is injected directly into a vein for treatment.

Every three minutes someone in the United States dies of cancer. It accounts for one out of every eight deaths.

Two Way Attack on V.D. and T.B.

HORACE C. SCOTT, M. D.

Deputy Secretary of Health, Commonwealth of Pennsylvania

Adequate scientific and comprehensive educational activity, and a suitable and complete therapeutic program are the channels through which effective results may be attained in the control of venereal disease and tuberculosis among Negroes in the Philadelphia area.

These two lines of attack will entail first, the institution by highly qualified personnel of direct and intensive courses of instruction for young peoples' clubs, adult organizations, religious agencies, etcetera; and secondly, expansion of existing medical facilities and the creation of new and more specialized medical control centers.

In addition to the direct presentation of information to the clubs and organizations at regular periods supplemented by graphic displays, films, photographs and other modes of visual instruction, there might well be established a program along everyday practical lines which could be carried into the home itself.

To initiate the above outlined course of action it is planned to hold a meeting in Philadelphia to which will be invited leaders of some 25 civic and welfare organizations. The public health structure now extant in Pennsylvania will be explored, and every effort will be made to obtain the closest possible cooperation from these representative leaders.

Given trained personnel, the full cooperation of the various organizations, and the support of the press, a thorough educational program can be launched and sustained. Such a program should produce desirable and beneficent results.

Oldest Hospital

Pennsylvania Hospital, Philadelphia, is the oldest institution for the medical care of the sick and wounded in the United States. It was founded in 1751.

"Public Health in Pennsylvania" Studied By Club Women

Club women from all parts of the Commonwealth attended a three day institute on Public Health in Pennsylvania November 19-21, 1946 in the Senate Caucus Room of the State Capitol, Harrisburg.

Held under the joint auspices of the Pennsylvania Department of Health and the State Federation of Women's Clubs the conference was addressed by such outstanding speakers as: Wilson G. Smillie, M. D., Professor of Public Health and Preventive Medicine, Cornell University, New York; Harvey Perkins, M. D., Dean of Jefferson Medical College, Philadelphia; F. S. Crockett, M. D., Chairman of the Committee on Rural Health, American Medical Association, Lafayette, Ind.; E. M. Gearhart, Chicago, Consultant in Home Safety, National Safety Council; and Mrs. Marty Mann, Executive Director, National Committee for Education on Alcoholism, Sponsored by the Yale University Plan for Alcohol Studies.

A School of Instruction featured the closing day of the institute. The three day program was arranged by Mrs. Edna M. Kech, Chief, of the State Health Department's Division of Health Education; and Dr. Martha L. Bailey, Chairman of the Health and Welfare Committee of the State Federation of Women's Clubs.

Workshop Held

The Second Annual Workshop in Health Education held August 12-31, 1946 at State College, Pa., drew an attendance of more than 150 teachers, school nurses, and health educator. Noted leaders in education and health addressed the sessions which were conducted under the joint sponsorship of the Pennsylvania Department of Health, the Pennsylvania State Department of Public Instruction, and The Pennsylvania State College. Theme of the Workshop was: "Health Education in the Elementary School."

Worry and tension may bring on an ulcer or cause an old condition to flare up.

Arthritis causes more disability in temperate climates than any other single disease. It does not usually lead to a fatal outcome, but is the chief offender when it comes to disability, loss of earning power, and suffering.

Pennsylvania's Health

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Christmas Seals



**... Your Protection
Against Tuberculosis**

Unless signed with the name and title of an Officer of the State Health Department all opinions expressed in this publication are the opinions of the individual writer and must not be construed to represent either the policy of the Health Department or the editorial policy of Pennsylvania's Health.

Pennsylvania's Health



EDWARD MARTIN
Governor of Pennsylvania

1945

HARRY W. WEEST, M. D.
Secretary of Health



NEW MILESTONES IN PUBLIC HEALTH were attained by Pennsylvania during the year 1945. The last session of the State Legislature enacted far-reaching laws designed to protect and improve the health and welfare of our people, and to better living conditions generally in this great Commonwealth. These laws are now in full effect.

Pennsylvania's new School Health Law requires complete physical and dental examination of school children so that they may be given the chance to grow into sound adults.

A strengthened Venereal Disease Control Law is helping to eliminate this public health menace in Pennsylvania.

Public eating and drinking places are now operating under a restaurant hygiene law that demands the highest standards of cleanliness and sanitation.

The Stream Clearance Act of the 1945 Legislature is doing a long-needed job of restoring Pennsylvania's rivers and their tributaries to a condition in which they may once again be used by the people as a safe water supply, and for recreational purposes. This is a long-time objective, but the proper start has been made.

The Pennsylvania Department of Health is the State agency charged with pushing the enforcement of these and other public health laws to their fullest extent. Millions of dollars are being poured into our program of health promotion and disease prevention. This money could be spent for no worthier purpose.

Edmund Martin
Governor of Pennsylvania.

THE PENNSYLVANIA DEPARTMENT OF HEALTH, created by Act of the Legislature in 1905, is one of the 20 administrative departments of State operating directly under supervision of the Governor.

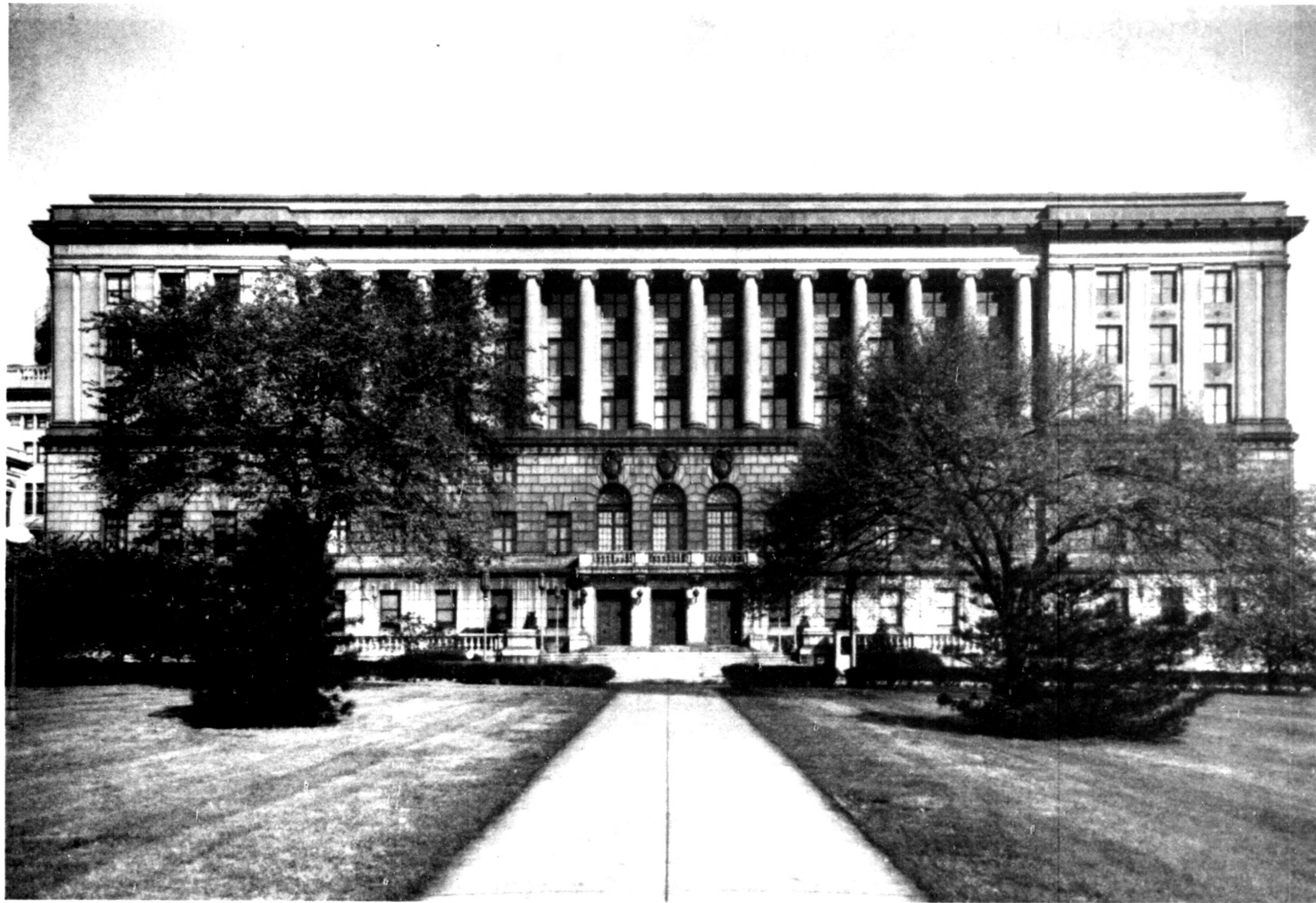
Pictured on the following pages are men and women at work. They are a cross section of the Department's personnel which comprises physicians, dentists, nurses, sanitary engineers, technicians, statisticians and accountants. Bureaus and Divisions represented in the photographic reproductions include the following: Bureau of Health Conservation, Division of Venereal Disease Control, Division of Public Health Education, Division of Industrial Hygiene, Division of Narcotic Drug Control, Division of Environmental Hygiene, Restaurant Hygiene, Bureau of Tuberculosis Control, Bureau of Sanitary Engineering, Bureau of Vital Statistics, Bureau of Public Health Nursing, Bureau of Maternal and Child Health, School Division, Dental Division, Division of Nutrition, Crippled Children's Division, Bureau of Milk Sanitation, Bureau of Laboratories, Division of Biologicals and Supplies and Division of Accounts.

Four hundred and twenty-five personnel of the Department saw service in the Country's Armed Forces during World War II. Four were killed in action, one died while in service.

Pennsylvania was fortunate in having no serious epidemics of disease to slow its mighty contribution to the Nation's war effort. The war years brought development of more effective public health methods and new life-saving medicines and techniques. Application of these advances will help to build a population of healthier, stronger citizens for the great peace-time tasks that lie ahead of us.

Harry W. Weest
Secretary of Health.





PENNSYLVANIA DEPARTMENT OF HEALTH HEADQUARTERS
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PENNSYLVANIA'S HEALTH

Published Under the Direction of

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HARRY W. WEEST, M.D.
Secretary of Health

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TOM OUTLAND, M.D. *Chief Surgeon*

EDNA M. KECH, JOSEPH M. THOMPSON, *Editors*



COUNTY MEDICAL DIRECTOR MEETS WITH STAFF

Bureau of HEALTH CONSERVATION

THE FUNCTIONS of the Bureau of Health Conservation are to carry on and coordinate the medical work of the Department, and to plan and determine effective measures for the control and prevention of diseases, particularly those of an infectious character. This Bureau supervises the work of all County Medical Directors, Sanitarians, and Municipal Boards of Health, more especially those of the State's Boroughs and first-class townships with respect to their organization and proper functioning. Subdivisions of the Bureau include: Epidemiology, Venereal Disease, Cancer Control, Industrial Hygiene, Environmental Hygiene, Restaurant Hygiene, Laboratories, Narcotic Drug Control, and Health Education.

DISTRICT MEDICAL DIRECTORS

TWENTY-ONE COUNTIES of Pennsylvania, arranged as districts consisting of one, two or three counties, are served by full-time District Medical Officers appointed and paid by the State. Forty-five counties are administered by part-time County Medical Directors, paid in the same manner. There are 55 county medical directors, including full-time men.

DIVISION OF EPIDEMIOLOGY

THIS DIVISION is charged with the routine investigation of communicable diseases, makes epidemiological studies of outbreaks of diseases for the purpose of determining, limiting or removing sources of infection, and carries on immunization programs. It supervises sanitation and brings correction of faults in public eating and drinking places.



6,000 PUBLIC EATING AND DRINKING PLACES LICENSED IN 4TH CLASS DISTRICTS

142,140 ANTI-DIPHThERIA TOXOID UNITS ISSUED FOR IMMUNIZING CHILDREN



VENEREAL DISEASE DIVISION

166 STATE CLINICS

New Cases of Syphilis Entering State Clinics	12,480	Number of Requests for Drugs from Physicians	871
Number of Treatments	306,656	Number of Pamphlets Distributed	121,910
Cases of Venereal Disease Investigated	6,854	Number of Venereal Disease Films Shown	397
Admissions to State Quarantine Hospital No. 1	347	Lectures on Venereal Disease Control	380

THE DIVISION OF VENEREAL DISEASE CONTROL assists the physician in combatting syphilis and gonorrhea and informs the public as to the cause, prevention and cure of these diseases.

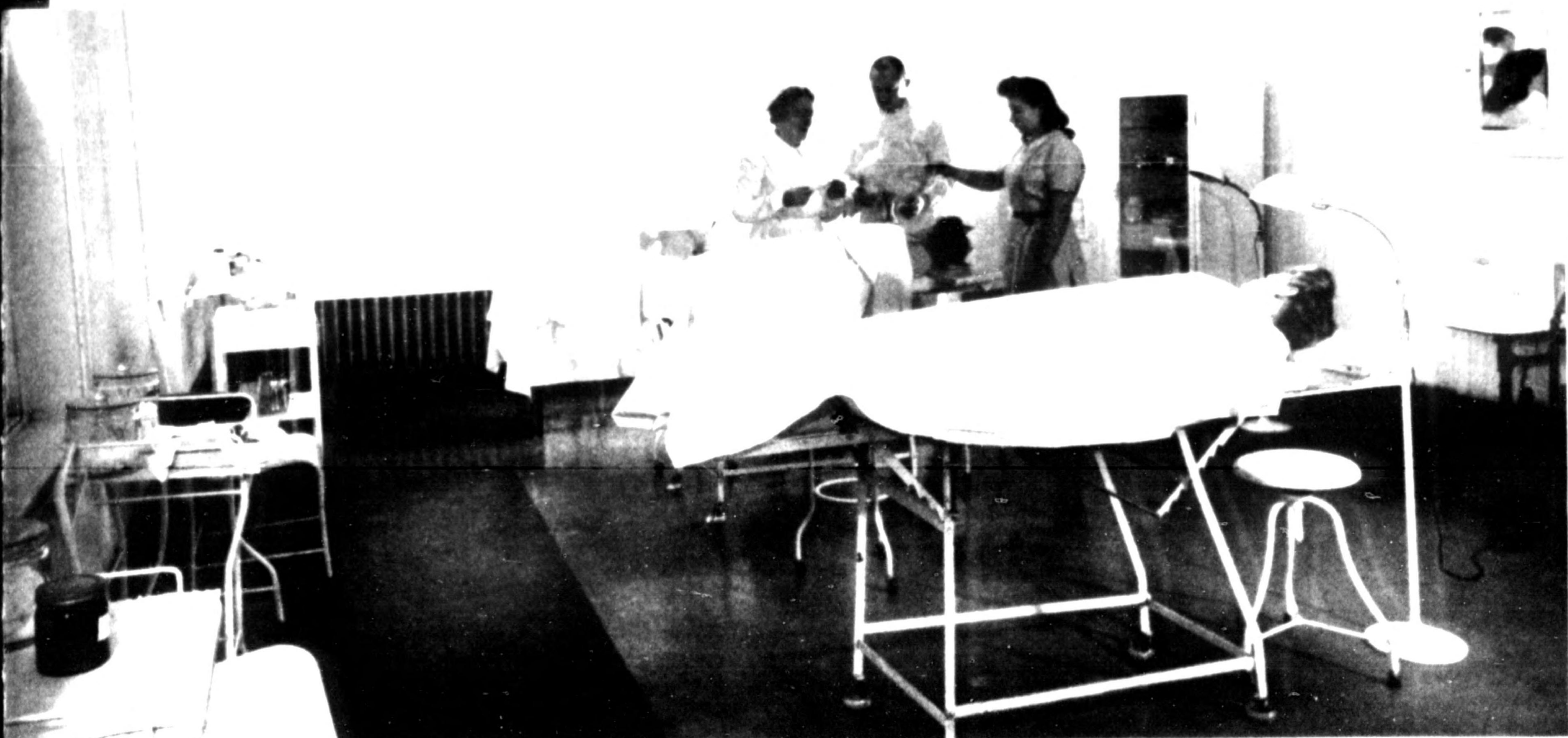
During the war years, 1941 to 1945, Venereal Disease Control was one of the country's chief public health problems. Through the cooperative efforts of the State Health Department, the U. S. Public Health Service, the Armed Forces and the local police departments the venereal infection rate for members of the Armed Forces in Pennsylvania was held to a new war-time low.

Services of the Venereal Disease Division include: Maintenance of 166 clinical dispensaries for the treatment of indigent patients; a State Venereal Disease Hospital where infected women may obtain treatment and be cured in as short a time as possible. Other women patients are treated in The Houses of the Good Shepherd.

Free drugs to physicians on request for treatment of reported cases; investigation of named sources and contacts of known cases; a program of education to inform our citizens concerning the Venereal Disease problem, through talks, motion pictures, and printed material; supervision of the State law requiring pre-marital and pre-natal blood examinations.

WOMAN'S RAPID TREATMENT CENTER, LANCASTER





PATIENTS IN THE HOUSES OF GOOD SHEPHERD
VENEREAL DISEASE CLINIC FOR WOMEN

Admissions During 1945, 41; Discharged During 1945, 51

PUBLIC HEALTH NURSE—COMMONWEALTH OF PENNSYLVANIA

*8,794 Visits by State Public Health Nurses to V. D. Clinic Patients
4,600 Contacts Visited by State Nurses*



Division of HEALTH EDUCATION

SURVEYS of health needs are made available to local health units by the Division of Health Education. It promotes health instructional meetings for the laity, arranges teaching courses, health institutes and workshops, and disseminates general health information. Radio talks and health plays are sponsored by the Division. Its visual aid section consists of films, slides, pamphlets, charts and exhibits supplied without charge to the public upon request.

13,000 Showings of Health Films

192,000 Distribution of Health Pamphlets

811 Lay Instructional Meetings

50 Radio Talks on Health

1 Health Education Workshop (Three Weeks)

11 Regional Health Institutes

8,112 Units of Dried Blood Plasma placed in Hospitals.

4 Quarterly Issues of PENNSYLVANIA'S HEALTH, Departmental Periodical, printed and distributed to circulation of 21,000.

80 News Releases issued for publication in newspapers of the State during the year.

HEALTH EDUCATION EXHIBIT AT COUNTY FAIR





HEALTH EDUCATION FILM LIBRARY CONTAINS 480 MOTION PICTURE FILMS FOR SHOWING WITHOUT CHARGE

HEALTH EDUCATION WORKSHOP



Division of INDUSTRIAL HYGIENE

MAINTENANCE OF INDUSTRIAL employe health is the concern of the Department's Division of Industrial Hygiene. Its staff of industrial physicians, engineers, chemists, dentists, sanitarian assistants and clerical help give medical, engineering and dental services to industrial plants of the State. Six district laboratories are operated by the Division in addition to that of the central office in Harrisburg. The other branch offices and laboratories are located in Philadelphia, Pittsburgh, Scranton, Williamsport, Altoona and Erie.

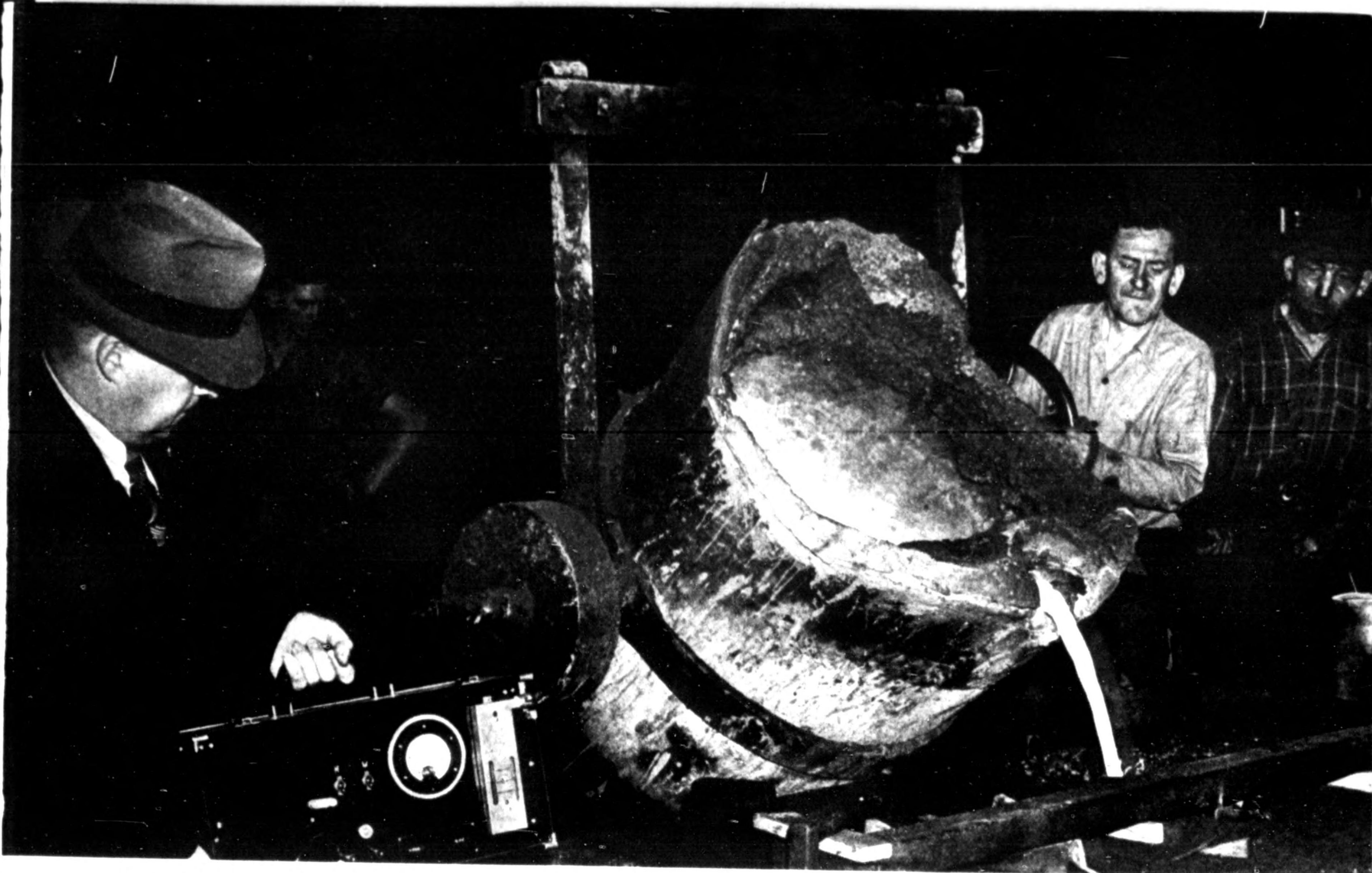
Plants Inspected—6,051

Plants Given Dental Consultations—146

Engineering Studies Made in—40 Plants

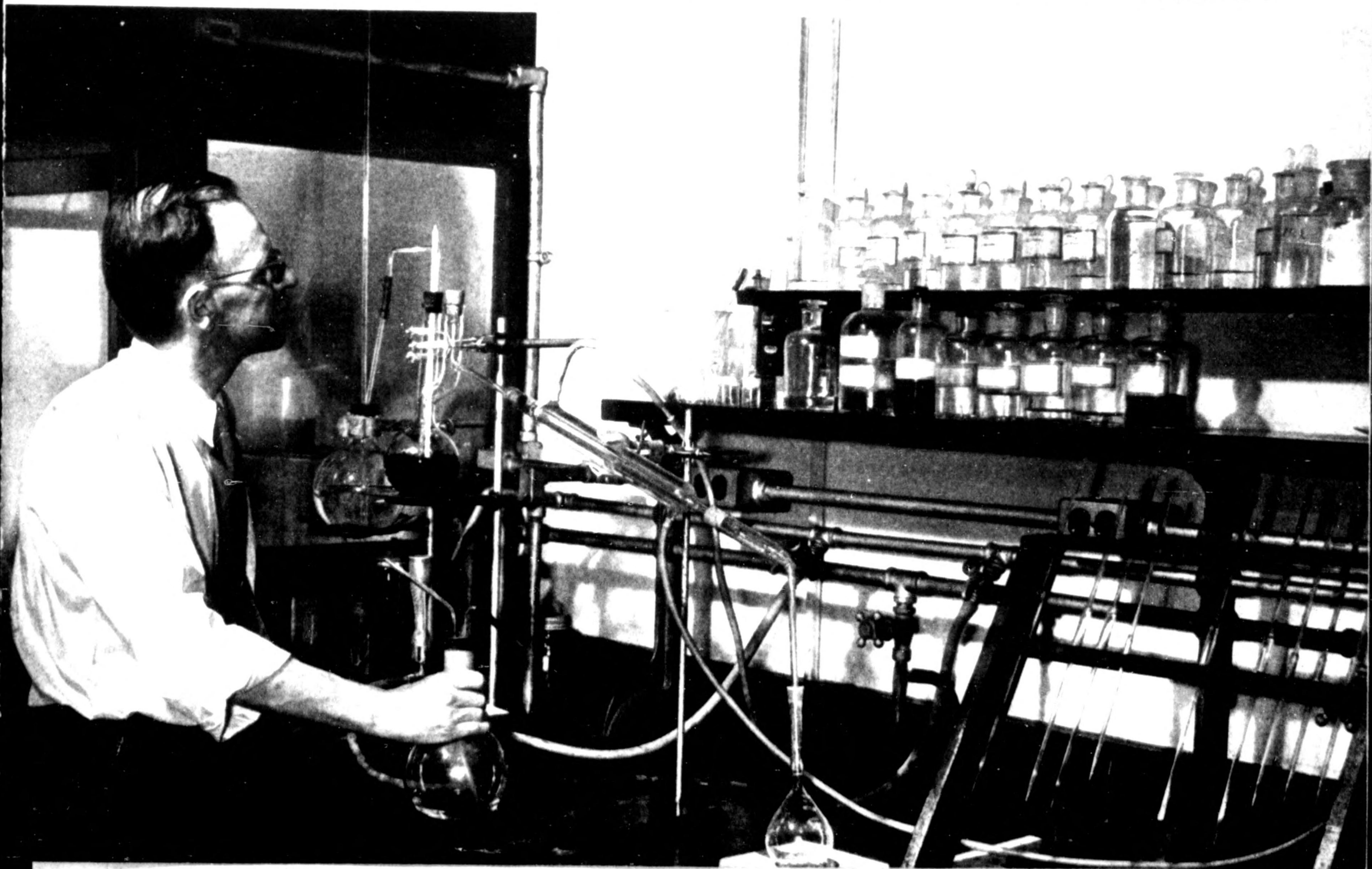
AUTOMOBILES USED IN TRANSPORTING EQUIPMENT FOR SURVEYS





DETERMINING THE CONCENTRATION OF CARBON MONOXIDE (INDUSTRIAL HYGIENE)

CONDUCTING CHEMICAL DETERMINATION IN LABORATORY



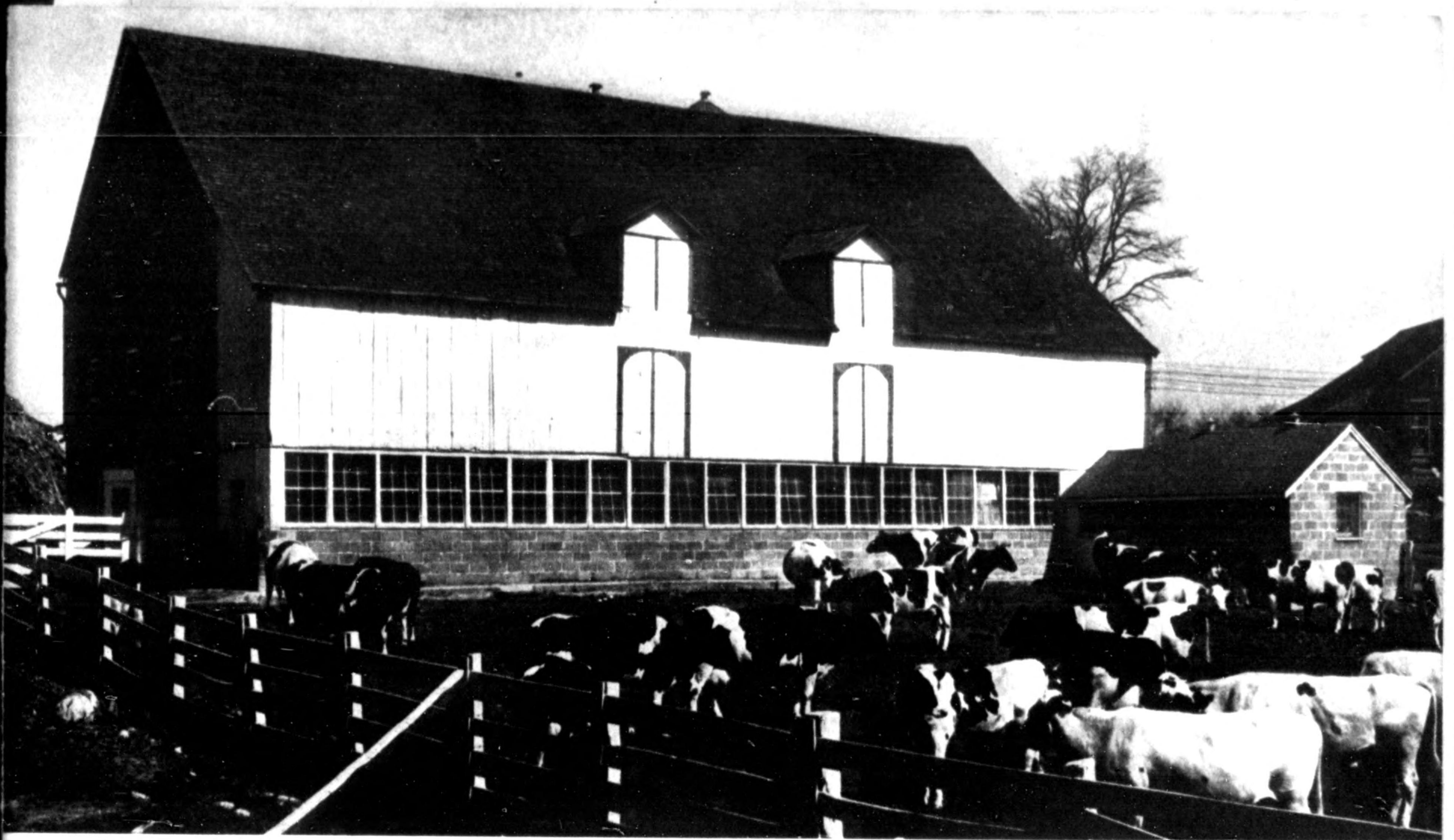


Division of NARCOTIC DRUG CONTROL

THE STATE LAWS governing the sale and possession of narcotic drugs, hypnotic drugs, sulfa drugs, penicillin and prohibitive drugs for social diseases are enforced by the Division of Narcotic Drug Control. It carries on campaigns against drug addiction and the illegal sale of narcotics and dangerous drugs. The Division is particularly active in marihuana control and cooperates with officials of the Federal Government, State police and local police departments in enforcing the Federal Narcotic Act.

1945 STATISTICS

<i>Total Reported Cases</i>	1,264
<i>Investigations</i>	990
<i>Addicts Examined</i>	200
<i>Addicts Committed</i>	28
<i>Arrests by State Agents</i>	24
<i>Arrests in Federal Aided Cases</i>	34
<i>Drugs Seized—Opium (grains)</i>	577
<i>Drugs Seized—Alkaloids (grains)</i>	355
<i>Drugs Seized—Maribuana (ounces)</i>	105
<i>Maribuana Destroyed (pounds)</i>	15,295
<i>Arrests for Illegal Sale of Sulfa Drugs</i> ..	10
<i>Practitioners Contacted</i>	1,332
<i>Druggists Contacted</i>	2,430

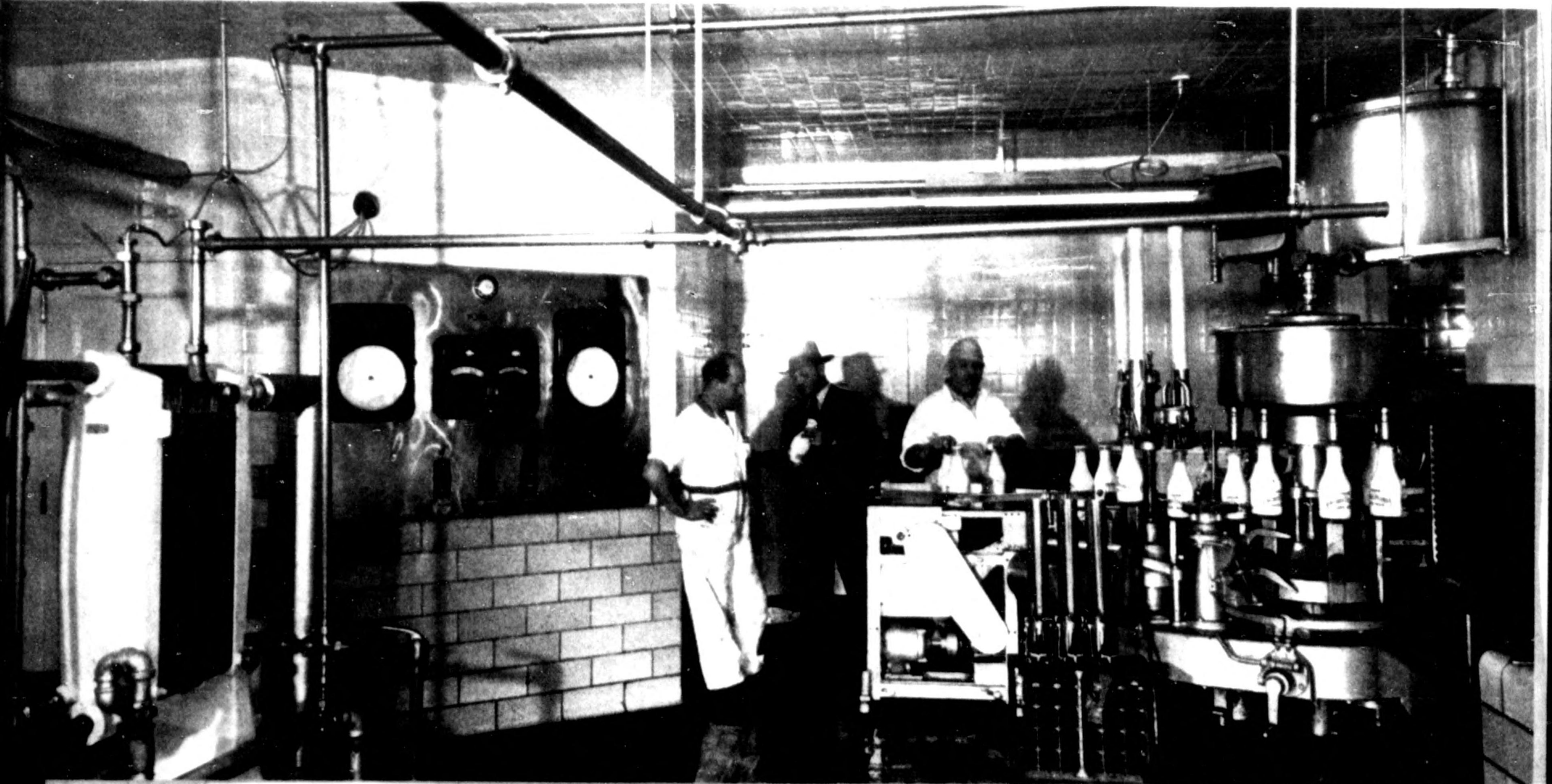


A TYPICAL SANITARY DAIRY FARM

Bureau of MILK SANITATION

<i>Permits Issued to Sell Milk and Milk Products</i>	2,991	<i>New Certificates Issued</i>	29
<i>Inspection of Dairy Farms, Pasteurizing Plants and Milk Receiving Stations</i>	4,443	<i>Plans Approved for New Milk Plants or Additions to Existing Plants</i>	44
<i>Applications to Renew Certificates of Approval for Approved Inspectors</i>	503	<i>Prosecutions</i>	15
<i>Certificates of Approval Renewed</i>	433	<i>Fines</i>	\$415
		<i>Hearings (Pasteurized Milk)</i>	7
		<i>Hearings (Raw Milk)</i>	30

INSPECTING MILK BOTTLING PLANT





SEWAGE DISPOSAL IN AN OPEN FIELD

ENVIRONMENTAL HYGIENE .

THE DIVISION OF ENVIRONMENTAL HYGIENE handles problems of rural sanitation and housing activities involving public health nuisances, sanitary conditions in tenement, boarding and lodging houses, public camps and recreational areas, county fairs. Sanitary surveys in connection with outbreaks of communicable diseases traceable to unsanitary conditions or polluted water supplies are made by the Division.

<i>Nuisances Abated</i>	600
<i>Public Camp Inspections</i>	688
<i>Special Investigations</i>	4,130
<i>Municipal Boards of Health Contacted</i> ..	685

Bureau of TUBERCULOSIS CONTROL

THE BUREAU OF TUBERCULOSIS CONTROL operates 90 State Tuberculosis Clinics in strategic points throughout the State. Physicians and State Public Health Nurses are in attendance at the Clinics. The Bureau supervises the operation of 34 Pneumothorax Centers to provide treatment for cases registered at the State Clinics after discharge from Sanatoria.

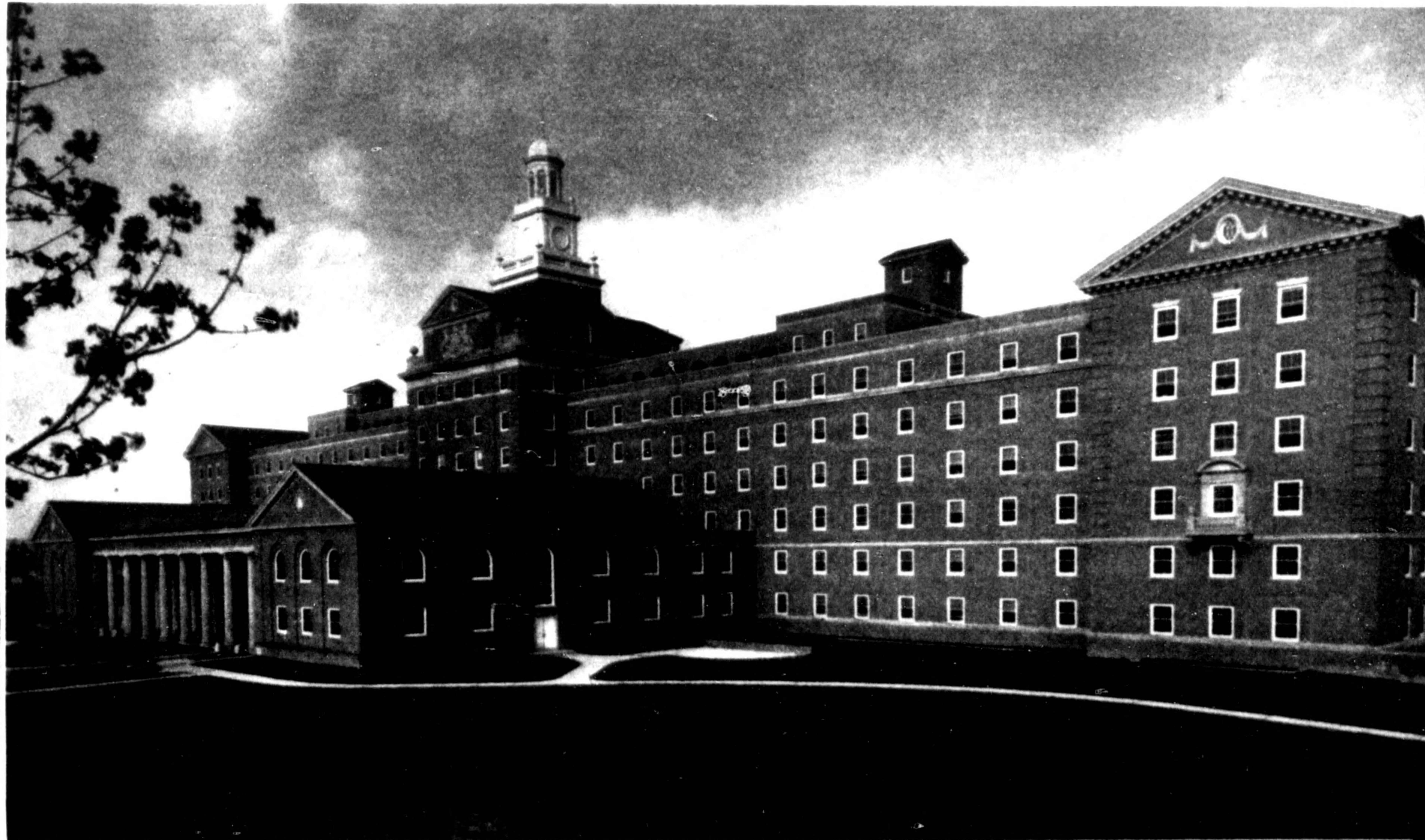
Mass X-ray surveys for tuberculosis are made possible by the Bureau's mobile X-ray equipment. In cooperation with the Division of Health Education, the medical profession, the State Tuberculosis Society and other interested organizations, the Bureau engages in an intensive campaign of education looking to the prevention and control of tuberculosis.

90 STATE TUBERCULOSIS CLINICS		THREE STATE TUBERCULOSIS SANATORIA	
<i>Total Clinic Patient Visits</i>	38,132	<i>Mont Alto, South Mountain, Pa., Franklin County.</i>	
<i>Total Clinic X-rays</i>	14,736	<i>Cresson, Cresson, Pa., Cambria County.</i>	
<i>New Cases Found</i>	2,610	<i>Hamburg, Hamburg, Pa., Berks County.</i>	
<i>Number Clinic Patients Transferred to State Tuberculosis Sanatoria</i>	1,220		

Total—Admissions to Sanatoria, 1,654.

<i>Bed Capacity of State Sanatoria</i>	3,326
<i>Mont Alto Bed Capacity</i>	1,700
<i>Cresson Bed Capacity</i>	850
<i>Hamburg Bed Capacity</i>	776
<i>34 Pneumothorax Centers—Treatments</i>	19,290

ONE OF THE MAIN BUILDINGS, MONT ALTO STATE TUBERCULOSIS SANATORIA

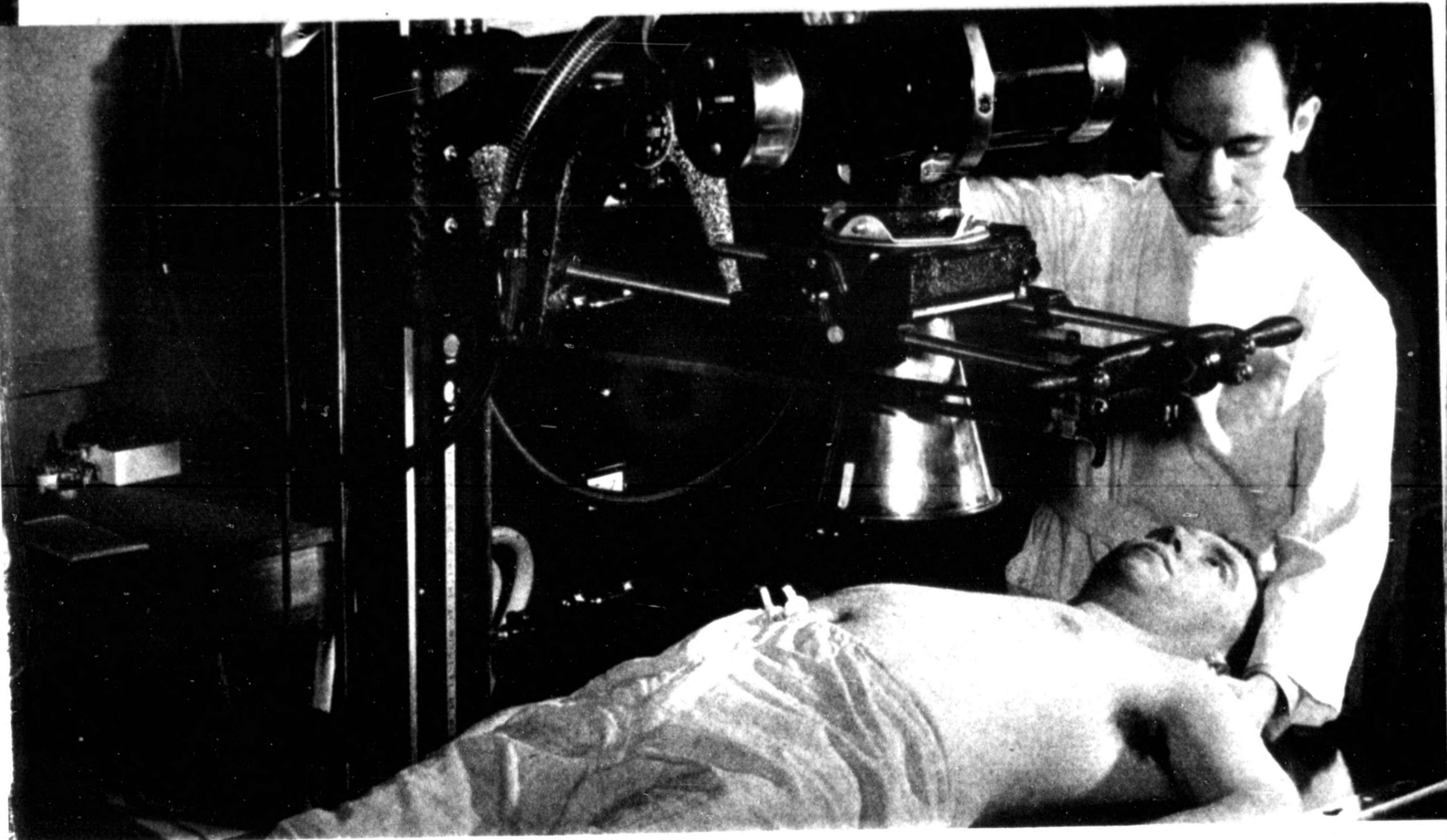




ONE OF THE PRINCIPAL BUILDINGS, CRESSON STATE TUBERCULOSIS SANATORIA

Pennsylvania State Sanatorium No. 2 stands on the crest of the main ridge of the Allegheny Mountains (Altitude, 2,570 feet). First patients received in December, 1912.

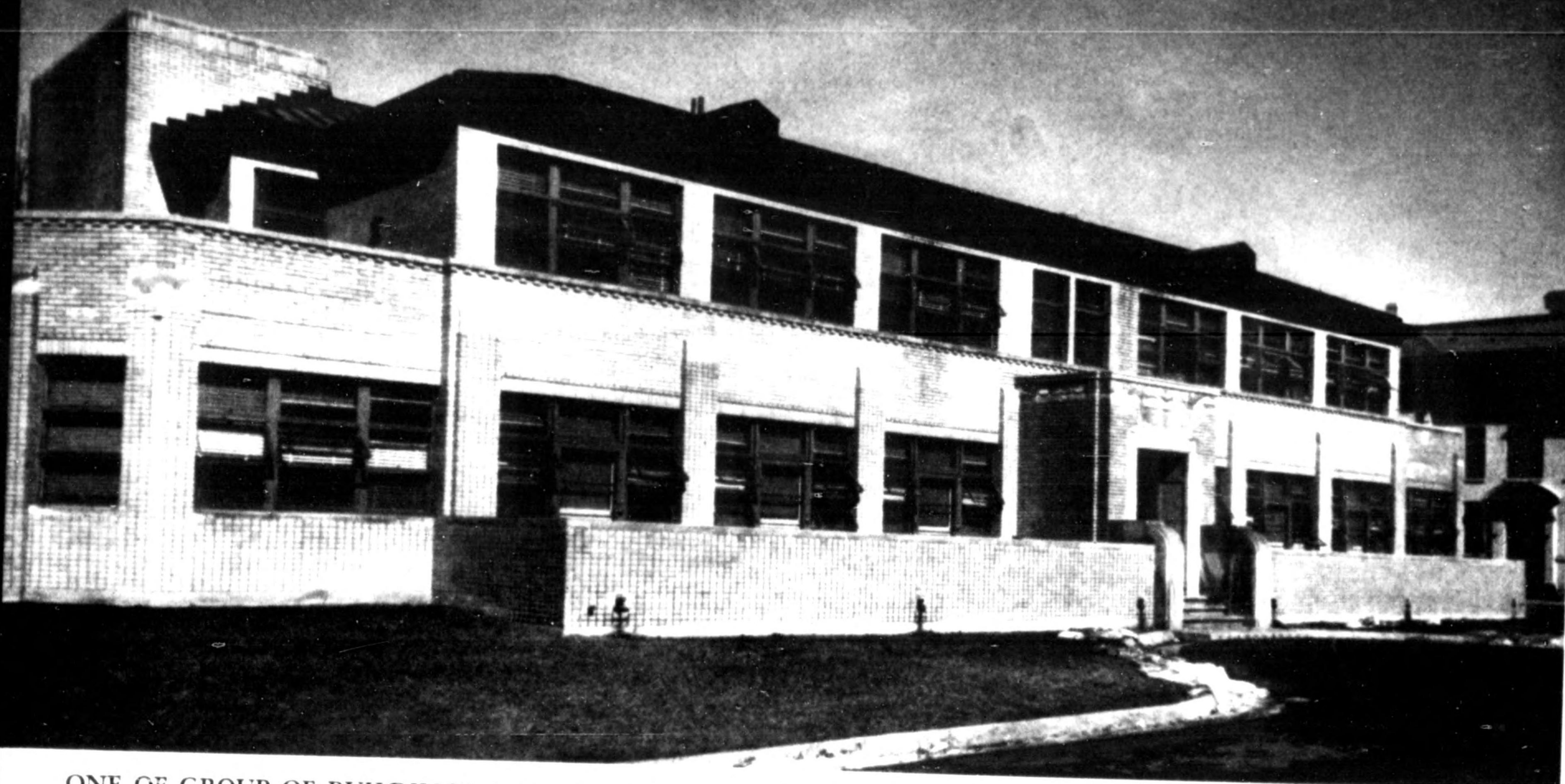
Admissions in 1945	511
Discharges	564



UNDER THE X-RAY AT STATE SANATORIA

READING THE X-RAY AT STATE SANATORIA





ONE OF GROUP OF BUILDINGS, HAMBURG STATE TUBERCULOSIS SANATORIA

PENNSYLVANIA STATE SANATORIUM No. 3 (Opened 1914)—Admissions, 511—Discharges, 560

SURGERY AT STATE SANATORIA

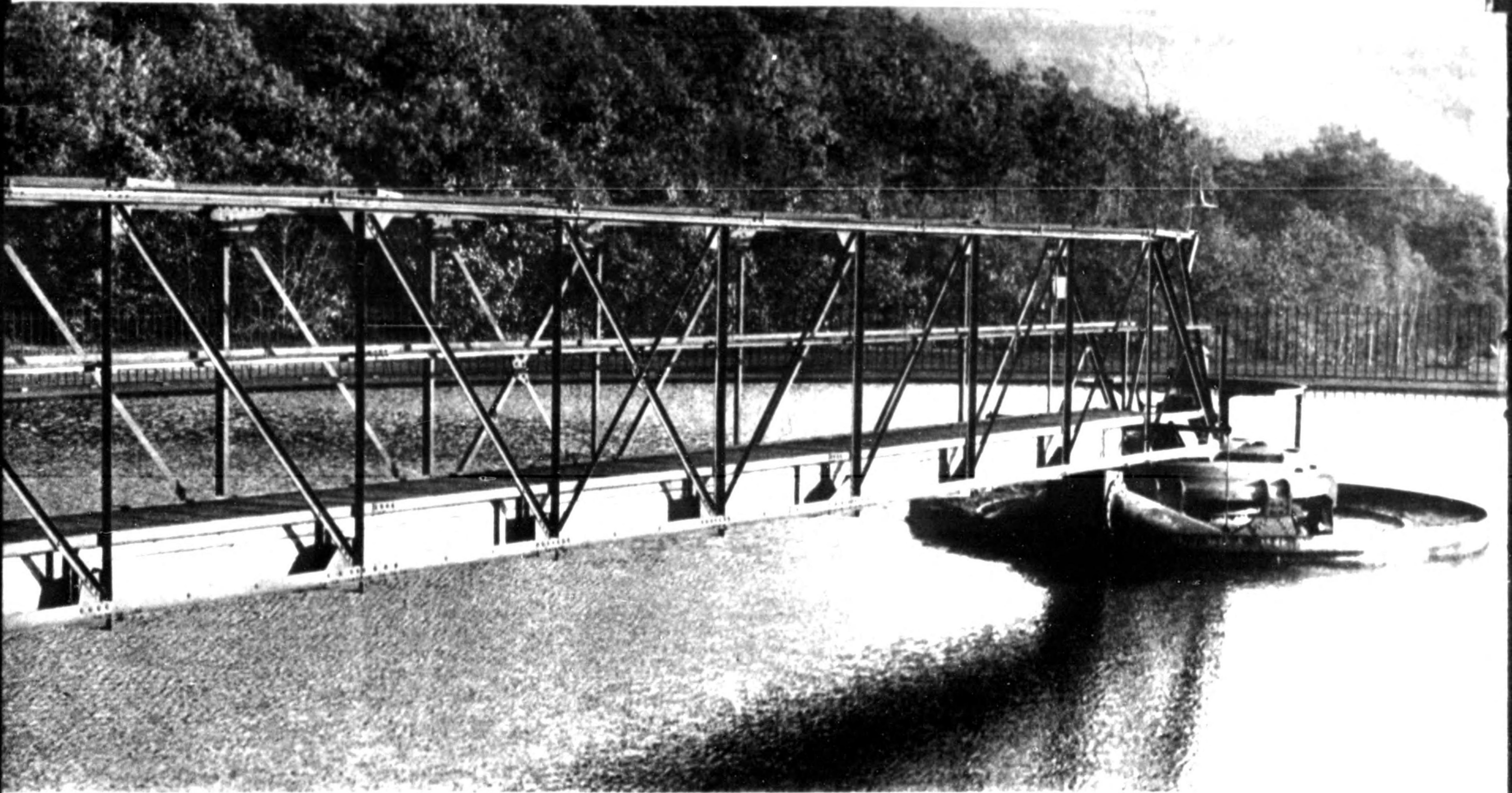




34 PNEUMOTHORAX CENTERS—19,290 TREATMENTS IN 1945

STATE TUBERCULOSIS CLINIC—90 CLINICS EXAMINED 38,132 PATIENTS IN 1945





DESILTING BASIN

Bureau of SANITARY ENGINEERING

The Sanitary Water Board administers the sewerage and anti-pollution laws of the State. The Department of Health through the Bureau of Engineering is the investigatory, recommending and enforcement agent of the Board.

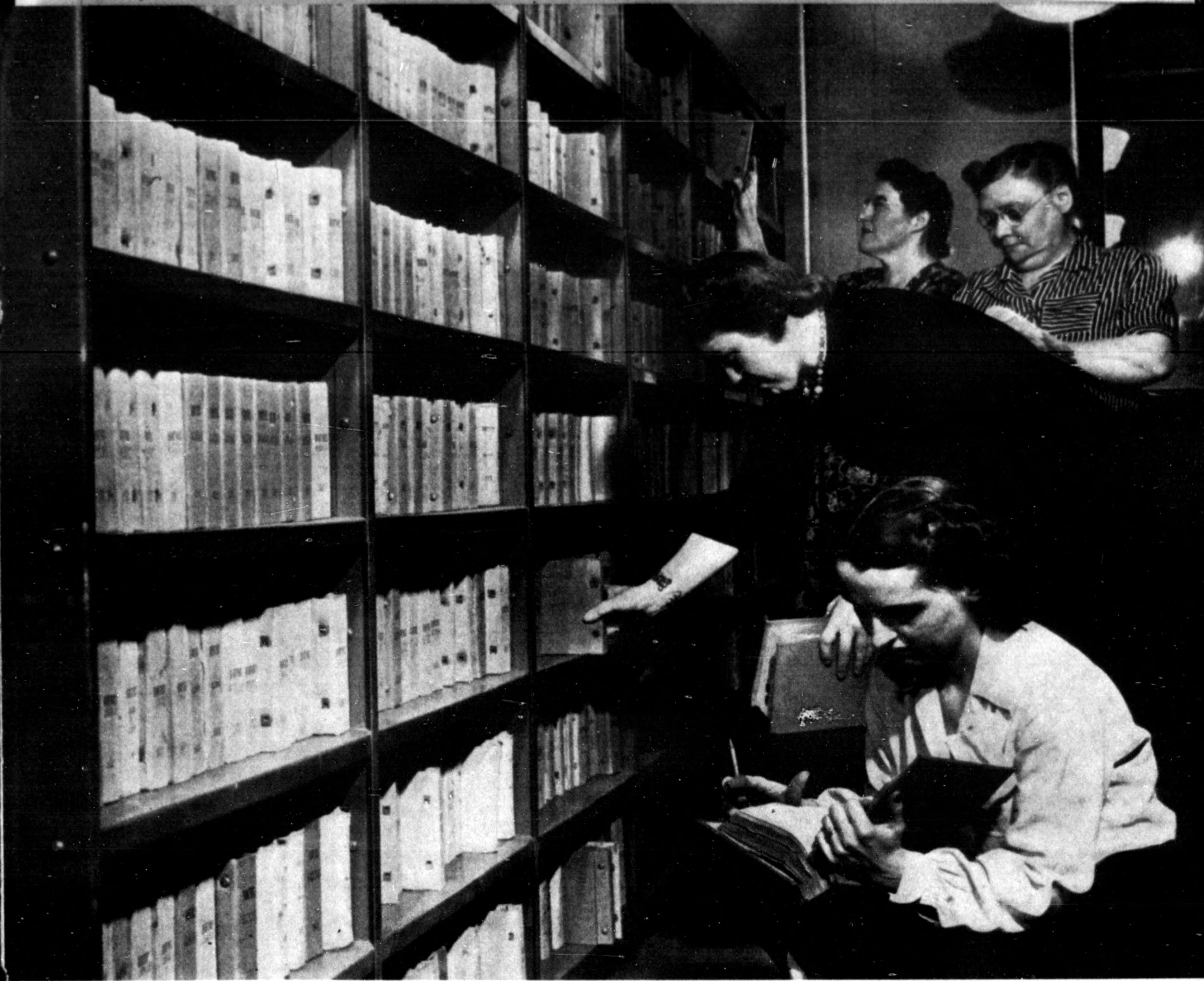
105 Permits Issued

1,718 Inspections of Establishments

5,019 Samples Collected for Testing

COAL MINE SILT DISCHARGE (STREAM POLLUTION)





SEARCHING THE RECORDS

Bureau of VITAL STATISTICS

ACTIVITIES of the Bureau of Vital Statistics include: registration of births, deaths, marriages, adoptions, divorces, and cases of communicable disease. Pennsylvania is divided into 759 registration districts, each covered by a local registrar.

The Bureau certifies Birth and Marriage Records issued for the families of those in the Armed Services who are entitled to dependency allowances.

The central office of the Bureau is in Harrisburg. There are branch offices in Philadelphia, Pittsburgh, Scranton and Erie.

<i>Certified Copies Issued (in 1945)</i>	164,799
<i>Certified Copies Issued to Veterans</i>	53,726
<i>Total Fees Recorded and Deposited</i>	\$248,405.78
<i>Total Cards Punched in Tabulation of Births, Deaths and Marriages</i>	469,013



WRITING CERTIFIED COPIES—164,799 COPIES ISSUED IN 1945

TABULATING VITAL STATISTICS—469,013 CARDS PUNCHED IN RECORDING BIRTHS, DEATHS AND MARRIAGES



Bureau of PUBLIC HEALTH NURSING

PUBLIC HEALTH NURSING SERVICE in Pennsylvania renders assistance and gives attention to the needy sick of the Commonwealth. Today this nursing service is provided in connection with tuberculosis control, venereal disease control, maternal and child health, pre-natal, orthopedic, midwifery, nutrition, pre-school, school follow-up, special surveys, emergencies, epidemics, disasters, et cetera. The present staff comprises 209 nurses.

Activities of the nurses are directed from Harrisburg by the Bureau head and by supervisors in eight districts.

1945 FIGURES

39,263 Visits to State Tuberculosis Clinics
 36,565 Home Visits on Tuberculosis Service
 20,649 Home Visits on Venereal Disease Service
 2,599 New Cases of Tuberculosis Found
 13,848 X-rays Provided
 8,188 Tuberculosis Contacts Visited for First Time

9,145 Mantoux Tests Given
 Assisted in 9,489 Pneumothorax Treatments
 8,794 Visits to State Venereal Disease Clinic Patients
 11,381 School Classroom Inspections
 674 Crippled Children's Clinics Attended

14,156 FIELD NURSING VISITS





AIDING CRIPPLED IN THE HOME

Bureau of MATERNAL AND CHILD HEALTH

THE HEALTH of the children of Pennsylvania is the special concern of the Bureau of Maternal and Child Health. Health supervision is provided for the pre-school child in 180 *Child Health Centers*: every other year all school children in the State receive thorough medical and dental examinations: each year medical, hospital and nursing care, without cost to the family, is provided for the wives and infants of 30,000 men in the Armed Forces: for crippled children both diagnostic and corrective services are made available. As an important adjunct to these activities the newer knowledge of nutrition is brought to large groups of our people.

PRE-SCHOOL DIVISION
SCHOOL DIVISION
DENTAL DIVISION

DIVISION OF NUTRITION
EMERGENCY MATERNITY AND INFANT CARE
CRIPPLED CHILDREN'S DIVISION

PRENATAL

2,893 Visits to Antepartum Patients

ACUTE COMMUNICABLE DISEASE

1,874 Visits to Patients' Homes

POSTPARTUM

870 Visits to Postpartum Patients

DIPHTHERIA CAMPAIGNS

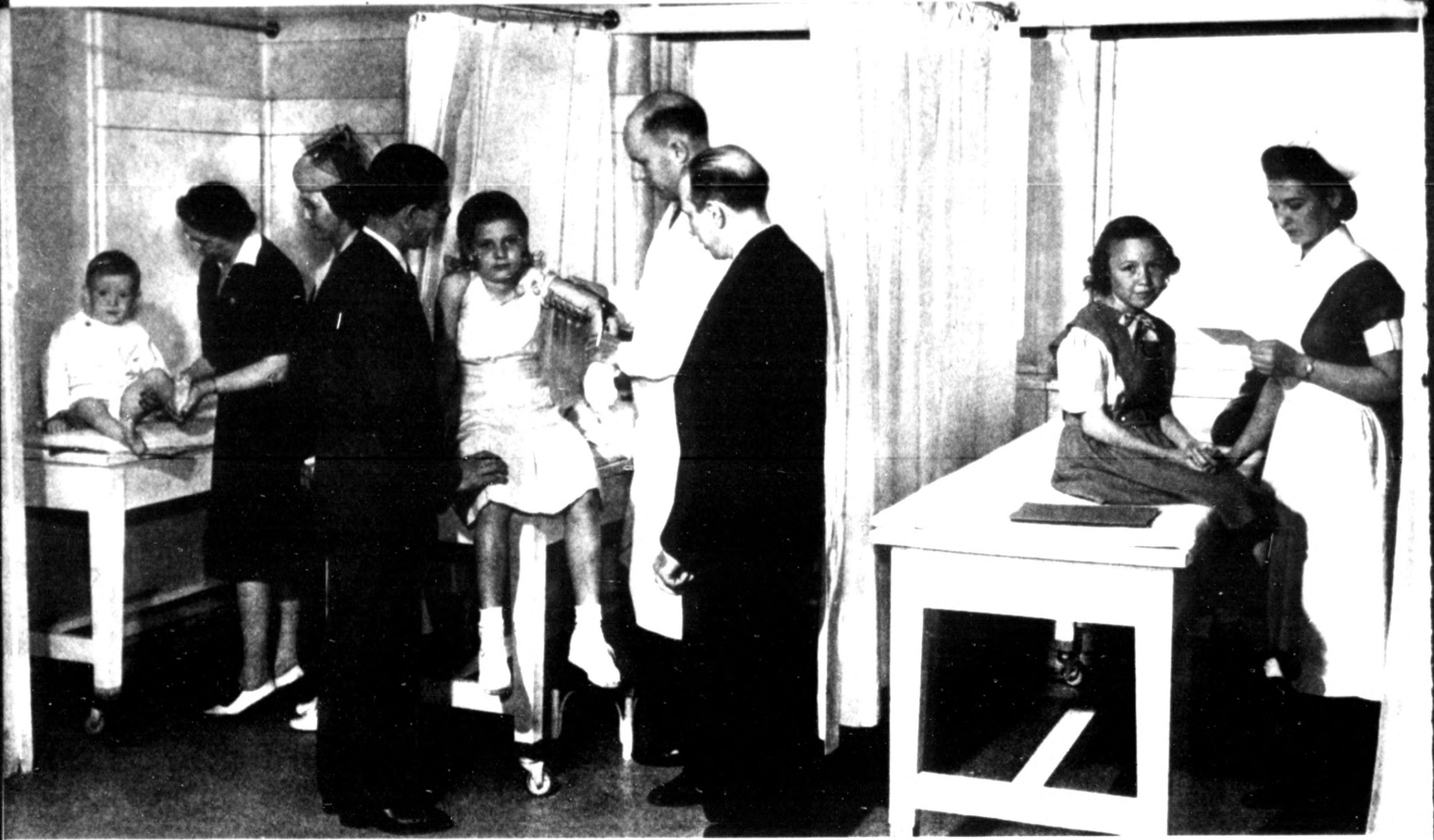
62,870 Immunizations

CHILD HEALTH CENTERS

4,481 Child Health Centers Held

PRE-NATAL CARE PROTECTS MOTHER AND CHILD





CRIPPLED CHILDREN'S CLINIC—5,165 Examinations of Crippled Children in 1945

EMERGENCY MATERNITY AND INFANT CARE

30,000 Wives and Children of Military Servicemen Given Care Under Program





DENTAL HEALTH—89 School Dental Clinics Made 21,424 Examinations in 1944-45 School Year
5,852 Dental Correction Cases Completed

NUTRITION DIVISION

303 Visits Made to State Clinics and Child Health Centers Reaching 12,406 Adults and Children
10,000 Children Reached in Schools
175,000 Pieces of Literature Distributed; of this number 86,000 Were Prepared by the Division





MEDICAL EXAMINATION

SCHOOL DIVISION

CHILDREN EXAMINED UNDER SCHOOL HEALTH LAW

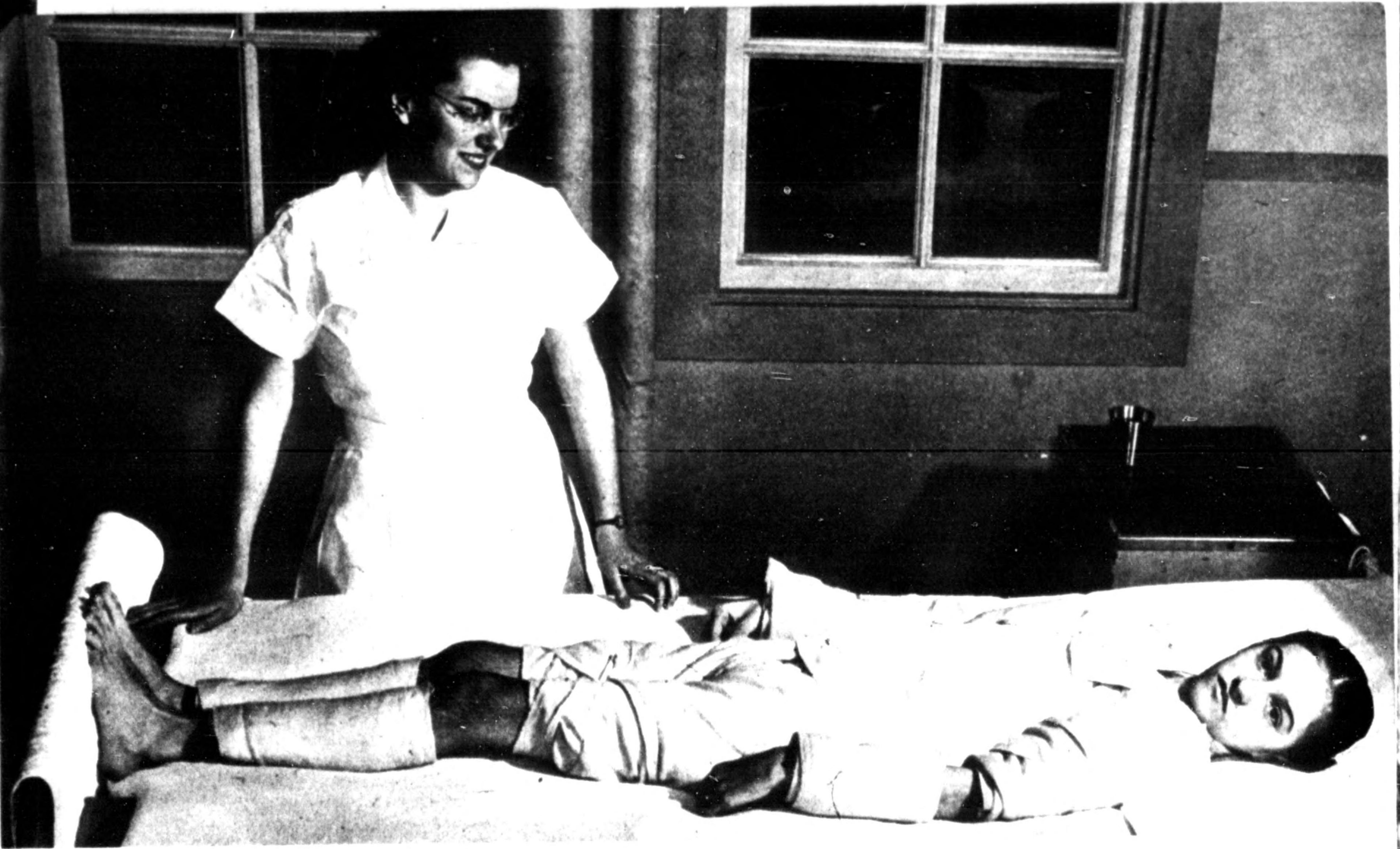
320,000 Medical Examinations

279,477 Dental Examinations (As of April 1, 1946)

500,000 School Children Examined During 1945-46 School Term

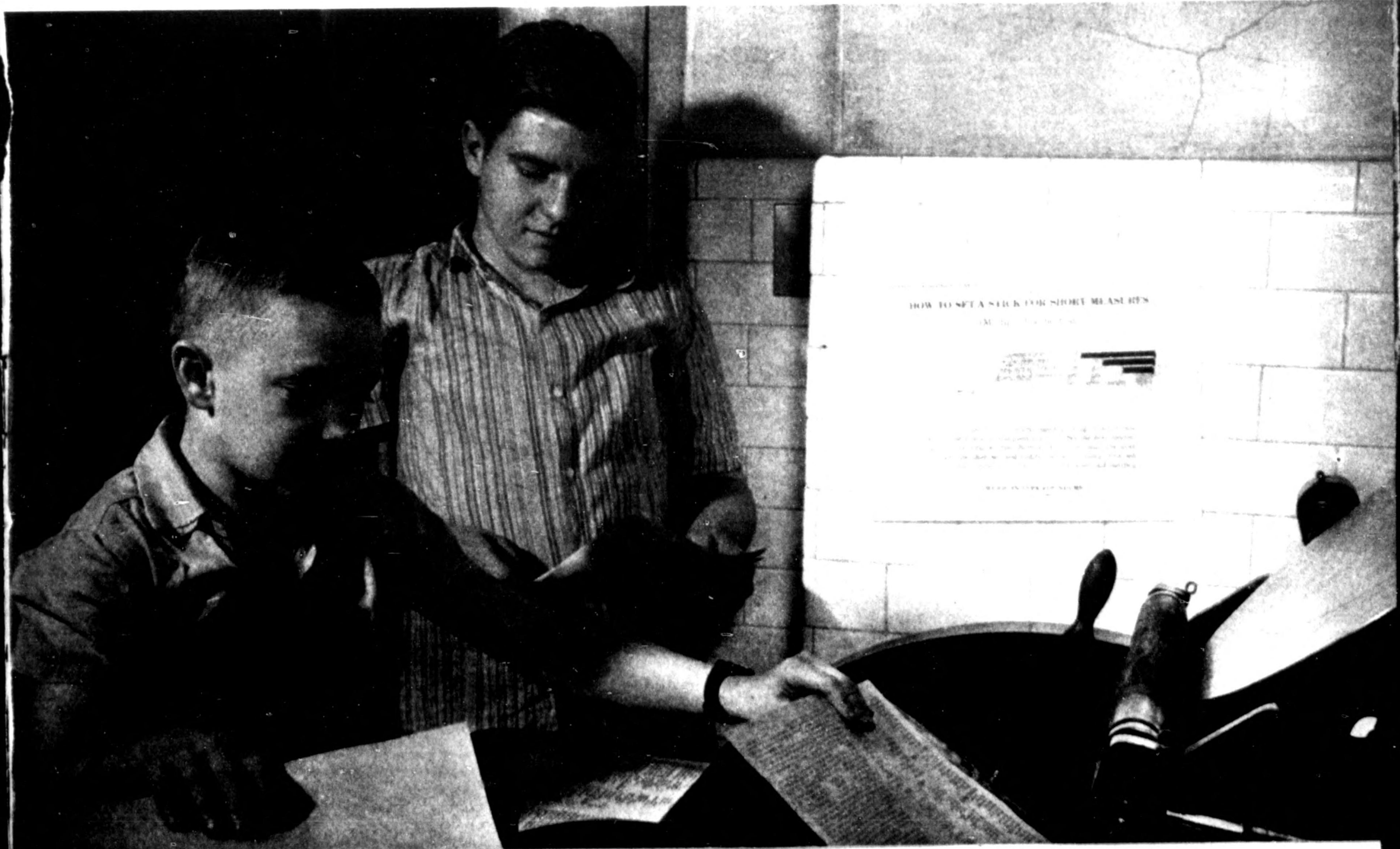
PRE-SCHOOL CLINIC

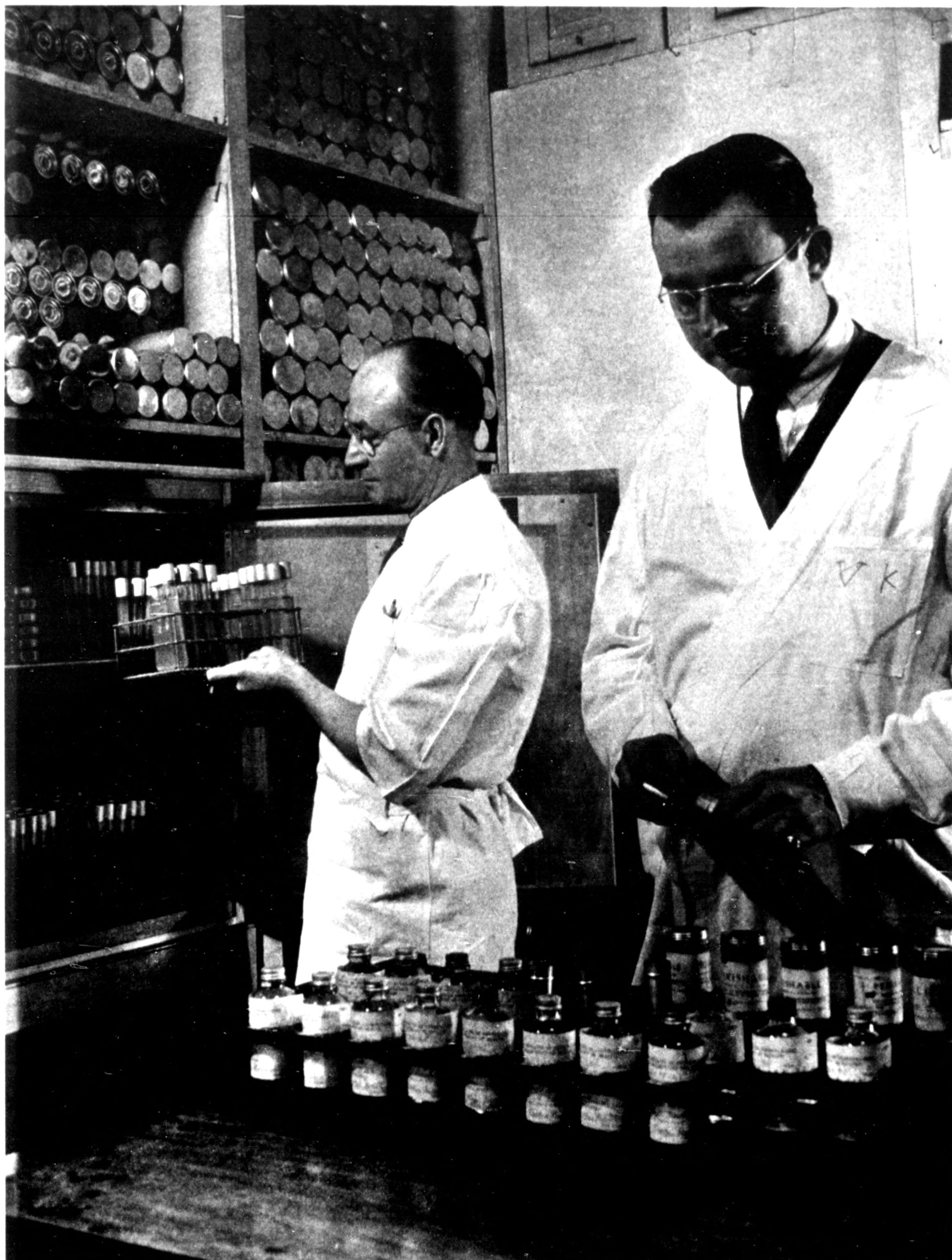




POLIO PATIENT
STATE HOSPITAL FOR CRIPPLED CHILDREN, Elizabethtown—2,015 Patients Treated from 1930 Through 1945

CRIPPLED CHILDREN PUBLISH THEIR OWN NEWSPAPER





INCUBATING WATER SPECIMENS LABORATORIES, PHILADELPHIA

Bureau of LABORATORIES

THE STATE HEALTH DEPARTMENT LABORATORIES function primarily for the assistance of physicians throughout the State by confirming clinical diagnoses through appropriate laboratory tests. Scene below was taken at the State Laboratories in Philadelphia.

2,654,155 Examinations and Tests Made in 1945

1,296,795 Specimens of Blood Examined for Syphilis

1,357,460 Additional Specimens Examined

LABORATORY TECHNICIANS TRANSPLANTING CULTURES



Division of SUPPLIES AND BIOLOGICAL PRODUCTS

FREE DIPHTHERIA anti-toxin and tetanus anti-toxin are dispensed throughout the State by the Division of Biologicals and Supplies. It also furnishes free upon application of physician, State or local public health personnel—Shick test material, smallpox vaccine, anti-meningococic serum, anti-pneumococic serum and the sulphamine drugs.

Penicillin and other drugs for the treatment of venereal diseases in 166 State clinics are supplied by the Division along with medications, equipment and material for State Tuberculosis Clinics, Child Health Centers and Rheumatic Heart Clinics.

Furnished: 36,520,000 units of free diphtheria anti-toxin.

1,278 prophylactic doses of diphtheria anti-toxin.

11,600,000 units of anti-toxin for the treatment of tetanus.

6,598,440,000 oxford units of penicillin for venereal disease treatment.

PACKING BIOLOGICALS FOR SHIPMENT





SHIPPING SUPPLIES TO STATE HEALTH DEPARTMENT CLINICS

MIMEOGRAPH SECTION—1,225,000 Forms Passed Through These Machines in 1945



Division of ACCOUNTS

APPROPRIATIONS voted every two years by the Pennsylvania General Assembly and allocation of monies from the Federal Government finance the cost of the Health Department's program.

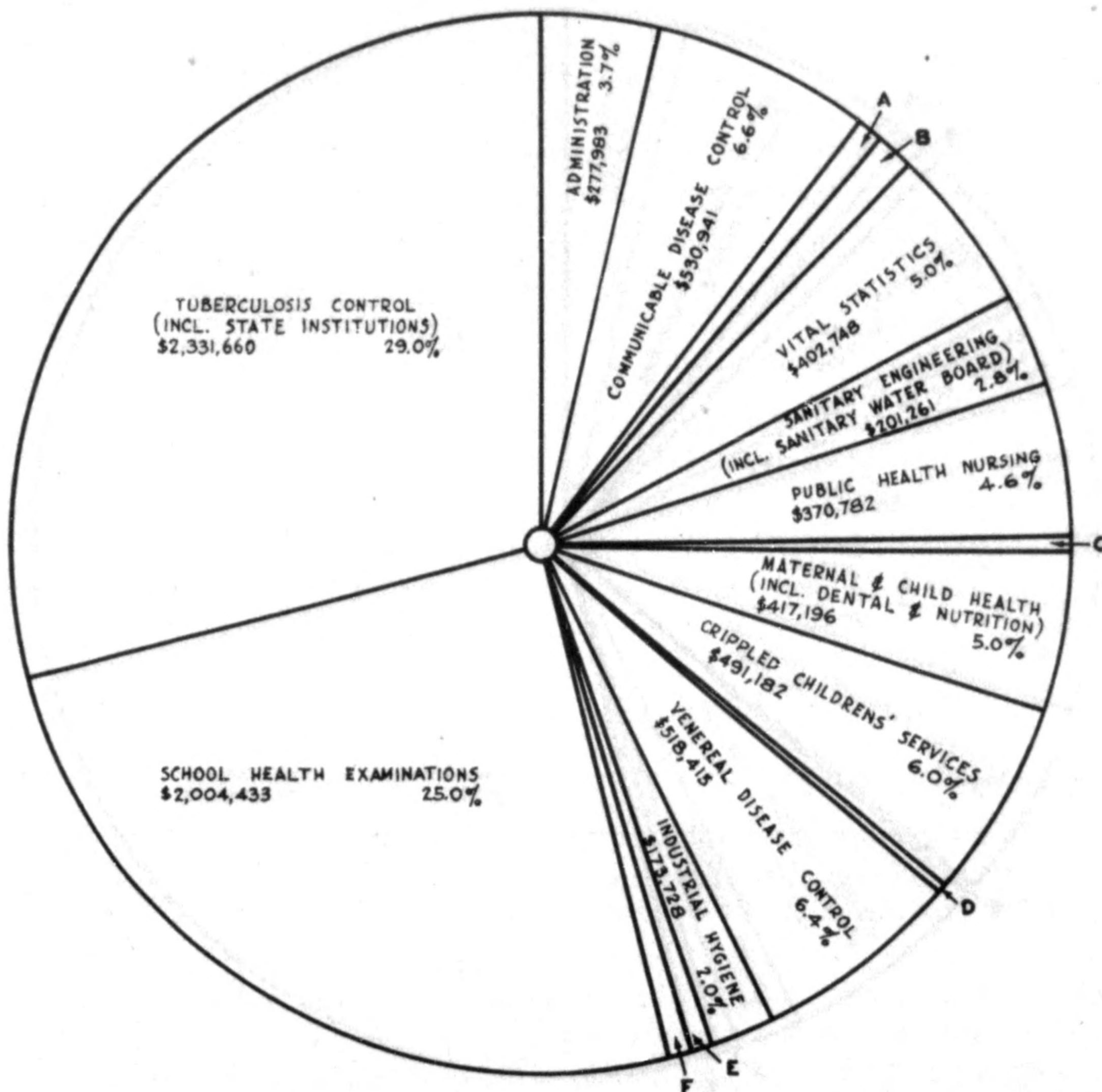
The Division of Accounts does the accounting and bookkeeping work of the Department. All budget estimates for the operation of the Department are compiled by this Division with the Secretary of Health's approval and submitted to the Governor for his approval. In addition the Division performs the following functions:

- 1. Maintains personnel roster for entire Department.*
- 2. Prepares payrolls, Retirement and Income Tax deductions.*
- 3. Handles all expense accounts, invoices and various vouchers for personal services.*
- 4. Prepares all District Office, clinic and garage leases for approval of the Secretary.*
- 5. Assists Bureau and Division Chiefs in arriving at requests for allotments necessary for carrying on their work.*



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

APPROPRIATIONS AND ALLOCATIONS DISTRIBUTED AS TO FUNCTIONS
JUNE 1, 1945—MAY 31, 1946



- A-MILK SANITATION \$67,408 0.8%
- B-LABORATORY SERVICE & RESEARCH \$97,596 1.2%
- C-PUBLIC HEALTH EDUCATION \$35,029 0.4%
- D-BOARD OF UNDERTAKERS \$16,571 0.2%
- E-RHEUMATIC HEART TREATMENT \$60,000 0.7%
- F-CANCER RESEARCH \$50,000 0.6%

THIS GROUP of figures, graphically told, will give the interested citizens the information they need as to where the taxpayers' money goes to prevent and control disease in Pennsylvania.

For the biennium 1945-1947, the Legislature appropriated \$10,325,000 for construction at the Tuberculosis Sanatoria, the State Hospital for Crippled Children at Elizabethtown and for the Stream Pollution Program. This appropriation is a *continuing appropriation* and is not included in this chart. \$6,600,000 Stream Pollution and \$3,725,000 Institutional Construction.

The source of funds used in the above chart is as follows:

\$6,363,000 from State appropriations

\$1,683,933 from Federal Government for grant-in-aid to States, or a total of \$8,046,933

LOOKING FORWARD

PENNSYLVANIA'S public health efforts have been pictured briefly on the foregoing pages. This brochure was designed to acquaint you, the citizen, with the State Health Department and what it means in the everyday life of our people.

Factual information accompanying the photographs tells the taxpayer how his money is being expended in this vital function of State Government. The figures are impressive. They show a big job performed in a year when trained public health personnel was drained from the home community for service with the Nation's armed forces.

The State's public health program in the year 1945 was a good one, but it is not good enough if we are to go forward.

Our objectives for the next two years include the following:

Better case finding in tuberculosis control, with a case registry in every locality.

Adequate health protection for all industrial workers.

Emphasis on epidemiology in venereal disease control.

Improvement of our school health services. Regular medical and dental examinations will be provided for the school child and the campaign to have corrections made will be intensified.

The health of our people depends in great part upon the care which the children receive. We will continue to provide health supervision of the pre-school child.

Proper nutrition is a cornerstone of health, and one of our goals for the coming year will be to bring the newer knowledge of nutrition to all of our families.

Our program for the care of the crippled child will be expanded. A new program has been arranged to provide diagnostic and preventive care for rheumatic heart disease patients.

A major service of the Department is *Health Conservation*. Recruitment of additional trained and qualified personnel for more intensive application of our knowledge of preventive medicine is proceeding in the Bureau of Health Conservation. More public health nurses will be added to serve the needs of the rural sections of the State.

In Cancer Control the necessary correlating services will be established wherein all information gathered throughout the State by physicians, hospitals and voluntary organizations will be evaluated and released to the State for purposes of information and study.

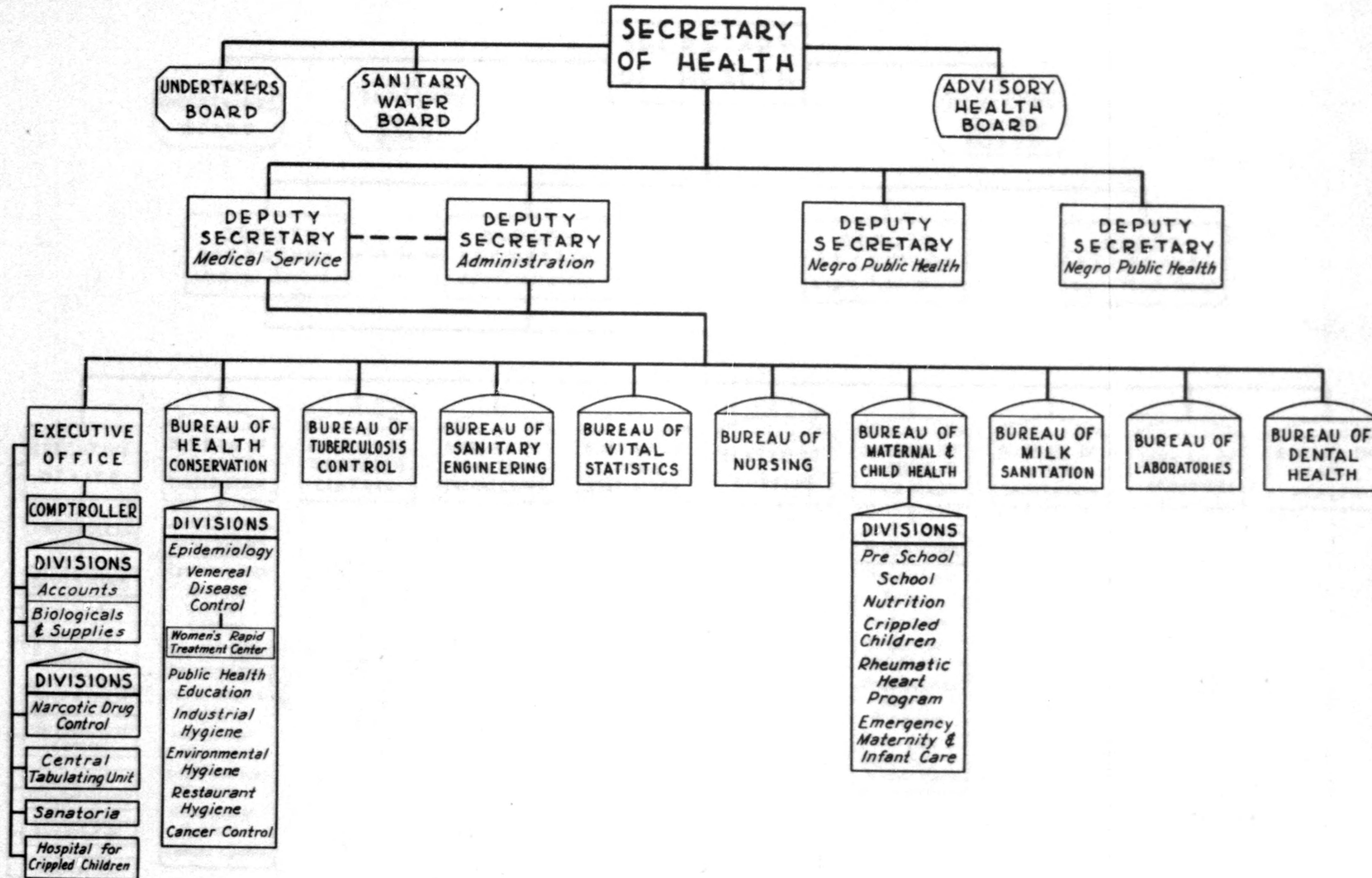
Purification of the Commonwealth's streams will be pushed forward to provide better water supply and recreational facilities.

Your Department plans a vigorous educational program to create an enlightened public opinion willing and anxious to accept the practices and habits that will lead to better health.

Health councils will be established in communities to study the needs of individual localities and develop plans for their improvement.

HARRY W. WEEST, M. D.,
Secretary of Health.

DEPARTMENT OF HEALTH ORGANIZATION CHART



775013

A1

MAJOR GRACE E. ALT N-724122

G. H. Q. S. C. A. P. A. P. O. 500

Public Health and Welfare

SAN FRANCISCO, CALIF.

CITY OF MINNEAPOLIS
BOARD OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
AND
PUBLIC HEALTH CENTER

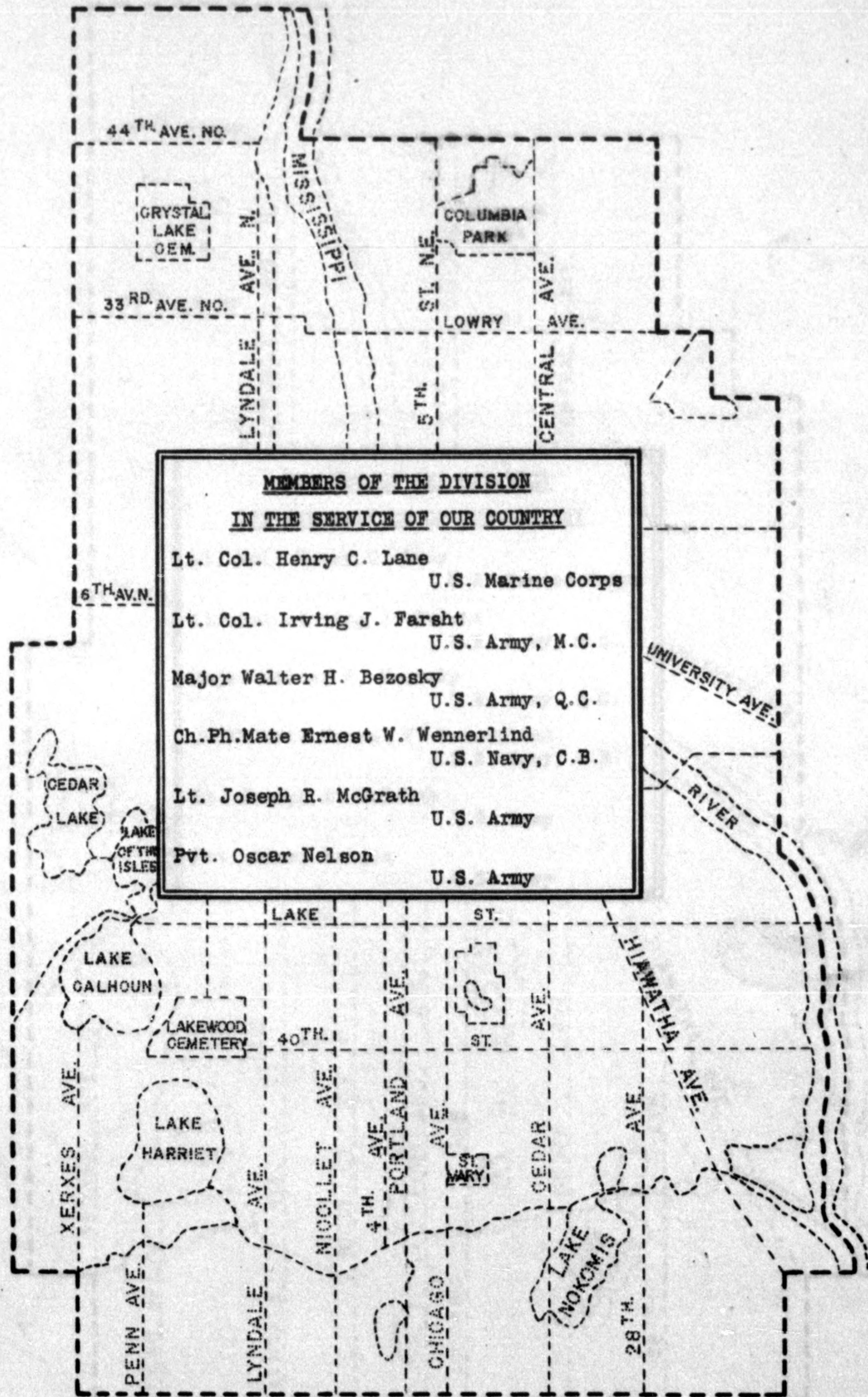
SUMMARY OF ACTIVITIES
1942



F. E. HARRINGTON, M. D.
COMMISSIONER OF HEALTH

This Summary of the Division activities is the ninth in a series wherein the organization and activities of the Division have been set forth in this manner. In each summary has been attempted an answer to the questions most frequently asked by members of the community, by organizations, and by official and voluntary agencies. Each year the summary reaches new groups and individuals, and it becomes necessary to include in each a repetition of material used in previous issues. Students of public health, and voluntary and official public health agencies that have had access to the reports look for a chronological exposition or charting of certain occurrences and activities so that trends may be followed consistently; thus, the same basic information is included from year to year.

EDITH E. JOHNSON,
Secretary.



**MEMBERS OF THE DIVISION
IN THE SERVICE OF OUR COUNTRY**

Lt. Col. Henry C. Lane	U.S. Marine Corps
Lt. Col. Irving J. Farsht	U.S. Army, M.C.
Major Walter H. Bezosky	U.S. Army, Q.C.
Ch.Ph.Mate Ernest W. Wennerlind	U.S. Navy, C.B.
Lt. Joseph R. McGrath	U.S. Army
Pvt. Oscar Nelson	U.S. Army

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SUMMARY OF DIVISION OF PUBLIC HEALTH ACTIVITIES 1942

The activities of the Division are based on its organization, and its organization upon power and authority granted by law. Though commonly referred to as the health department, and so known officially from 1867 to 1920, the organization is now officially designated as the Division of Public Health, which designation is explained in the following paragraphs:

An Act of the State Legislature in 1919 created an executive department of the city known as the Department of Public Welfare, to be conducted by a Board of Public Welfare. This Act was incorporated in the City Charter of 1920.

The Board of Public Welfare is composed of seven members -

The Mayor, ex officio

Two Aldermen, appointed by the City Council for two year terms;

Four Citizens, appointed by the Mayors, and confirmed by the City Council, for four year terms.

The term of one of this latter group expires each year, so each Mayor makes two appointments to the Board of Public Welfare during his term of office. Thus there are three holdover members of the Board at the beginning of each Mayoral administration.

The activities of the Board of Public Welfare are carried on under its jurisdiction through division activities, each such Division being presided over by a Division Head directed by a Committee of Board Members. The Board of Public Welfare is allowed by Charter a maximum tax levy of 3.75 mills for financial support of its activities in the following Divisions:

Division of Administration, with a secretary to the Board for proper record of all activities of the Board.

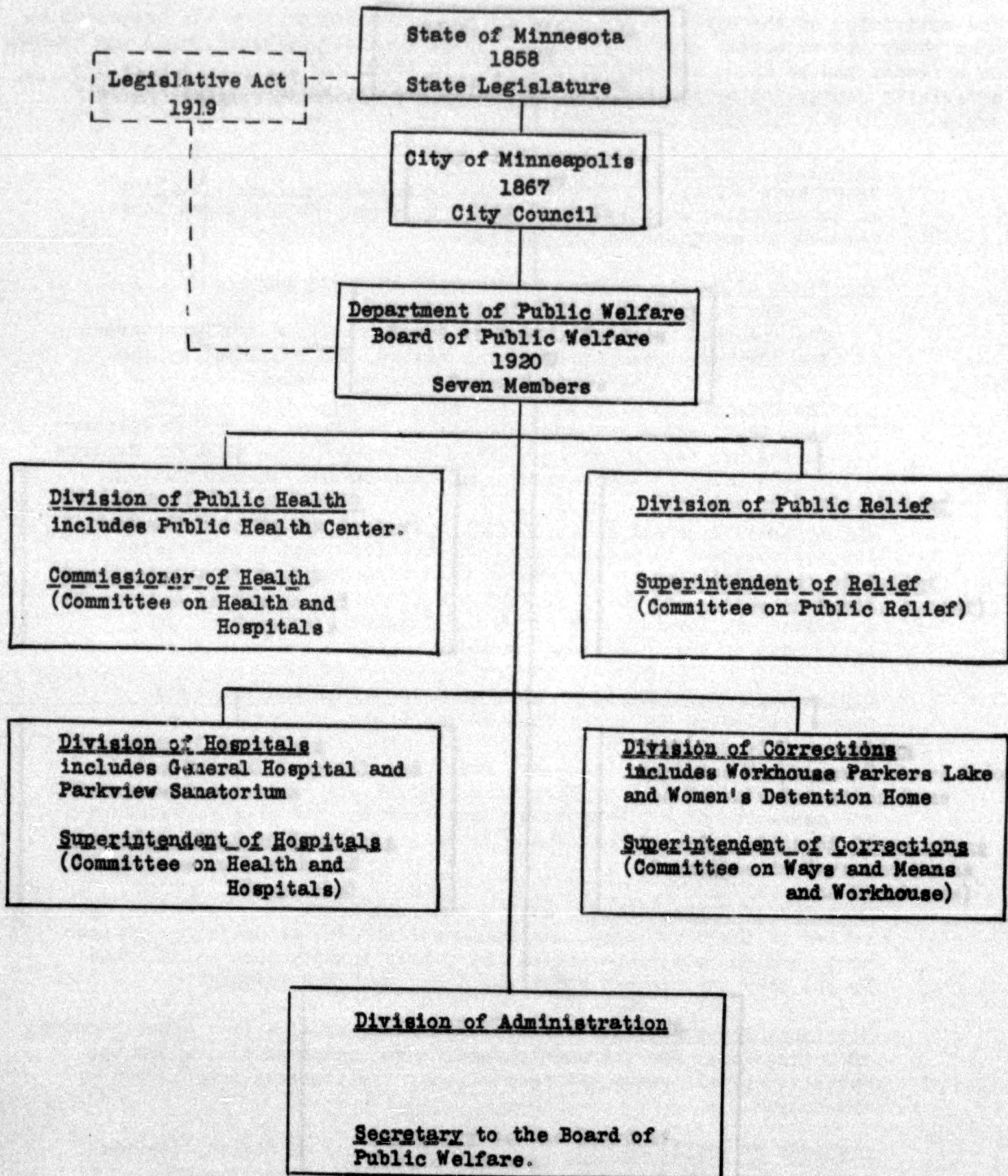
Division of Hospitals (General, Parkview, and Kenny Institute) with a Superintendent of Hospitals, for the care, conduct, management and operation of all hospitals, dispensaries, and clinics maintained by the city, and the furnishing by the city of medical and dental service to the poor.

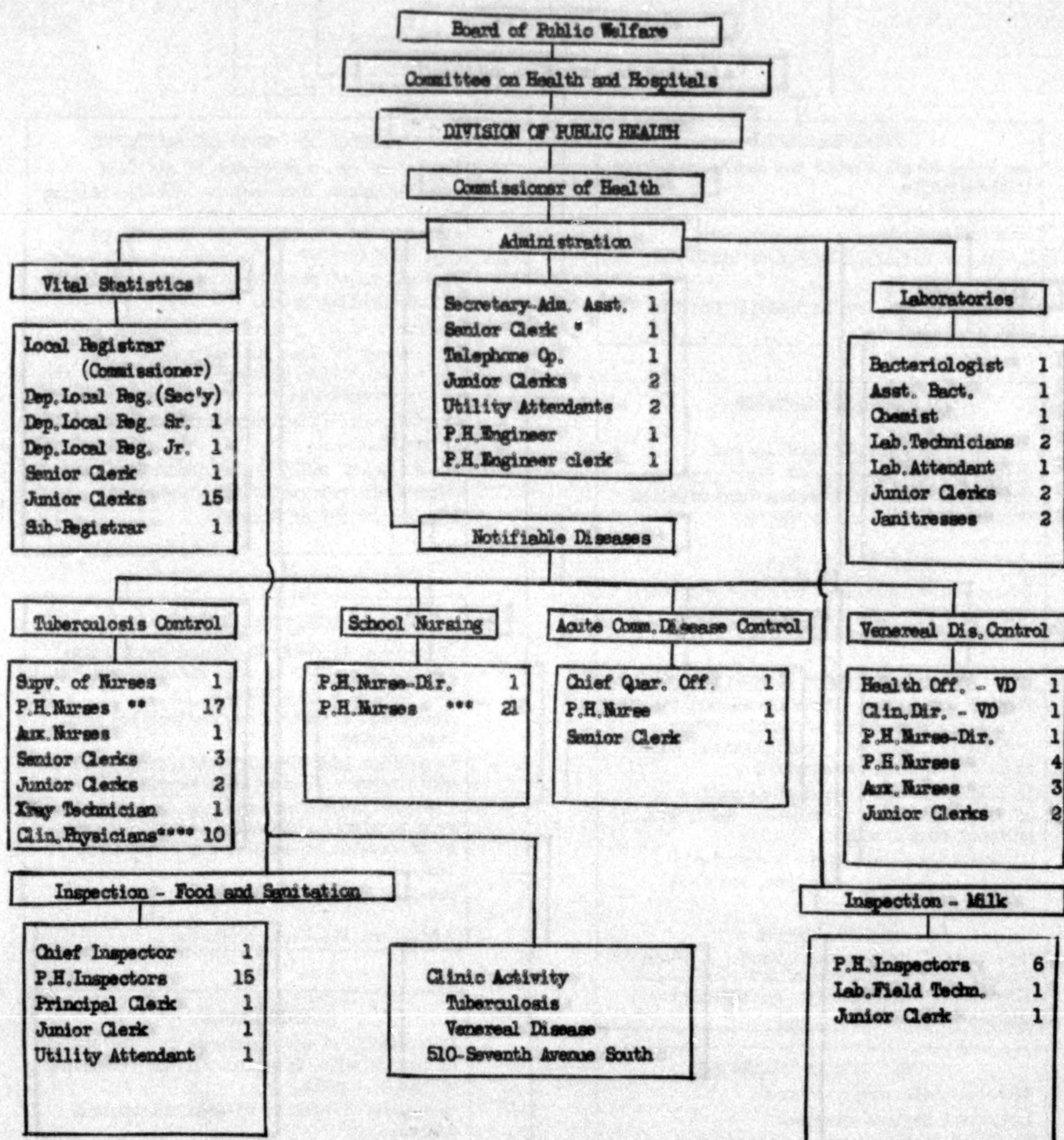
Division of Public Relief, with a Superintendent of Relief, for the relief of the poor, aged, and indigent, and the maintenance, management, control and operation of all public institutions established by the city for the relief of the poor, aged and indigent.

Division of Corrections (Parkers Lake and Camden) with a Superintendent of Corrections, for the maintenance, care, management, conduct and operation of all penal and correctional institutions established by the city.

DIVISION OF PUBLIC HEALTH, with a Commissioner of Health, for the promotion and preservation of health, and the prevention and suppression of disease in the city.

The organization and activity of the Division of Public Health are based on Legislative Act, State Law, City Charter, City Ordinances, and Board of Public Welfare regulations. With this organization and authority, the activities for 1942 are presented.





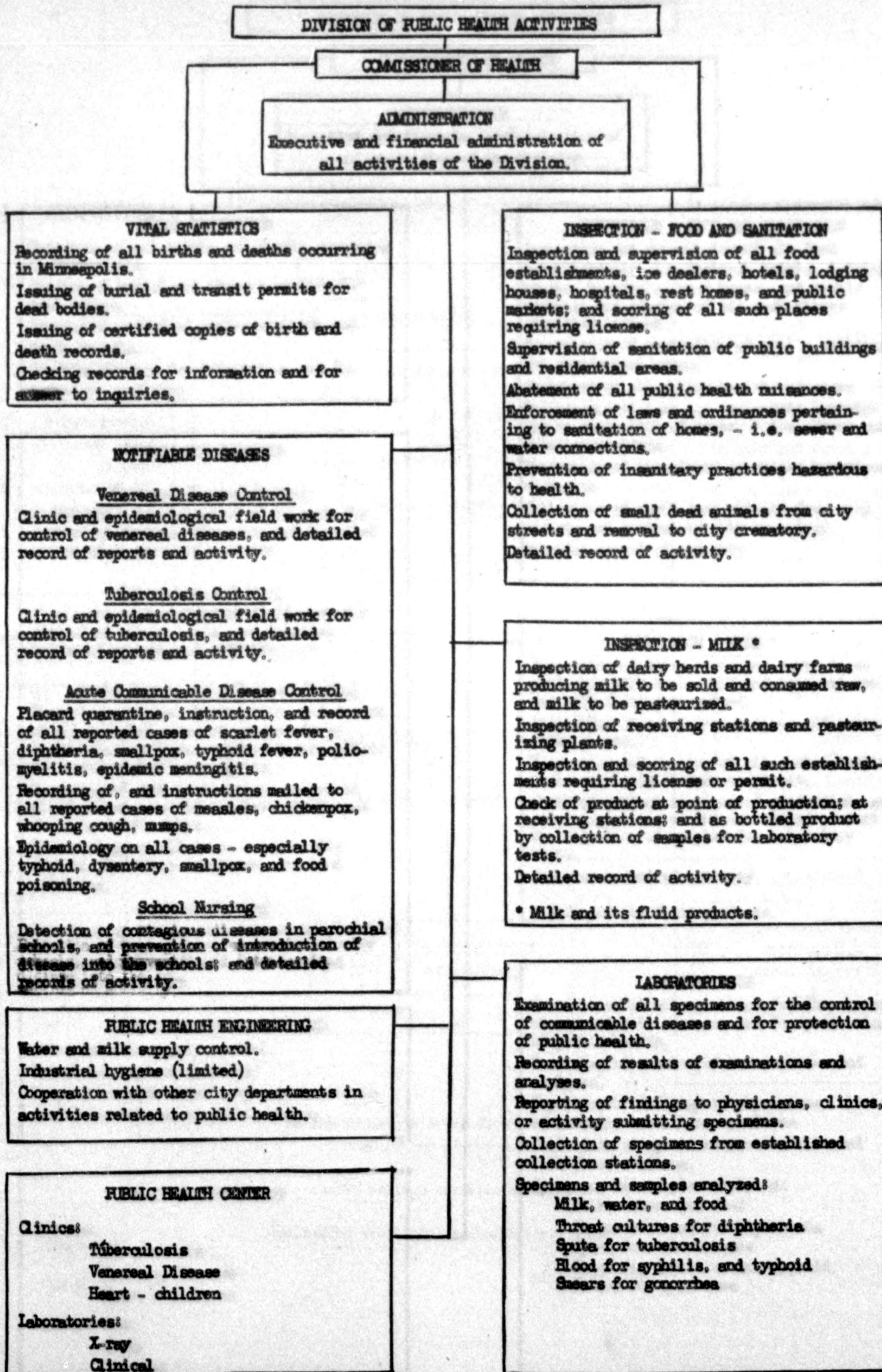
* One-half time Division of Public Health
One-half time Public Health Center

** One nurse detailed to cardiac study

*** Part time; detailed from other activities

**** Part time

as of 12-31-42



THE DIVISION OF PUBLIC HEALTH

ADMINISTRATION

Personnel

The Commissioner of Health is the administrative and executive head of the Division of Public Health, appointed by the Board of Public Welfare. All other positions authorized within the Division are filled through the eligible lists of the Minneapolis Civil Service Commission, as provided by Charter. These lists are prepared from the results of competitive examinations. All certified persons serve a six months probationary period.

In addition to the Civil Service employees, auxiliary personnel have been provided by Federal, State and Voluntary groups to meet a need for services not financially possible within the budget of the Division. The Hennepin County Tuberculosis Association has provided a public health nurse since 1924 for tuberculosis control activities. Federal Social Security funds, through the State Department of Health, have provided public health engineering, nursing, and clerical service since 1936. The public health nurses have been assigned to venereal disease control activities. Since May 21, 1941, special Federal funds to the Division for venereal disease control have made possible the services of a physician, nurses, and clerks.

At the close of the year, there were 100 full-time, and 10 part-time, civil service employees, and 7 auxiliary employees in the Division under the direction of the Commissioner of Health. The gross classification of the personnel follows:

Commissioner of Health.....	1
Physicians	3
Physicians, Clinic - Part-time	10
Public Health Nurses	25
Public Health Inspectors	23
Bacteriologist, Chemist, Technicians ...	7
Clerks	36
Miscellaneous	5
<hr/>	
Civil Service Personnel ..	110
Hennepin County Tbc. Assn. Nurse	1
Public Health Nurses	3
Public Health Engineer	1
Clerk-Stenographer	1
Sub-registrar of Vital Statistics	1
<hr/>	
Auxiliary Personnel	7
Total Personnel	117

For detailed classification and assignment of personnel, see page 7.

10

Military leaves, resignations, replacements, new positions, and transfers affected the employment status of forty-one persons during the year.

Military Leave: Walter H. Bezosky, public health inspector, April 2.
Ernest W. Wennerlind, public health inspector, May 22.
Joseph R. McGrath, bacteriologist, September 3.
Oscar Nelson, public health center, June 23.

Resignations: Melvin Karon, laboratory technician, laboratories, January 16.
Sylvia Stone, junior clerk, vital statistics, February 15.
Florence Christman, junior clerk, tuberculosis, March 16.
Pauline McCauley, public health nurse, auxiliary, July 1.
Ethel Tibodeau, junior clerk, auxiliary, November 1.
Inez Torp, x-ray technician, public health center, November 1.
Shirley Roux, junior clerk, vital statistics, December 15.
Dr. J. E. Trow, clinics, physician, tuberculosis, October 19.

Replacements: Marjorie Freeman, laboratory technician, laboratories, September 14.
Shirley Roux, junior clerk, vital statistics, February 2.
Catherine Millet, junior clerk, tuberculosis, March 4.
Gladys Krey, junior clerk, auxiliary, October 21.
Bailey Schwartz, junior clerk, vital statistics, October 16.
Arthur E. Ferguson, public health inspector, April 22.
Otto A. Riemann, public health inspector, August 3.
Frances DeVorss, laboratory technician, December 10.

New positions: Elfrieda Boyle, junior clerk, venereal disease, March 1.
Lucile Witebsky, junior clerk, vital statistics, January 5.
Inez Nelson, junior clerk, vital statistics, January 29.
Jeanne Gillespie, junior clerk, vital statistics, February 6.
Ruth Burnquist, junior clerk, vital statistics, February 23.
Dorothy Englund, junior clerk, vital statistics, February 10.
Dorothy Holmquist, junior clerk, vital statistics, February 25.
Lorraine E. Gietler, junior clerk, vital statistics, April 16.
Dr. Harry Gilbert, clinic physician, tuberculosis, September 22.
Dr. D. F. Noonan, clinic physician, tuberculosis, September 22.
Dr. A. C. Olson, clinic physician, tuberculosis, September 22.
Dr. R. B. Potter, clinic physician, tuberculosis, September 22.
Dr. A. M. Smith, clinic physician, tuberculosis, September 22.
Dr. J. E. Trow, clinic physician, tuberculosis, September 22.
Dr. F. W. Wittich, clinic physician, tuberculosis, September 22.
Dr. J. A. Myers, clinic physician, tuberculosis, September 22.
Dr. A. E. Walch, clinic physician, tuberculosis, September 22.
Dr. Thos. Ziskin, clinic physician, tuberculosis, September 22.
Lorraine Phaneuf, junior clerk, auxiliary, (VD) April 14.
Frances Hymanson, junior clerk, auxiliary, (VD) May 4.
Dr. Wale S. Wright, clinical director, auxiliary (VD), November 16.

Transfers: Abbie Bachelder, senior clerk, from Public Health Center, October 16.
Inez Torp, x-ray technician, from Public Health Center, October 16.
Eleanor Sundstrom, senior clerk, from Public Health Center, October 16.

The unprecedented demand on vital statistics records necessitated the creation of new positions in that section early in the year. The limited number of physicians available and the limited time of these men, necessitated the employment of physicians on a part-time, hourly basis. The removal of the tuberculosis activities from the Public Health Center to 510 - 7th Ave. So. necessitated the transfer of personnel to the Division budget.

On August 26, the Commissioner of Health assumed direction of the activities of the Minneapolis General Hospital during the military leave of the Superintendent.

Finance

A public health program approaches an ideal, and is planned in accordance with the financial budget allowed. The Division of Public Health operated within a budget of \$200,000.00 for the calendar year 1942, actually expending \$194,912.41.

Population (U.S. Census Bureau 1940)	492,370
Per capita expenditure	\$0.40
Population (estimated 1942)	516,232
Per capita expenditure	\$0.38

The Division has the lowest per capita expenditure of any of the large departments of the city government. Intensive planning is necessary to give the community its present public health program within the budgetary allotment.

Of the net expenditure of the Division, \$164,897.69 or 84.6 per cent was spent for personal services, of which 27.6 per cent was for nursing service, 27.2 per cent for inspectional service, 13.1 per cent for professional and laboratory service, and 32.1 per cent, or the remainder for clerical and other services.

Other than personal expenditures totaled \$30,014.72 or 15.4 per cent of the total net expenditure. This amount included office supplies and equipment; clinic supplies, equipment, and medications; laboratory supplies and equipment; water, gas, and laundry; and transportation. The Division maintains fourteen automobiles for field activities - nursing, inspectional and messenger - which operated 125,071 miles during the year. In addition 31 employees were authorized to use their personally owned automobiles for Division activities, and were reimbursed at the rate of five cents a mile. During the year, a total of 148,476½ miles were so driven, of which 67,997½ were for nursing and professional activities; 39,540 for food and sanitation inspectional activities; 40,939 for milk and dairy farm inspectional activities. There were 7,369 tokens for street car travel issued for conduct of Division activities.

Revenue received by the Division for certified copies, verifications, and acknowledgments of birth and death records is deposited with the City Treasurer and credited to the general fund of the Board of Public Welfare. During the year a total of \$22,282.70 was earned, compared with \$9,614.75 in the previous year.

The budget of the Division of Public Health is established by appropriation from the Public Welfare fund which is derived from real estate and personal property taxes, and miscellaneous income. The tax funds result from the 3.75 mill tax levy allowed by Charter for Public Welfare activities.

Division Expenditures for 1942

Appropriation\$200,000.00
 Actual expenditures 194,912.41

<u>Section</u>	<u>Expenditures</u>	<u>Per cent of Total</u>
Administration	\$ 20,676.59	10.61
Vital Statistics	26,567.61	13.63
Bacteriological Laboratory	16,137.34	8.28
Chemical Laboratory	3,238.21	1.66
Acute Communicable Disease Control	7,114.19	3.65
Tuberculosis Control	35,845.20	18.39
Venereal Disease Control	16,190.03	8.30
School Nursing	10,677.56	5.48
Inspection - Food and Sanitation	39,891.07	20.47
Inspection - Milk	<u>18,574.61</u>	<u>9.53</u>
	<u>\$194,912.41</u>	<u>100.00</u>

Federal Funds Received and Expended during 1942, for Venereal Disease Control Activities

Balance December 31, 1941\$ 406.45
 Appropriation during 1942 4,110.03
 4,516.48
 Expenditures - personal service ...3,795.41
 Equipment 324.00 4,119.41
 Balance December 31, 1942\$ 397.07

Federal Work Projects Administration

Since the inauguration of made work programs in 1933, the Division has participated through the sponsorship of seven projects. The first projects were under the Civil Works Administration, which was succeeded by the State Emergency Relief Administration, which in turn was replaced by the Work Projects Administration.

The venereal disease clinic, and the tuberculosis clinic for adults, conducted at the Public Health Center, were continued throughout the year, completing six years of activity under these auspices. The heart study for children, which opened under WPA in 1935, continued throughout the year. The activities of these projects are given in the section on the Public Health Center.

A fourth project for the preparation of a ledger index of birth and death records was suspended on March 4, because of inability to procure qualified workers. At the time of suspension, the birth index had been completed from 1870-1939 inclusive and put into use, and the initial step of entering the deaths on preliminary file cards had been completed. The birth index has proved an invaluable help in searching the records during the present demand for birth records.

Health Education

The Public

Presentation and explanation of the Division activities to the community is an important part of the public health program. Within the limited personal and financial resources of the Division for this work, every opportunity is welcomed to meet individuals, groups, organizations, and agencies to give understanding to the how and why of the Division functions, and to stimulate a public health consciousness in the population.

An average of one such group has visited the Division each week during the year. The war-stimulated interest in Red Cross classes, some of which require reports on civic activities, brought many members of these classes to the Division, singly and in groups. The groups were met by the Commissioner of Health and other members of the Division.

The Commissioner of Health and members of the Division have attended meetings of organizations and groups to outline and explain public health activities.

Daily listings of births and deaths are published in the newspapers of the city, as well as other articles on public health activity and information.

Morbidity and mortality statistics have been given throughout the year to interested organizations and agencies.

Pamphlets on specific public health subjects have been distributed by the public health nurses in their home visits, and through the clinics.

The Staff

Staff meetings for the Public Health Nurses have been arranged by the Supervisor of Nurses, and ten were held during the year.

Several members of the Division took special work in public health at the University of Minnesota during the year.

Classes held by the local chapter of the Red Cross were attended by members of the Division; and several members of the nursing staff served as instructors in home nursing.

Classes for information and observation of public health activities for the Schools of Nursing of the University of Minnesota and the Minneapolis General Hospital were held semi-weekly throughout the year. Each session was held approximately three hours. Functions of the Division were described and explained to each group by the Commissioner of Health, the Chief Quarantine Officer, the Registrar of Vital Statistics, the Nurse in charge of Venereal Disease Control nursing activities, and the Public Health Engineer; and laboratory procedures explained and demonstrated by the Bacteriologist, and the Chemist.

Organization and procedures of the section on tuberculosis control have been used by the Department of Nursing Education, and by the Course in Public Health Nursing of the University of Minnesota. The Division Supervisor of Nurses, who is also Director of Tuberculosis Control activities, arranged the programs for these groups.

National and local publications are received either through membership of individual members of the Division in organizations issuing such publications,

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or through subscriptions by the Division. These publications are circulated among the interested members of the staff. Touching on all phases of public health, these publications number fifteen. In addition, innumerable pamphlets on public health subjects, from reputable commercial firms, and reports from other health departments, health agencies and foundations are received and placed at the disposal of members of the Division.

In the past year, five volumes were added to the Division library: two for the Chemical Laboratory, two for Tuberculosis Control, and one for Administration.

National, State, and local meetings of health organizations have been attended by the Commissioner of Health, and by other members of the Division.

Seven numbers of Volume II of News Wick, an inter-Division bulletin for members of the staff, were issued during the year.

Civilian Defense - Emergency Medical Service

In December, 1941, the Commissioner of Health was appointed Chief of the Emergency Medical Service for the local Civilian Defense. This position became a duty of the Commissioner of Health through provisions of an ordinance passed by the City Council February 13, and approved February 16, 1942.

Members of the Emergency Medical Service committee, representing the medical, dental, nursing, osteopathic, hospital, and other organized groups of the city, were selected to serve on this committee by their respective organizations.

There are ten hospitals of the city, plus the General, University, and Veterans' Hospitals, prepared to function in emergency. These hospitals have 62 mobile units organized, which include 138 physicians, 86 dentists, and 16 osteopaths. In addition there are 263 physicians assigned to institutional emergency duties. Secondary hospital facilities are being organized. Sixty-eight hospital employees have been trained as fire wardens for their hospitals. Approximately 80 volunteer orderlies have been trained and assigned to hospitals for emergency service. There is a daily census of the hospitals for emergency bed capacity.

There are 406 nurses of the city organized for emergency service, in addition to nurses employed by the institutions. 685 nurses aides have been trained by the American Red Cross and are identified and available for hospital service in emergency.

There are 43 physicians assigned to emergency field service, and to supervise casualty stations when they are established. Medical kits and equipment have been distributed to established supply depots and hospitals of the city.

There are ten ambulances, in addition to the emergency vehicles of the General Hospital, and University Hospital, prepared for emergency service. The drivers of these vehicles have been trained in first aid. In addition vehicles of funeral directors, florists and other companies will be organized for ambulance service, and their drivers trained in first aid.

Vehicles and drivers have been assigned by the Red Cross Motor Corps to the Emergency Medical Service.

Continuous organization work is necessary for efficient functioning of the service. Each person attached to the Emergency Medical Service is carrying on his or her assignment without compensation and in addition to normal activity.

Health Area

The Health Area with which the Division is concerned is the city of Minneapolis which covers 58.79 square miles. The 1940 Federal census listed a population of 492,370; the local Civic and Commerce estimate for 1942 is 516,232. There are ten suburbs immediately adjacent to the limits of the city, covering 70.49 square miles, with an estimated population of approximately 40,297. It is estimated that 5,000 of this population come into the city of Minneapolis for employment, and that the entire population enters Minneapolis at some time or other for shopping, recreation, or visiting.

There are 147,647 dwelling units (Federal Census), and 9,969 commercial, industrial and public buildings (City Planning Commission) in the city of Minneapolis. The city is zoned into residence, multiple dwelling, commercial, light industrial, and heavy industrial districts.

Within the limits of the city are 925 miles of street sewers and drains, and 862 miles of water mains. Approximately 99 per cent of the homes and establishments within the city are connected with the city water and sewerage systems.

There are 141 parks, play fields, and park triangles, covering 5,343.04 acres. There are 22 lakes and lagoons covering 1,306.51 acres. There are 15 swimming and bathing beaches, and one bathing pool; there are 25 picnic grounds.

There are over 5,000 restaurants, grocery stores, meat markets, bakeries, and other establishments handling, selling, or serving foodstuffs.

There are 91 public schools of which 69 are elementary grades and 22 are junior high, senior high, or vocational schools; and there are 29 parochial schools. The public schools have an enrollment of 73,743 pupils, and the parochial schools 9,699. The University of Minnesota is located within the city limits.

Public Health activities other than those conducted by the Division of Public Health are carried on within the city by voluntary groups such as the Community Health Service, the Hennepin County Tuberculosis Association, the Red Cross, and others. There are many civic groups and professional organizations interested in promoting public health and welfare, such as the Council of Social Agencies, and organized medical and nursing groups.

The Minneapolis Board of Education provides medical inspection and nursing supervision in the public schools, employing physicians, dentists, nurses, and dental hygienists for this purpose.

The population of Minneapolis, which affects its mortality and morbidity status, is composed of 48.7 per cent males, and 51.3 per cent females. Six and three-tenths per cent of the population are under five years of age; 11.5 per cent five to fourteen years; 18.8 per cent 15-24 years; 32.4 per cent 25-44 years; 23.1 per cent 45-64 years; and 7.9 per cent 65 years and over. There are more females than males in every age group except those under five years, and 45-64 years.

There are 57 licensed hospitals, rest homes, and boarding homes in Minneapolis, of which 10 are general hospitals, 3 are maternity hospitals or homes, 4 are for mental and nervous patients, 34 are convalescent and rest homes, and 6 are homes for children or aged persons. There are approximately 3,014 hospital beds, and 371 bassinets available in these institutions.

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In addition to the facilities in these private institutions, there are 572 beds, and 55 bassinets at the Minneapolis General Hospital, 174 beds at Parkview Sanatorium, and 70 beds at Kenny Institute, and the Children's Heart Hospital, operated by the city of Minneapolis for residents who meet eligibility requirements. Residents of Minneapolis also have access to the University Hospital, and the Veterans' Hospital, if eligible. There are 600 beds for tuberculous patients at Glen Lake Sanatorium, a Hennepin County institution.

The number of persons engaged in medical and nursing care in Minneapolis is as follows:

Licensed physicians	839
Licensed dentists	687
Licensed osteopaths	36
Licensed chiropractors	124
Registered nurses	3,000
Certified Public Health Nurses	153
Industrial nurses	49
Licensed midwives	10

Of these numbers, there are approximately 145 physicians, 170 dentists, 1 osteopath, 625 registered nurses, in the armed services. (6-43)

The available persons in these classifications, based on the estimated census of 516,232, are 134.4 licensed physicians per 100,000 population, and 460.1 registered nurses per 100,000 population. There are 25 public health nurses employed in the Division of Public Health, or 4.8 per 100,000 population. There are 40 nurses employed by the Community Health Service, or 7.7 per 100,000 population. There are 56 nurses employed by the Board of Education, or 7.6 per 10,000 public school pupils.

The leading industries of Minneapolis include flour and grain mill products, textiles and products, printing and publishing, foundry and machine shop products, food and kindred products, bread and other bakery products. Industrial hygiene facilities for study of occupational diseases and hazards are not as yet a part of the Division activities. Such activity, however, has been developed within the State Department of Health.

Miscellaneous

Health certificates for passport purposes are issued by the Division upon receipt of a signed statement from a licensed practicing physician of the city certifying to the health status of the applicant. During the year, 36 certificates were issued.

Public Health Center

The activities of the Division at its Public Health Center were interrupted the latter part of the year, necessitating relocation of the activities carried on there. This situation is explained in the section on the Public Health Center.

VITAL STATISTICS

The vital statistics activity of the Division is concerned with the births and deaths that occur in the city of Minneapolis. The birth records reach the Division from the hospitals where the births occur, or in the instance of home births from the attending physician, midwife, or other person. The death records are received from funeral directors at the time burial permits are procured. The information contained in a birth record gives in addition to date, time and place of birth, the maiden name of the mother, the name of the father, and the age, occupation, and birthplace of both. The death certificate gives a social history of the decedent - his age, birthplace, marital status, parentage; and the medical history, certified to by the attending physician, which gives the date and time of death, and the primary and contributory causes of death. Reporting of births and deaths is required by law.

Accuracy of reporting is checked through monthly reports of births and deaths from all hospitals within the city, and reports of burials and cremations from all cemeteries in the city. There are seven cemeteries within the city limits, and 45 mortuaries operated by funeral directors and licensed embalmers.

A duplicate copy is made of each birth certificate received and sent to the parents for the given name of the child, and correction of any errors or omissions in the submitted data. This method, to insure accurate records, has been used since 1920.

Copies of the submitted birth and death records are made and filed by the Commissioner of Health as local registrar of vital statistics for Minneapolis. The original copies are forwarded to and kept by the State Health Officer who is the registrar of vital statistics for Minnesota. Transcripts of the original copies are then made in that office and forwarded to the Census Bureau in Washington.

The National Registration Area was established for deaths in 1880 and for births in 1915. Before states are admitted to the Area they are required to have suitable registration laws, and at least ninety per cent completeness of reporting. Minnesota entered the registration area for deaths in 1910, and for births in 1915.

Birth and death records are used by welfare agencies of the city and county in their case work. Daily lists of births and deaths reported to the Division are prepared for publication by the newspapers. Lists are also given to several public agencies to enable them to keep their records up-to-date.

Sub-registrar stations are maintained at the University Hospital, and at the Minneapolis General Hospital for the convenience of funeral directors in procuring burial or transit permits during hours when the offices of the Division are closed.

Since midyear 1940, the demand for proof of birth has progressively increased, necessitating long hours of work by the regular staff, and employment of additional clerical assistance. The demand was increased precipitously, with the entry of the United States into the War in December 1941, by persons seeking employment in war industries, and entry to certain branches of government service and the armed forces.

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As many as 823 personal applications for birth records were made in the offices in one week; as many as 373 telephone requests were received in one week; and there were 715 inquiries through the mail in a week. Nothing in the past twenty-five years has so impressed the public with the importance of birth records as has the Federal requirement for proof of birth from persons entering government services, directly and indirectly. Lack of reporting in earlier years resulted in the filing of 2,364 belated records during the year, compared with 983 in 1941, 408 in 1940, and 156 in 1939. Approximately 5.0 per cent of the records requested were not on file. No belated record is accepted without satisfactory documentary proof of the birth, or the documentary evidence of the attending physician if he is living; and then the final approval of the State Registrar. Many reports requested were lacking in pertinent data, or contained inaccurate data which could only be corrected upon affidavit of a person qualified to give or to correct the information.

During the year, there were 13,352 duplicate copies of birth records for current certificates, and supplemental data for older records filed with the Division for entry on, or correction of the original certificate.

Records on file with the Division begin with the year 1870, and there are approximately 400,000 birth records, and 240,000 death records on file in the Division.

All figures quoted, and used in comparison of vital statistics on file in the Division are for births and deaths that occurred in Minneapolis, irrespective of residence of the parents, or of the decedent.

The birth and death rates for 1942 are based on a population of 492,370 (1940 Census).

During 1942

Number of burial and disposal permits issued		6,175
Number of Minneapolis deaths for burial in Minneapolis	3,232	
Number for cremation	192	
Number of transit permits issued on Minneapolis deaths for burial elsewhere	1,735	
Number of transit permits received with death elsewhere but burial in Minneapolis	1,016	
Number of certified copies of birth certificates issued		31,256
Number of certified copies of death certificates issued		3,884
Number of copies of birth verifications issued		18,238

Death Statistics

	<u>1902</u>	<u>1912</u>	<u>1922</u>	<u>1932</u>	<u>1942</u>
Number of Deaths	2,259	3,378	4,334	5,187	5,159
Male	1,192	1,956	2,367	2,811	2,797
Female	1,067	1,422	1,967	2,376	2,362
Death rate *	10.0	10.4	10.8	10.8	10.5
Infant deaths	375	517	506	421	344
Infant death rate **	88.5	74.3	53.0	53.4	27.9
Maternal deaths	20	37	51	47	13
Maternal death rate **	4.7	5.3	5.3	6.0	1.1
Maternal death rate ***	4.5	5.2	5.1	5.7	1.0
Motor vehicle accident deaths	0	9	71	90	68
Social Status of Decedents					
Single	1,033	1,391	1,480	1,360	1,104
Married	737	1,301	1,848	2,292	2,307
Widowed	338	629	922	1,386	1,571
Divorced	0	27	59	111	162
Unknown	151	30	25	38	15
Nativity of Decedents					
Minneapolis	635	670	858	815	751
Minnesota	160	446	594	828	1,086
United States	634	929	1,342	1,585	1,523
Foreign	700	1,251	1,504	1,927	1,792
Unknown	121	82	36	32	7
Color of Decedents					
White			4,250	5,119	5,093
Black			84	65	62
Indian			0	2	0
Yellow			0	1	4
Non-residents			705	874	1,060
Number of Coroner's cases	269	423	434	774	780

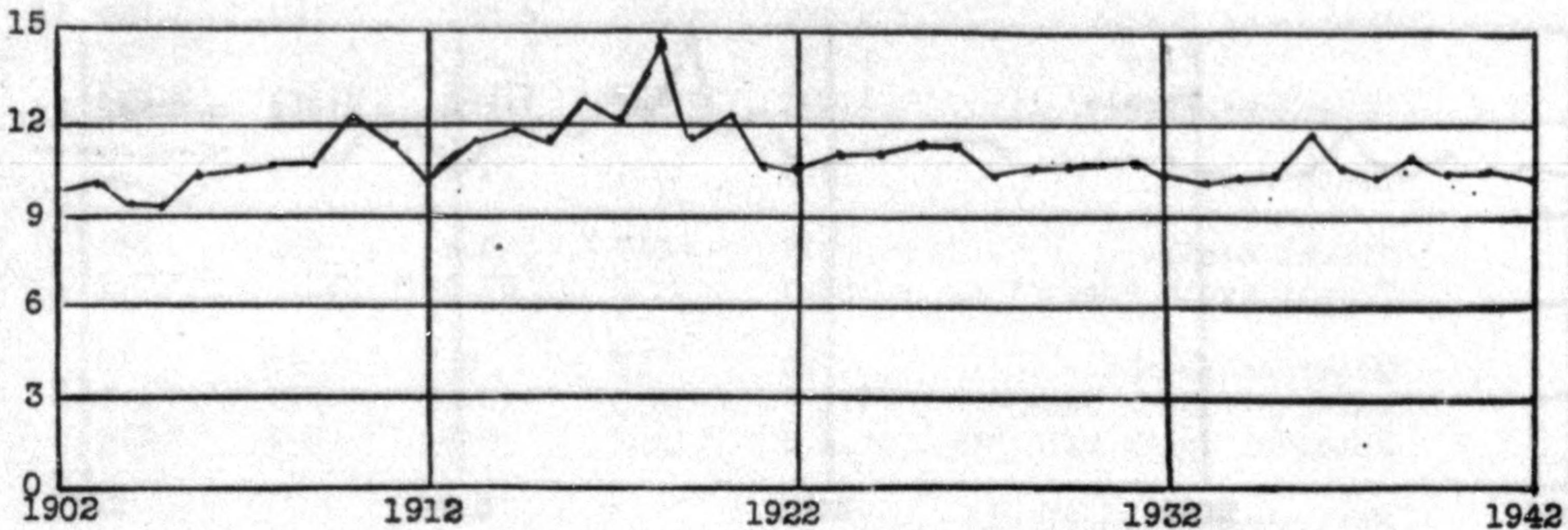
* per 1,000 population

** per 1,000 live births

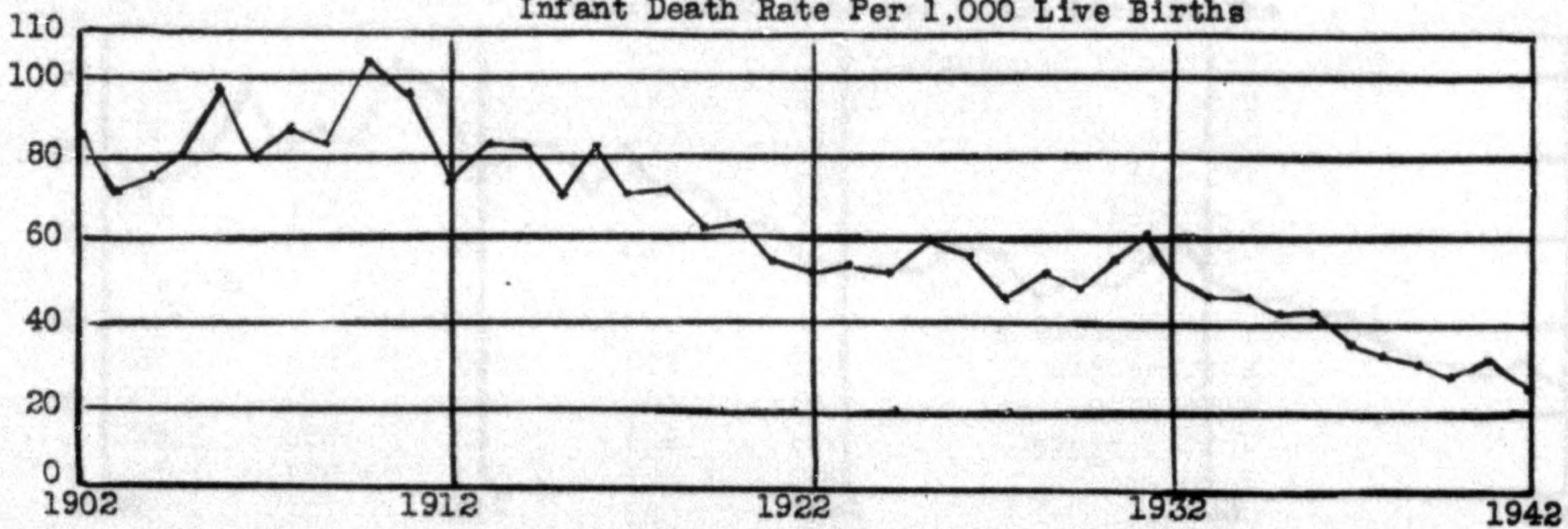
*** per 1,000 live and still births

There was an average of 14.1 deaths per day, during the year.
 The death rate for 1942 is the lowest since 1938 when the rate was also 10.5.
 The infant mortality rate for 1942 is the lowest in the history of Minneapolis.
 The maternal mortality rate for 1942 is the lowest in the history of Minneapolis.

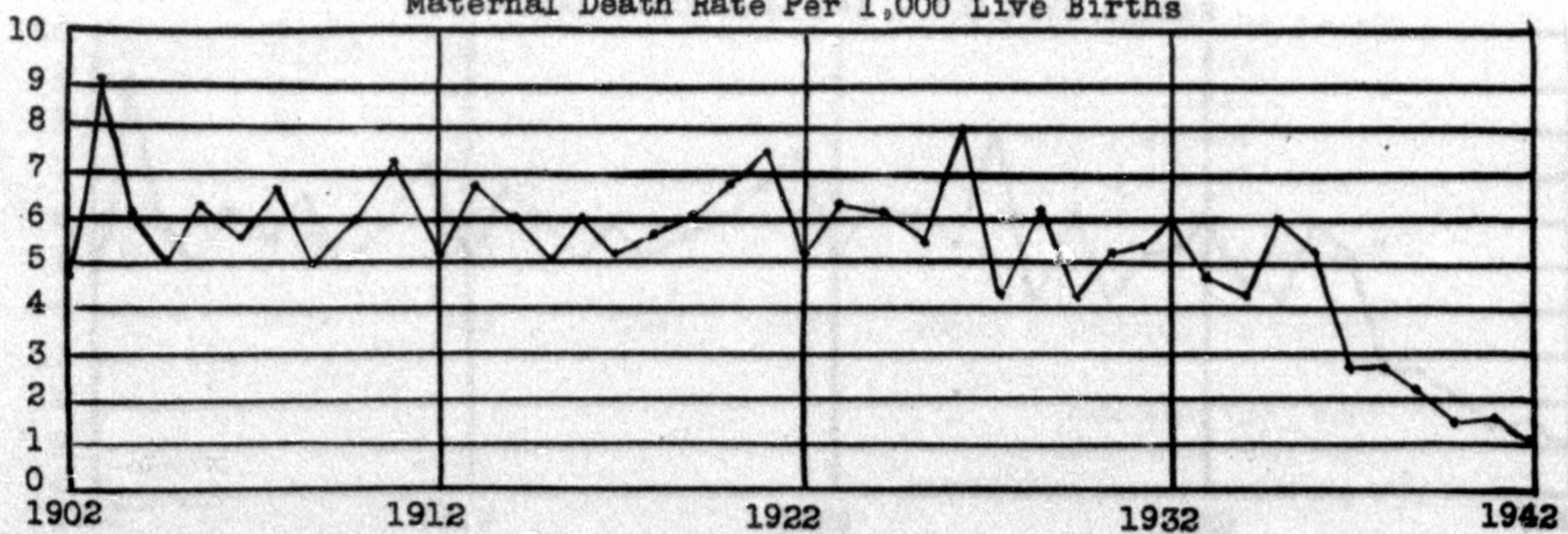
Minneapolis
Death Rate Per 1,000 Population



Infant Death Rate Per 1,000 Live Births



Maternal Death Rate Per 1,000 Live Births

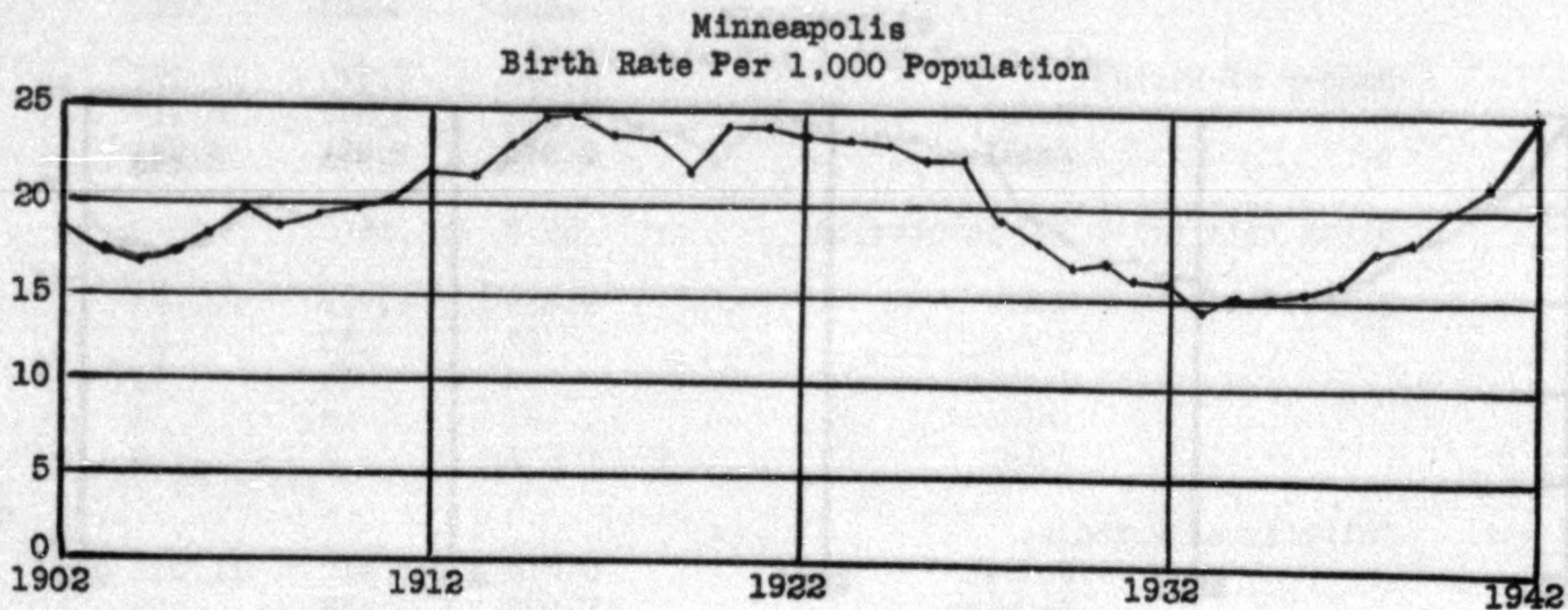


If the infant death rate of 1902 had prevailed in 1942, the number of infant deaths would have been approximately 1,062 instead of 344.
 If the maternal death rate of 1902 had prevailed in 1942, the number of maternal deaths would have been approximately 56 instead of 13.
 The records for the year show that the gift of life was granted for as little as one minute to an infant, and to as long as 101 years to a centenarian.

Birth Statistics

	<u>1922</u>	<u>1932</u>	<u>1942</u>
Number of Births	9,548	7,870	12,298
Male	5,003	4,009	6,317
Female	4,545	3,861	5,981
Birth rate per 1,000 population	23.8	16.3	25.0
Color:			
White	9,438	7,799	12,187
Black	67	53	92
Indian	5	10	12
Yellow	37	8	4
Other	1	0	3
Nativity of Parents:			
Native	6,514	6,419	11,361
Foreign	1,529	470	120
Mixed	1,504	981	813
Not stated	1	0	4
Attendant:			
Physician	8,807	7,742	12,251
Midwife	696	116	45
Other	45	12	2
Legitimacy:			
Legitimate	9,157	7,470	11,883
Illegitimate	391	400	414
Not stated			1
Place of Birth:			
Hospital	6,175	6,836	12,004
Home	3,373	1,034	285
En route to Hospital			8
Foundling			1
Residence of Parents:			
Residents	8,695	6,666	9,259
Non-residents	853	1,204	3,031
Not stated			8
Age Distribution of Mothers:			
Under 15 years	3	5	4
15 - 19 years	650	577	707
20 - 24 years	2,655	2,211	3,854
25 - 29 years	2,950	2,203	4,111
30 - 39 years	3,002	2,561	3,345
40 - 44 years	267	292	262
over 45 years	21	21	13
Age unknown			2
Multiple Births:			
Twins	207	173	251
Triplets	5	2	0
Stillborns (not included in total births)	345	277	304
Still birth rate per 100 live births	3.6	3.5	2.5

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DURING THE YEAR -

there was an average of 33.7 births per day;

the birth rate for 1942 is the highest recorded in the last forty years;

the percentage of births to native born parents was 92.4 compared with 68.2 in 1922;

the percentage of births to foreign born parents was 1.0 compared with 16.0 in 1922;

the percentage of births to mixed nativity was 6.6 compared with 15.8 in 1922;

the percentage of births attended by physicians was 99.6 compared with 92.2 in 1922;

the percentage of births attended by midwives was less than one-half of one per cent compared with 7.3 in 1922;

the percentage of illegitimate births was 3.4 compared with 4.1 in 1922;

the percentage of hospital births was 97.6 compared with 64.7 in 1922;

the percentage of births to mothers over 40 years of age was 2.2 compared with 3.0 in 1922.

BIRTH AND DEATH RATES, INFANT AND MATERNAL DEATH RATES, BY MONTHS
1942

	Birth Rate per 1,000 population	Death Rate per 1,000 population	Infant Death Rate per 1,000 live births	Maternal Death Rate per 1,000 live births
January	22.0	11.7	32.2	0.0
February	20.4	10.2	32.2	0.0
March	23.1	10.6	25.4	2.1
April	21.9	11.1	36.8	2.2
May	22.1	10.0	39.7	1.1
June	25.1	9.9	30.1	0.0
July	25.9	10.4	24.5	0.0
August	28.0	9.1	19.1	0.9
September	27.0	9.4	28.9	2.7
October	29.8	10.6	19.6	0.8
November	27.2	10.9	22.4	0.9
December	27.3	12.0	31.2	1.8
Annual Rate	25.0	10.5	27.9	1.1

EXCESS BIRTH RATE OVER DEATH RATE - PER 1,000 POPULATION

1902	8.7	1922	13.0
1903	7.5	1923	12.6
1904	7.5	1924	12.2
1905	8.0	1925	10.5
1906	8.0	1926	9.7
1907	9.2	1927	8.9
1908	8.2	1928	7.5
1909	8.7	1929	6.5
1910	7.5	1930	6.6
1911	8.6	1931	6.0
1912	11.1	1932	5.6
1913	9.8	1933	4.4
1914	11.0	1934	4.6
1915	13.0	1935	4.6
1916	12.1	1936	3.9
1917	11.6	1937	6.1
1918	8.9	1938	7.5
1919	9.9	1939	7.6
1920	11.7	1940	9.3
1921	13.1	1941	10.2
1942	14.5		

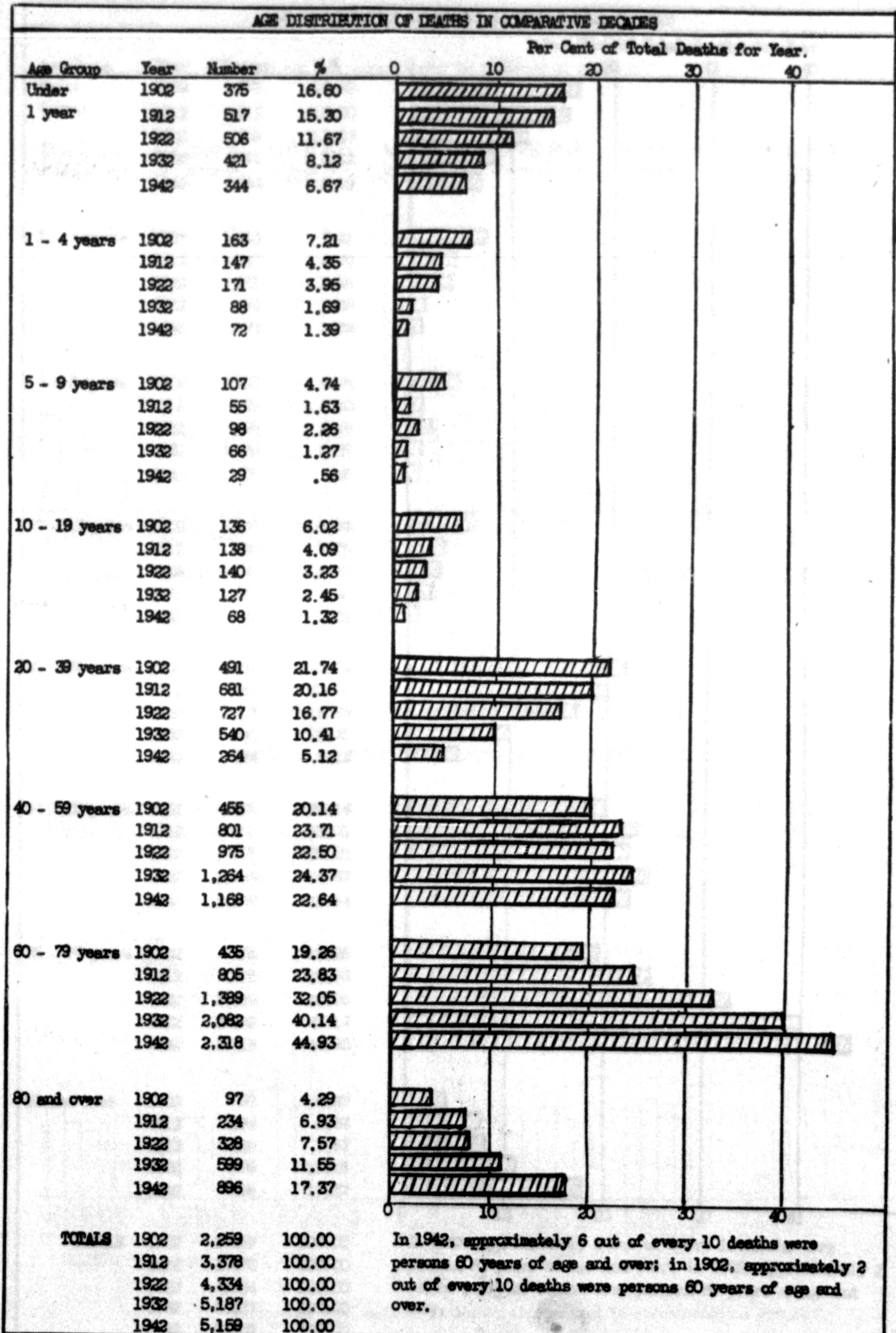
VALUE OF THE BIRTH CERTIFICATE

The following uses are listed as reasons for the need of complete and accurate registration of births:

1. As evidence to prove the age and legitimacy of heirs;
2. As proof of age to determine the validity of a contract entered into by an alleged minor;
3. As evidence to establish age and proof of citizenship and descent in order to vote;
4. As evidence to establish the right of admission to the professions and to many public offices;
5. As evidence of legal age to marry;
6. As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;
7. As evidence to determine the liability of parents for the debts of a minor;
8. As evidence in the administration of estates, the settlement of insurance and pensions;
9. As evidence to prove the irresponsibility of children under legal age for crimes and misdemeanors, and various other matters in the criminal code;
10. As evidence in the enforcement of law relating to education and to child labor;
11. As evidence to determine the relations of guardians and wards;
12. As proof of citizenship in order to obtain a passport;
13. As evidence in the claims for exemption from or the right to jury and military service;
14. As evidence of right to participate in Social Security and Old Age Assistance benefits.
15. As evidence of population growth and trends and their relation to public health;
16. As evidence of right of wives and children of men in armed services to receive financial allotments.

VALUE OF THE DEATH CERTIFICATE

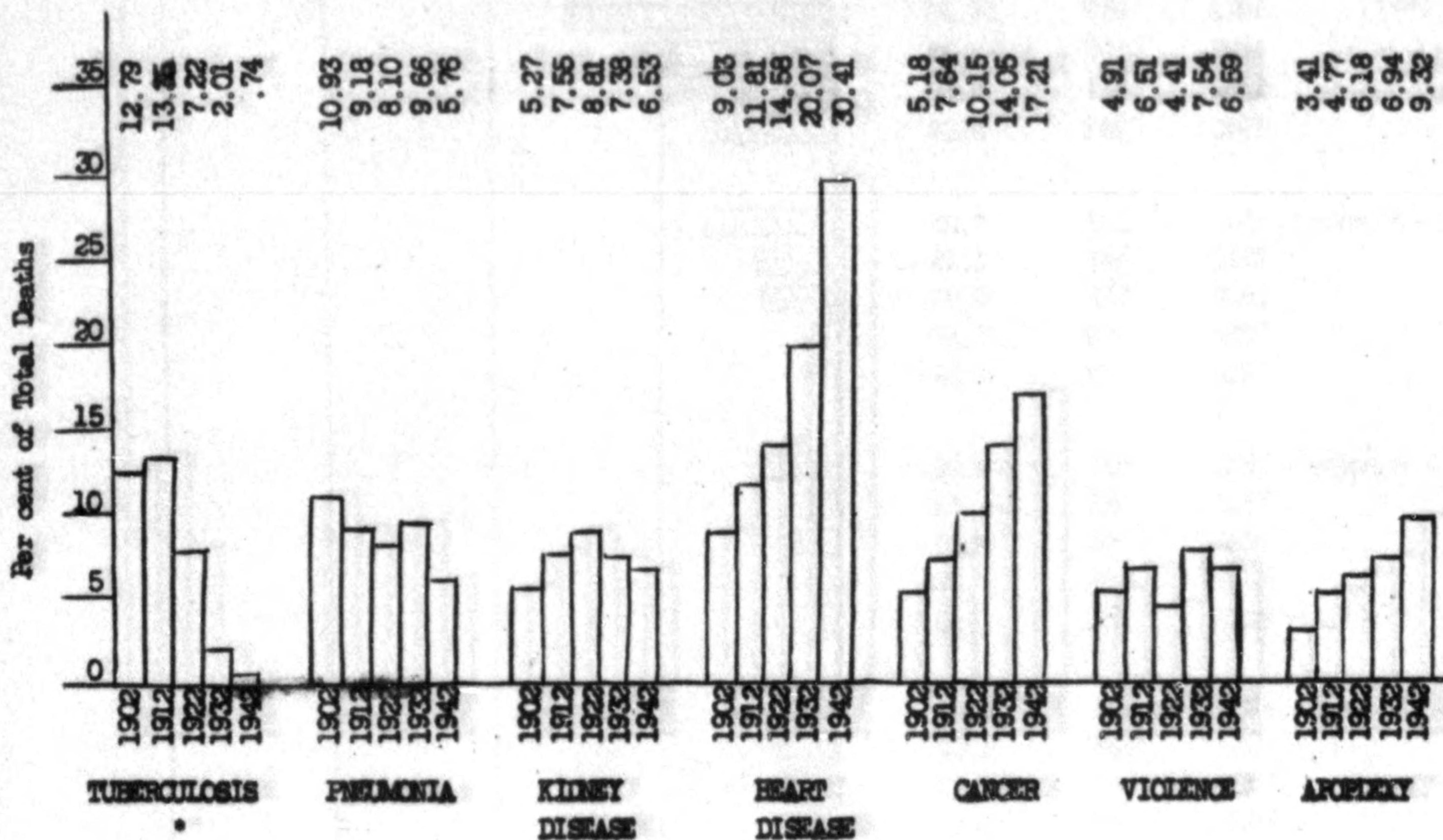
1. As an index to causes of mortality in a community;
2. As an index to essential public health activity;
3. As evidence to secure a burial permit;
4. As evidence to prove fact of death to collect insurance or workmen's compensation;
5. As evidence to secure inheritance, or pension;
6. As evidence to prove right to remarry;
7. As evidence to aid in the prosecution or defense of malpractice or the illegal practice of medicine, nursing, or midwifery.



Minneapolis

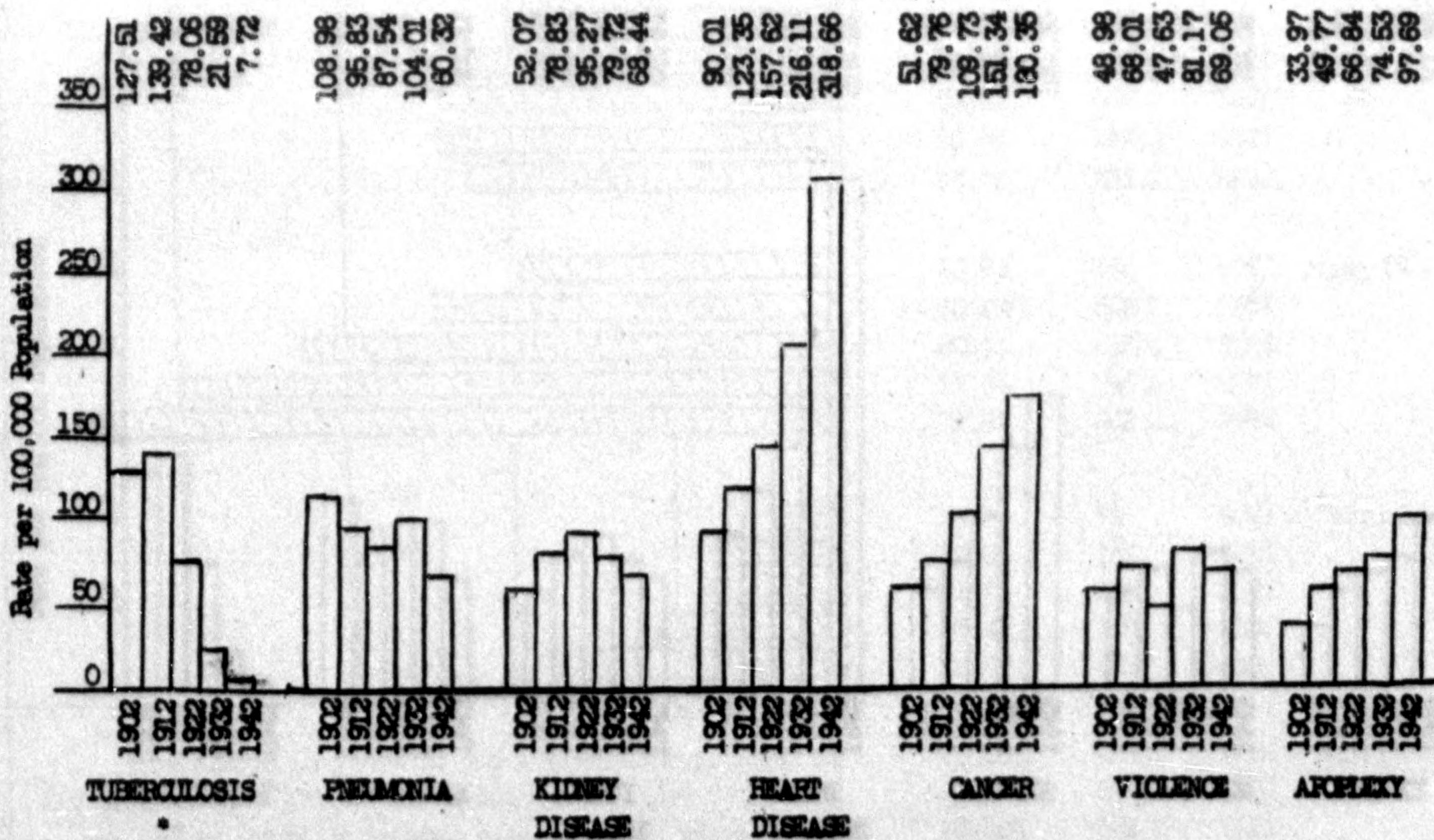
LEADING CAUSES OF DEATH IN COMPARATIVE DECADES

Shown in per cent of total deaths for the year



LEADING CAUSES OF DEATH IN COMPARATIVE DECADES

Shown in rates per 100,000 population for the year



* Does not include deaths of Minneapolis residents at Glen Lake Sanatorium

Minneapolis

AGE DISTRIBUTION OF LEADING CAUSES OF DEATH

1942

	Under 25 years		25-44 years		45-64 years		65 and over		TOTALS		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Both
HEART DISEASE											
Pericarditis	0	0	1	0	0	0	0	0	1	0	1
Endocarditis	4	0	14	13	21	30	32	54	71	97	168
Myocarditis	1	0	5	3	57	53	179	203	242	259	501
Coronary arteries and											
Angina Pectoris	0	0	30	5	217	56	259	191	506	252	758
Other	0	1	3	5	23	12	51	46	77	64	141
Total deaths from Heart Disease											1,569
CANCER											
Digestive tract	1	0	6	8	95	77	146	104	248	189	437
Respiratory tract	1	2	1	0	17	6	15	6	34	14	48
Genito Urinary	0	1	3	14	27	59	64	39	94	113	207
Breast	0	1	0	13	0	41	0	31	0	86	86
Other	5	5	6	9	25	19	20	21	56	54	110
Total deaths from Cancer											888
PNEUMONIA											
Bronchopneumonia	16	14	1	0	10	9	53	42	80	65	145
Lobar pneumonia	6	7	8	6	32	10	51	23	97	46	143
Unspecified	2	1	0	0	0	0	4	2	6	3	9
Total deaths from Pneumonia											297
KIDNEY DISEASE											
Diabetes	1	3	1	1	19	25	30	47	51	76	127
Acute Nephritis	2	0	0	0	1	0	2	0	5	0	5
Chronic Nephritis	4	3	9	1	30	29	55	50	98	83	181
Other	1	0	4	0	7	2	8	2	20	4	24
Total deaths from Kidney Disease											337
VIOLENCE											
Homicides	0	1	2	1	0	1	1	0	3	3	6
Suicides	2	4	11	2	16	5	13	1	42	12	54
Accident by -											
Fall	7	0	3	3	13	6	45	88	68	97	165
Fire - Burns	3	6	0	3	0	1	1	1	4	11	15
Drowning	4	0	1	0	4	0	0	0	9	0	9
Automobile	12	2	9	2	20	5	14	4	55	13	68
Other Means	21	9	13	3	16	4	10	1	60	17	77
Total deaths from Violence											394

There was an increase of 20 deaths from heart disease in 1942 compared with 1941; a decrease of 22 deaths from cancer; a decrease of 16 deaths from pneumonia; a decrease of 17 deaths from kidney disease; and a decrease of 44 deaths from violence. In this last group there was an increase of 18 deaths due to accidents by falling, but a decrease in the other inclusions in this group, notably suicides which were 37 less than in the previous year.

LEADING CAUSES OF DEATH IN AGE GROUPS FOR 1942

Age Group	Cause of Death	Per cent of Deaths in Age Groups						No. Deaths %	
		0	10	20	30	40	50		
Under 1 year	1. Prematurity	[Bar from 0 to 43.3]						149	43.3
	2. Congenital Malformation	[Bar from 0 to 21.8]						75	21.8
	3. Birth Injury	[Bar from 0 to 10.2]						35	10.2
	4. Pneumonia	[Bar from 0 to 8.4]						29	8.4
	5. Influenza	[Bar from 0 to 1.2]						4	1.2
	6. Contagious Diseases	[Bar from 0 to 1.2]						4	1.2
	7. Diarrhea and Enteritis	[Bar from 0 to 0.8]						3	.8
	8. Other	[Bar from 0 to 13.1]						45	13.1
							<u>344</u>	<u>100.0</u>	
1 - 4 years	1. Accidents	[Bar from 0 to 29.2]						21	29.2
	2. Congenital Malformation	[Bar from 0 to 11.1]						8	11.1
	3. Pneumonia	[Bar from 0 to 11.1]						8	11.1
	4. Cancer	[Bar from 0 to 8.3]						6	8.3
	5. Contagious Diseases	[Bar from 0 to 6.9]						5	6.9
	6. Leukemia	[Bar from 0 to 5.6]						4	5.6
	7. Rheumatic Fever	[Bar from 0 to 2.8]						2	2.8
	8. Other	[Bar from 0 to 25.0]						18	25.0
							<u>72</u>	<u>100.0</u>	
5 - 9 years	1. Accidents	[Bar from 0 to 44.9]						13	44.9
	2. Pneumonia	[Bar from 0 to 13.8]						4	13.8
	3. Heart Disease	[Bar from 0 to 6.9]						2	6.9
	4. Contagious Diseases	[Bar from 0 to 6.9]						2	6.9
	5. Leukemia	[Bar from 0 to 6.9]						2	6.9
	6. Cancer	[Bar from 0 to 3.4]						1	3.4
	7. Kidney Disease	[Bar from 0 to 3.4]						1	3.4
	8. Other	[Bar from 0 to 13.8]						4	13.8
							<u>29</u>	<u>100.0</u>	
10 - 19 years	1. Accidents	[Bar from 0 to 29.4]						20	29.4
	2. Kidney Disease	[Bar from 0 to 10.3]						7	10.3
	3. Cancer	[Bar from 0 to 7.3]						5	7.3
	4. Heart Disease	[Bar from 0 to 5.9]						4	5.9
	5. Pneumonia	[Bar from 0 to 5.9]						4	5.9
	6. Leukemia	[Bar from 0 to 4.4]						3	4.4
	7. Apoplexy	[Bar from 0 to 2.9]						2	2.9
	8. Other	[Bar from 0 to 33.9]						23	33.9
							<u>68</u>	<u>100.0</u>	
20 - 29 years	1. Accidents	[Bar from 0 to 18.7]						19	18.7
	2. Cancer	[Bar from 0 to 12.9]						13	12.9
	3. Heart Disease	[Bar from 0 to 8.9]						9	8.9
	4. Kidney Disease	[Bar from 0 to 5.9]						6	5.9
	5. Suicide	[Bar from 0 to 5.0]						5	5.0
	6. Apoplexy	[Bar from 0 to 4.0]						4	4.0
	7. Puerperal State	[Bar from 0 to 4.0]						4	4.0
	8. Other	[Bar from 0 to 40.6]						41	40.6
							<u>101</u>	<u>100.0</u>	
30 - 39 years	1. Heart Disease	[Bar from 0 to 18.4]						30	18.4
	2. Cancer	[Bar from 0 to 13.5]						22	13.5
	3. Accidents	[Bar from 0 to 9.2]						15	9.2
	4. Kidney Disease	[Bar from 0 to 6.7]						11	6.7
	5. Suicide	[Bar from 0 to 4.3]						7	4.3
	6. Tuberculosis	[Bar from 0 to 3.7]						6	3.7
	7. Pneumonia	[Bar from 0 to 3.7]						6	3.7
	8. Puerperal State	[Bar from 0 to 3.7]						6	3.7
	9. Other	[Bar from 0 to 36.8]						60	36.8
							<u>163</u>	<u>100.0</u>	

Leading Causes of Death in Age Groups for 1942

Age Group	Cause of Death	Per cent of Deaths in Age Groups					No. Deaths	%
		0	10	20	30	40		
40 - 49 years	1. Heart Disease	[Bar from 0 to ~28]					99	25.5
	2. Cancer	[Bar from 0 to ~28]					98	25.2
	3. Accidents	[Bar from 0 to ~8]					24	6.2
	4. Pneumonia	[Bar from 0 to ~8]					20	5.2
	5. Kidney Disease	[Bar from 0 to ~8]					20	5.2
	6. Apoplexy	[Bar from 0 to ~8]					19	4.9
	7. Suicide	[Bar from 0 to ~4]					11	2.8
	8. Other	[Bar from 0 to ~28]					97	25.0
						<u>388</u>	100.0	
50 - 59 years	1. Heart Disease	[Bar from 0 to ~42]					275	35.2
	2. Cancer	[Bar from 0 to ~22]					176	22.6
	3. Apoplexy	[Bar from 0 to ~8]					56	7.2
	4. Kidney Disease	[Bar from 0 to ~8]					50	6.4
	5. Accidents	[Bar from 0 to ~6]					34	4.4
	6. Pneumonia	[Bar from 0 to ~6]					30	3.8
	7. Syphilis	[Bar from 0 to ~4]					18	2.3
	8. Cirrhosis of Liver	[Bar from 0 to ~4]					16	2.1
	9. Other	[Bar from 0 to ~22]					125	16.0
						<u>780</u>	100.0	
60 - 69 years	1. Heart Disease	[Bar from 0 to ~32]					354	33.0
	2. Cancer	[Bar from 0 to ~22]					250	23.3
	3. Apoplexy	[Bar from 0 to ~10]					123	11.5
	4. Kidney Disease	[Bar from 0 to ~10]					89	8.3
	5. Pneumonia	[Bar from 0 to ~8]					45	4.2
	6. Accidents	[Bar from 0 to ~6]					37	3.4
	7. Syphilis	[Bar from 0 to ~4]					14	1.3
	8. Suicide	[Bar from 0 to ~4]					14	1.3
	9. Prostatic Disease	[Bar from 0 to ~4]					14	1.3
	10. Other	[Bar from 0 to ~10]					133	12.4
						<u>1073</u>	100.0	
70 - 79 years	1. Heart Disease	[Bar from 0 to ~32]					435	34.9
	2. Cancer	[Bar from 0 to ~18]					215	17.3
	3. Apoplexy	[Bar from 0 to ~12]					171	13.7
	4. Kidney Disease	[Bar from 0 to ~8]					90	7.2
	5. Pneumonia	[Bar from 0 to ~8]					73	5.9
	6. Accidents	[Bar from 0 to ~6]					69	5.6
	7. Prostatic Disease	[Bar from 0 to ~4]					28	2.2
	8. Arteriosclerosis	[Bar from 0 to ~4]					25	2.0
	9. Other	[Bar from 0 to ~10]					139	11.2
						<u>1245</u>	100.0	
80 and over	1. Heart Disease	[Bar from 0 to ~42]					361	40.3
	2. Apoplexy	[Bar from 0 to ~10]					104	11.6
	3. Cancer	[Bar from 0 to ~10]					102	11.4
	4. Accidents	[Bar from 0 to ~8]					76	8.5
	5. Pneumonia	[Bar from 0 to ~8]					75	8.4
	6. Kidney Disease	[Bar from 0 to ~8]					61	6.8
	7. Arteriosclerosis	[Bar from 0 to ~6]					37	4.1
	8. Other	[Bar from 0 to ~10]					80	8.9
						<u>896</u>	100.0	

COMPARED WITH 36 LARGE CITIES OF THE UNITED STATES IN 1942

MINNEAPOLIS HAS -

the 16th largest population	492,370
the 12th highest birth rate	25.0 *
the 7th lowest death rate	10.5 *
Minneapolis tied with Houston, Texas for 7th place.	
the 4th lowest infant mortality rate	27.9 **
the 2nd lowest maternal death rate	1.1 **
Minneapolis tied with Seattle for 2nd place.	
the 16th lowest morbidity rate for tuberculosis	126.7 ***
the lowest death rate for tuberculosis,-for deaths occurring in Minneapolis only	7.7 ***
the 2nd lowest death rate for tuberculosis,-including deaths of Minneapolis residents at Glen Lake Sanatorium	23.5 ***
a zero morbidity rate for smallpox	0.0 ***
28 other cities in the group had the same record.	
a zero death rate for smallpox, which was the rate for all of the 36 cities.....	0.0 ***
the 19th lowest morbidity rate for diphtheria	7.5 ***
a zero death rate for diphtheria	0.0 ***
6 other cities in the group had no deaths from diphtheria	
the 7th lowest death rate for motor vehicle accidents	13.8 ***

* per 1,000 population

** per 1,000 live births

*** per 100,000 population

COMPARABLE DEATH RATES FROM CERTAIN CAUSES

per 100,000 population - 1942

Based on total deaths in area, including non-residents

	<u>United States *</u>	<u>Minnesota</u>	<u>Minneapolis</u>
Heart Disease	292.6	274.1	318.7
Cancer	120.3	141.2	180.4
Pneumonia	54.9	48.3	60.3
Poliomyelitis	0.8	0.3	6.9
Tuberculosis	45.9	25.2	23.5 ***
Venereal Disease	14.7	7.3	9.5
Motor vehicle accidents	26.2	17.0	13.8
Maternal deaths **	3.8	1.6	1.1
Infant deaths **	47.0	29.9	27.9
Birth rate ****	17.9	21.1	25.0
Death rate ****	10.8	9.4	10.5

* Figures for the United States are for the year 1940

** per 1,000 live births

*** includes deaths of Minneapolis residents at County Sanatorium

**** per 1,000 population

1942

344 INFANT DEATHS in Minneapolis
(under 1 year of life)

<u>Age Distribution</u>	<u>Male</u>		<u>Female</u>	<u>Age Distribution</u>
Under 1 day -	39			Under 1 day -
1 - 6 days -	35			1 - 6 days -
7 - 30 days -	4	80	69	7 - 30 days -
1 - 5 mos. -	2			1 - 5 mos. -
6 - 12 mos. -	0			6 - 12 mos. -
		PREMATURE BIRTHS		
		149		
Under 1 day -	8			Under 1 day -
1 - 6 days -	14			1 - 6 days -
7 - 30 days -	5	42	33	7 - 30 days -
1 - 5 mos. -	10			1 - 5 mos. -
6 - 12 mos. -	5			6 - 12 mos. -
		CONGENITAL MALFORMATIONS AND DEBILITY		
		75		
Under 1 day -	8			Under 1 day -
1 - 6 days -	8			1 - 6 days -
7 - 30 days -	1	21	14	7 - 30 days -
1 - 5 mos. -	2			1 - 5 mos. -
6 - 12 mos. -	2			6 - 12 mos. -
		INJURY AT BIRTH		
		35		
Under 1 day -	0			Under 1 day -
1 - 6 days -	0			1 - 6 days -
7 - 30 days -	3	14	14	7 - 30 days -
1 - 5 mos. -	10			1 - 5 mos. -
6 - 12 mos. -	1			6 - 12 mos. -
		PNEUMONIA		
		28		
Under 1 day -	0			Under 1 day -
1 - 6 days -	0			1 - 6 days -
7 - 30 days -	1	3	1	7 - 30 days -
1 - 5 mos. -	2			1 - 5 mos. -
6 - 12 mos. -	0			6 - 12 mos. -
		DIARRHEA AND ENTERITIS		
		4		
Under 1 day -	0			Under 1 day -
1 - 6 days -	0			1 - 6 days -
7 - 30 days -	0	1	1	7 - 30 days -
1 - 5 mos. -	1			1 - 5 mos. -
6 - 12 mos. -	0			6 - 12 mos. -
		CONTAGIOUS DISEASES		
		2		
Under 1 day -	3			Under 1 day -
1 - 6 days -	7			1 - 6 days -
7 - 30 days -	1	24	27	7 - 30 days -
1 - 5 mos. -	9			1 - 5 mos. -
6 - 12 mos. -	4			6 - 12 mos. -
		OTHER		
		51		
	185		159	

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MATERNAL DEATHS IN MINNEAPOLIS

1942

Deaths	13	Rate per 1,000 live births	1.1
Resident	8	rate	0.7
Non-resident ..	5	rate	0.4

Causes of Maternal Deaths

Septicaemia	1
Toxemia	3
Other accidents	2
Abortion	4
Hemorrhage	<u>3</u>
	13

Number of This Child to This Mother

	<u>Age of Mother</u>
1st child (3)	24 - 25 - 36
2nd child (2)	27 - 32
Not known (8)	26 - 31 - 31 - 32
(no birth record)	38 - 40 - 40 - 41

Age Distribution of Mothers

Under 25 years	1
25 - 29 years	3
30 - 34 years	4
35 - 39 years	2
40 years and over	<u>3</u>
	13

COMMUNICABLE DISEASE CONTROLAcute Communicable DiseaseCases Reported, and Deaths

	<u>1912</u>		<u>1922</u>		<u>1932</u>		<u>1942</u>	
	<u>Cases</u>	<u>Deaths</u>	<u>Cases</u>	<u>Deaths</u>	<u>Cases</u>	<u>Deaths</u>	<u>Cases</u>	<u>Deaths</u>
Scarlet fever	522	15	1,708	34	1,326	16	709	1
Diphtheria	573	46	1,275	50	223	5	37	0
Chickenpox	*	*	1,643	0	1,451	0	2,089	0
Erysipelas	*	17	85	20	75	13	32	2
Whooping cough	*	10	125	24	596	6	356	1
Smallpox	424	0	268	2	11	0	0	0
Meningitis, epidemic	*	2	1	1	11	3	8	6
Poliomyelitis	8	2	4	1	10	2	34	5
Typhoid fever	186	37	65	8	25	4	8	0
Measles	*	12	1,091	15	466	0	4,608	1

* records not available

The above number of contagious diseases represents cases reported to the Division of Public Health.

In the absence of better known means, control of certain communicable diseases, such as scarlet fever, diphtheria, smallpox, meningitis, poliomyelitis, and typhoid fever, is sought through placard quarantine of the premises and of contacts of the known cases, and isolation of the patients. Visits for investigation, and for the establishment and removal of placard quarantine, during the year, totaled 1,941.

Persons who are head of family or other contact of the patient in a quarantined home are allowed to leave the premises if they have no symptoms of disease, and if their occupation permits. If these persons are in the home at the time the placard for quarantine is posted, the Public Health Nurse makes an inspection of the persons, and if indicated the proper permit to leave the premises, or to move from the premises is issued by her. Members of the household who are not at home at the time quarantine is established must report to the offices of the Division for inspection and permit by the Quarantine Officer. During the year, there was a total of 2,244 persons, other than patients, affected by placard quarantines. Of this number, 563 were head of family who were released from quarantine restrictions with the exception of 31 who were restricted from continuing their occupations for a period of five or seven days. Of the total affected persons, 1,118 were other members of the family of whom 148 were released from quarantine restrictions according to regulations; and 563 were school pupils or students all of whom were restricted for a required period. There were 748 visits made to the office for head of family, removal, and/or school permits.

The communicable diseases measles, chickenpox, mumps, and whooping cough are not quarantined by placard, as control by this method is conceded to be of little value to the community. The contagiousness of these diseases is greatest in the early stages when too often unrecognized, and before quarantine can be established. It is suspected that many cases of all the contagious diseases are not reported, and it is a very definite suspicion in this group.

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These diseases are reportable, and instructions for the isolation of the patient are forwarded to the head of the household concerned.

There are 47 hospital beds available at the Minneapolis General Hospital for the quarantine of communicable diseases. During the year, 619 patients were admitted for care, resulting in 7,120 patient days. Of the number of admitted cases, 130 were scarlet fever, 15 diphtheria, 7 meningitis, 30 poliomyelitis, 42 whooping cough, 160 measles, 100 mumps, 37 chickenpox, 25 erysipelas, and the remainder were miscellaneous conditions. Persons able to pay the cost of hospitalization are billed for their care in the institution. During the year 1942, cost of maintaining the "contagious wards of the Minneapolis General Hospital was \$40,085.60.

Immunization. It is possible for a community to be free from cases of and deaths from smallpox and diphtheria, as there are known means of prevention for these two diseases.

The program of immunization in the infant welfare clinics of the Community Health Service, inaugurated in 1941 with that agency conducting the activity and the Division furnishing the material, was continued throughout the year. A large portion of the material was obtained through the State Department of Health. In this program 1,198 children nine years of age and under were given diphtheria inoculations. 1,248 Schick tests were given, of which 1,139 were negative. In this same program, 1,170 children nine years of age and under were vaccinated against smallpox, of which 1,084 were primary vaccinations. These immunization procedures are encouraged between the sixth and twelfth month of life. Of the total diphtheria inoculations 461 were in this group, and of the total smallpox vaccinations 490 were in this group.

A similar program, started in 1941, in the out patient clinic for children fourteen years of age and under at the Minneapolis General Hospital, was continued throughout the year. In this clinic 161 children were given diphtheria inoculations, only one of whom was under 1 year of age. Thirty-one Schick tests were given, 15 of which proved to be negative. In this same period, 162 smallpox vaccinations were performed, only 1 of them for an infant under one year of age.

Physicians and institutions of the city reported for all age groups 3,097 smallpox vaccinations of which 1,835 were primary, and 602 were under one year of age. This group reported 1,261 diphtheria inoculations of which 632 were in infants.

Scarlet Fever was reported in 709 cases during the year, which is an increase of 204 cases compared with the previous year. The highest age incidence of the disease occurred in the group five to nine years with a total of 348 cases or 49.1 per cent of the total. The next highest number occurred in the age group ten to fourteen, with a total of 101, or 14.2 per cent of the total. There were 143 cases in the age group one to four. There were 5 cases under one year of age. The oldest patient was in the group 60-64. Sex of the patients was fairly evenly divided: 345 male, and 364 female. The number of reported cases of scarlet fever for the year gives a rate of 144.0 per 100,000 population. The highest incidences of the disease occurred in December, March, and November, in that order. There was one death from scarlet fever during the year--a two year old, female child.

Diphtheria was reported in 37 cases during the year, six cases more than the number reported in the previous year. The highest incidence occurred in the age group 15-19 years with 7 cases or 18.9 per cent of the total. There were 4 cases under one year of age. Twelve cases occurred in persons 20 years of age and over; the oldest over 65 years of age. Nineteen cases occurred in males and eighteen in females. The number of reported cases of diphtheria gives a case rate of 7.5 per 100,000 population. There were no deaths from this disease during the year. This is the first year on record in which there were no deaths from diphtheria.

Smallpox appears on the records for the year with no cases and no deaths, the first time this record has been established since 1933.

This record, however, does not result because the community is well protected; it is undoubtedly due to the absence of the disease from the immediate community and the low incidence in neighboring states and other parts of the country. Such a situation gives rise to alarm, for in the absence of the disease the necessity of protection by a recent successful vaccination is overlooked by a lethargic population. This gives rise to the majority of the population being unprotected; either having never been successfully vaccinated, or failing to keep an original successful vaccination active by revaccination every five to seven years. At the close of this year, the unprotected members of the community number close to one-fifth of the population.

A survey of the vaccinal status of the school children of the city is made each year by the Board of Education in the public schools, and by the Division of Public Health in the parochial schools. The survey for 1942 showed that among the children inspected in the public schools 35 per cent were unprotected, and that among the children inspected in the parochial schools 41 per cent were unprotected.

Typhoid Fever was reported in 8 patients during the year, compared with eleven in the previous year. Of the 8 patients, two were male, and six were female. The cases were reported in January, April, May, June, July, and November. The youngest patient was six years of age, and the oldest 52. Four of the patients were non-residents, brought into local hospitals for care. The sources of infection for these cases were undetermined.

Poliomyelitis was reported in 34 cases during the year, which was a decrease of 21 cases compared with the previous year. All cases occurred in persons under 40 years of age. The highest reported numbers were in the months August through November. Of the 34 patients, 21 were male, and 13 female. The youngest patient was one year of age. The highest age group incidence, 9, was in the group five to nine years. Fifteen of the 34 reported cases were non-residents brought into local hospitals for care and treatment. The 34 cases give a case rate of 6.9 per 100,000 population. Deducting the 15 non-resident cases the case rate per 100,000 population for Minneapolis residents only is 3.9. There were 5 deaths from this disease during the year, all of which were non-resident persons brought to the local hospitals.

(see page 55 for establishment of Elizabeth Kenny Institute)

Measles was reported in 4,608 cases during the year compared with 191 for the preceding year. Of the 4,608 persons, 2,215 were male and 2,393 female. The

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highest age incidence occurred in the group 5-9 years, with 3,334 or 72.4 per cent of the cases. There were 615 cases in the age groups under five years, and 342 cases in the age group 10-14 years. There was one death from this disease during the year - an eight months old infant. The death was complicated by pneumonia.

Chickenpox was reported in 2,089 cases during the year compared with 1,710 in the preceding year. There were 1,077 cases in males, and 1,012 in females. The highest incidence occurred in the age group 5-9 years with 1,441 cases or 69.0 per cent of the total. There were 223 cases in the age group under five years, and 298 cases in the age group 10-14 years. There were no deaths from this disease during the year.

Whooping cough was reported in 356 cases during the year compared with 1,045 cases in the previous year. There were 154 cases in males, and 202 in females. There were 186 cases in the age group 5-9 years, or 52.2 per cent of the total. There were 123 cases in the age group under 5 years, of which 23 were under one year of age. There was one death from this disease during the year - a one year old, female child.

Other Communicable Diseases reported were 4 cases of encephalitis with one death; 14 cases of undulant fever; 32 cases of erysipelas, with 2 deaths; 2 cases of dysentery, with 1 death; 8 cases of epidemic meningitis, with 6 deaths; 3,605 cases of mumps, with 1 death; 2 cases of tetanus, with 2 deaths; 3 cases trachoma; and one case of tularemia.

On December 31, there were under placard quarantine 57 cases of scarlet fever, 1 case of diphtheria, 1 case of typhoid fever and 1 case of poliomyelitis. The highest number of cases under placard quarantine on any one day during the year was 83, and the lowest number 10.

Canine Rabies which appeared in alarming numbers in May 1938, then subsiding and reappearing again in the following two years, was reported in but one case during the year, and that in January through the laboratory of the University Farm School.

Tuberculosis ControlComparative Data on Tuberculosis Control

	<u>1922</u>	<u>1932</u>	<u>1942</u>
Number of new cases reported (all forms) ¹	1,277	731	624
Number of new cases reported by clinics	368	196	50
Number of new cases reported by physicians	909	535	574
Number of cases hospitalized	748	527	515
Number of new clinic patients - P.H.Center:Children	:	1,183	596 #
P.H.Center:Adult	:	:	856 #
Other	759	1,397	703 #
Number of clinic visits by patients			
P.H.Center:Children	:	4,904	2,612
P.H.Center:Adult	:	:	5,261
Other	2,652	5,655	4,374
Number of skin tests - P.H.Center:Children	835	5,421	2,229
Number positive	360	510	203
P.H.Center:Adult	:	:	1,226
Number positive	:	:	570
Number of X-rays at Public Health Center			
P.H.Center:Children	*	2,987	845
P.H.Center:Adult	:	:	2,309
Number of deaths in Minneapolis	313	104	38
Number of deaths of non-residents in Minneapolis	53	14	10
Number of deaths of Minneapolis residents at Glen Lake	31	90	78
Minneapolis tuberculosis gross death rate per 100,000 population, including deaths of Minneapolis residents at Glen Lake	85.8	40.3	23.5
Number of cases first learned of through death certificates	80	30	17
Number of nurses' home calls and clinic visits	10,350	30,685	27,487
Total cases on record	*	6,940	8,855 #
Total cases under Division control	*	4,067	4,911
Primary infection		*	2,405
Reinfection		*	2,506

¹ these figures do not include primary infection
* records not available
includes primary tuberculous infection
: clinic not in existence

38

At the beginning of the year, there were 8,951 cases of tuberculosis on record, including primary infection. During the year, 1,247 cases were closed because of death, removal from the city, or reported as arrested cases. There were 209 cases reopened during the year. At the close of the year there were 8,855 primary and reinfection type cases on record, a rate of 1,798.44 cases per 100,000 population.

Of the total nurses' visits, 774 were first visits to patients, and 1,435 were clinic visits; the remaining 25,278 visits were for follow-up. As part of their activity, the nurses took 206 persons, and sent 5,140 persons to physicians for examinations.

Of the 38 deaths from tuberculosis in Minneapolis, 33 were from pulmonary tuberculosis; 25 male, and 8 female. Nine deaths were reported to the Division as cases only one week or less before death. The shortest length of time between report of case and death of patient was one day; the longest time was eighteen years. There were 17 deaths of patients not reported as cases before death. Twenty-seven of the 38 deaths occurred in hospitals of the city. The occupations of the decedents were 11 housewives; 4 laborers; 2 clerks; 2 salesmen; 2 students; and the remainder one each for 17 other occupations. Seventy-six per cent of the decedents were American born.

Of the 515 cases of tuberculosis hospitalized, 31 were incipient, 122 were moderately advanced, and 284 were far advanced.

Thirty-one persons were committed to the County Sanatorium by the Commissioner of Health during the year to protect the public health against persons negligent in preventing the spread of their infection, or recalcitrant persons who refused to observe regulations for the protection of other individuals.

During the year, 19,556 vials of 1-1,000 and 1-500 dilution tuberculin were prepared in the Division laboratory for distribution by the Hennepin County Tuberculosis Association to the medical profession, to encourage routine testing of all patients.

Tuberculosis clinics of the Division are conducted four days each week for children, and four days and one evening for adults. Clinics at Fairview Hospital are conducted three days and one evening each week; at the Minneapolis General Hospital one day each week; and at University Hospital two days each week. These clinics are attended by Division nurses.

During the year, 10 children were excluded from school attendance because of tuberculous infection.

Since 1937, eleven beds at the Minneapolis General Hospital have been set aside for observation and study of some tuberculosis patients before transfer to Glen Lake Sanatorium.

Of the 624 reinfection type cases reported during the year, 563 were pulmonary tuberculosis, of which 116 were in the incipient stage, 335 advanced, and 112 stage not determined.

Eighty-five per cent of the child contacts and 65 per cent of the adult contacts of new cases are examined.

The status of 120 persons rejected by the army because of tuberculous conditions was checked by the Division.

The clinics of the Division, with x-ray and laboratory facilities, are an all-important part of the Division epidemiological activity and case-finding program. Separation of any of these services from the official jurisdiction of the Division would be a deterrent to the efficient discharge of duties imposed by State Law, and City Charter to "prevent and suppress disease." Tuberculosis is a disease - a communicable disease, and must be so recognized.

From time to time the question of placing the Division clinic activities under the jurisdiction of the County Sanatorium Commission has been brought before the Board by the Commission for consideration. The question was reintroduced early in the year, resulting in referral of the matter by the Board to a special committee of six physicians representing the State Department of Health, the University of Minnesota, the Minneapolis General Hospital, the Sanatorium Commission, and the Division of Public Health. The findings of this committee suggested that duplication of service could be prevented, and that some financial saving would be effected through consolidation of the clinics of the Division and of the Commission, but did not recommend under which agency's jurisdiction the clinics should operate after consolidation. After months of deliberation, the Board of Public Welfare determined that the Division should operate the tuberculosis control clinics in Minneapolis. There was no consolidation.

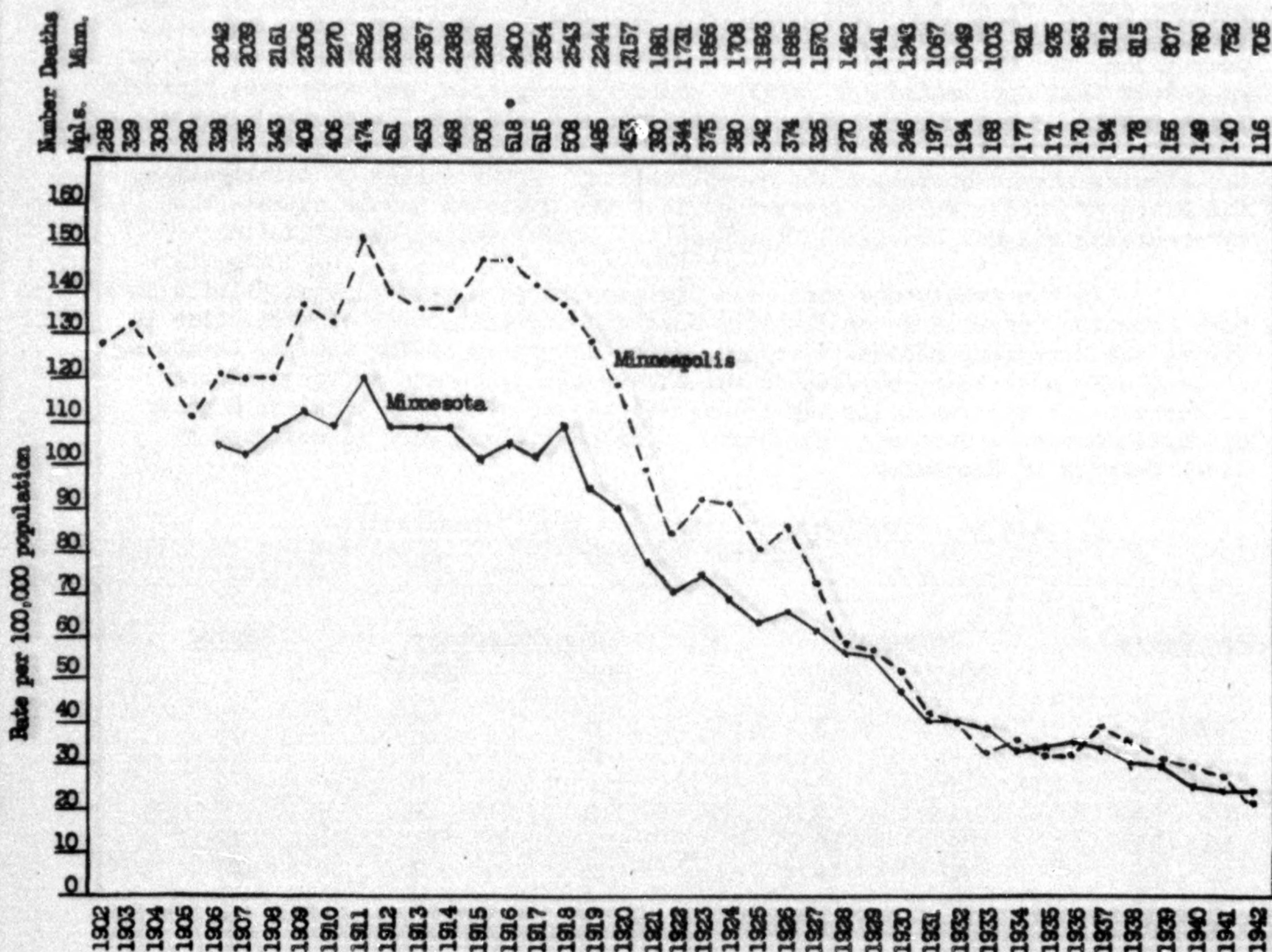
In the twenty-one years the Division tuberculosis control clinics have been operated, physicians of the city have given gratuitously of their time in giving the necessary medical service. With the status of War and the lessening of available practicing physicians and the resulting demand of the community on the time of the remaining physicians, it became necessary to place a group of physicians on a rotating, pay basis. Ten physicians were so assigned by Civil Service in September.

Age Distribution of Reinfection Type Tuberculosis
Reported in 1942

<u>Age Group</u>	<u>Pulmonary</u>		<u>Non-Pulmonary</u>		<u>Total</u>
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
Under 1	0	3	0	0	3
1 - 4	0	1	0	0	1
5 - 9	0	0	1	0	1
10 - 14	0	3	2	2	7
15 - 19	11	10	1	1	23
20 - 24	22	19	3	3	47
25 - 29	35	33	6	4	78
30 - 34	46	28	5	3	82
35 - 39	37	21	2	2	62
40 - 44	52	11	2	1	66
45 - 49	42	6	1	0	49
50 - 54	34	5	4	2	45
55 - 59	28	5	2	2	37
60 - 64	13	6	0	1	20
65 & over	34	19	1	2	56
Unknown	<u>24</u>	<u>15</u>	<u>4</u>	<u>4</u>	<u>47</u>
	378	185	34	27	624

**Tuberculosis Mortality
In Minneapolis and In Minnesota**

1902 - 1942



* 1916 through 1942 Minneapolis rates include deaths of Minneapolis residents at Glen Lake Sanatorium

The 1942 death rate for Minneapolis is the lowest on record for the city, namely 23.5 per 100,000 population. The rate for deaths occurring in the city only is 7.7 per 100,000 population.

Venereal Disease Control

	<u>1937</u>	<u>1941</u>	<u>1942</u>
Total number of cases reported	2,146	1,278	1,546
Syphilis	993	756	842
Male	612	477	582
Female	381	279	260
Gonorrhoea	1,152	519	702
Male	747	335	385
Female	405	184	317
Chancroid	1	3	2
Male	1	2	2
Female	0	1	0
Number of cases reported by physicians	1,100	723	1,061
by clinics and other	1,046	555	485
Number of new clinic patients	746	426	371
Number of clinic visits by patients (new and old)	40,102	27,492	25,701
Number of registered clinic patients December 31			
Syphilis		1,379	1,161
Gonorrhoea		126	101
Number of examinations made of persons committed to City Workhouse			
Male	3,760	3,921	4,440
Female	637	998	1,015
New Cases Gonorrhoea - Male	39	18	7
Female	25	10	17
New Cases Syphilis - Male	167	39	40
Female	44	7	11
Treatments for Gonorrhoea	1,415	332	227
Syphilis	2,140	1,288	719
Number of examinations of persons referred to the Division			
Total referred	53	53	110
Positive Gonorrhoea	3	2	20
Positive Syphilis	15	8	10
Number of court actions taken against persons delinquent in treatment	30	12	26
Number of sources of infection reported	170	139	231
Number of nurses' home calls and clinic visits	5,892	4,709	5,240
Number of deaths from venereal disease	47	55	47
Syphilis	44	53	47
Gonorrhoea	3	2	0

<u>SYPHILIS</u>	<u>Year</u>	<u>Stages</u>					<u>Total</u> <u>Cases</u>
		<u>Primary</u>	<u>Secondary</u>	<u>Tertiary</u>	<u>Latent</u>	<u>Neuro</u> <u>Congenital</u>	
	1932	123	422	498	*	126	1204
	1942	40	63	59	579	74	842

Of the 842 cases of syphilis and two cases of chancroid reported in 1942, ten were under sixteen years of age: 7 male, and 3 female. Fifteen patients were from 16-20 years of age: 6 male, and 9 female. Sixty-six patients were 21-25 years of age: 28 male, and 38 female. Eighty patients were 26-30 years of age: 53 male, and 27 female. One hundred ninety-five patients were 31-40 years of age: 142 male, and 53 female. One hundred seventy-nine patients were 41-50 years of age: 135 male, and 44 female. One hundred fifty patients were over 50 years of age: 114 male, and 36 female. The ages of 149 patients were not obtained.

Six hundred seventy-six patients were white, 56 black, 14 other color, and 98 not stated. Marital status of the 844 patients: single 238, married, 358, widowed or divorced 108, separated 43, not stated 97.

* classification not used in 1932.

<u>GONORRHEA</u>	<u>Year</u>	<u>Stages</u>		<u>Total</u> <u>Cases</u>
		<u>Acute</u>	<u>Chronic</u>	
	1932	1245	324	1569
	1942	566	136	702

Of the 702 cases of gonorrhoea reported in 1942, seventeen were under sixteen years of age: 1 male, 16 female. Sixty-six were 16-20 years of age: 36 male, 30 female. One hundred eighty-three were 21-25 years of age: 81 male, 102 female. One hundred thirty were 26-30 years of age: 75 male, 55 female. One hundred two were 31-40 years of age: 66 male, and 36 female. Forty-two were 41-50 years of age: 37 male, 5 female. Twenty were over 50 years of age: 13 male, and 7 female. The ages of 142 patients were not obtained.

Five hundred fifty-nine patients were white, 56 black, 7 other color, and 80 not stated. Marital status of the 702 patients: single 324, married 209, widowed or divorced 68, separated 37, and not stated 64.

In addition to the clinics maintained by the Division, clinics for venereal disease control are conducted by the Minneapolis General Hospital, and Wells Memorial. These clinics are attended by nurses of the Division, and their activity included in the figures on page 41.

During the year, 10 children were excluded from school attendance because of venereal infection.

The status of 87 persons rejected by the Army or Navy because of venereal infection was checked by the Division.

For many years, the Division has felt the need for a detention-quarantine facility for venereally infected women. Plans for such a facility were proposed as a WPA project in 1936, but reconditioning of the possible location was not deemed feasible at the time by the persons having jurisdiction. The need for this facility is very apparent during present War conditions with the congregation in the vicinity of Minneapolis of large numbers of the armed services - Fort Snelling, Wold Chamberlain Field, University of Minnesota, Seavage - and with the influx of workers to nearby war plants, and the resulting activity of prostitutes and the unstable emotions of so-called "Victory Girls." Local finances do not permit the assumption of this additional activity as a financial obligation of the city. However, provision has been made by the Federal Government under the Lanham Act to give financial support to necessary health work in areas of the country where war activity has created, intensified, or aggravated a health problem. Because of the location of Minneapolis in a military and war industry area of the country, the Division of Public Health has been encouraged by Federal agencies to make application for establishment of such a facility under provisions of the Lanham Act. Through such support, the available location can be reconditioned, equipped, maintained, and personnel employed. The necessary documentation and application are being prepared for presentation to the Federal Government.

The city of Minneapolis, and the State of Minnesota, have had comparatively low rates of incidence of venereal disease. The public health aim is to keep the incidence low, and the proposed quarantine-detention facility will aid this effort.

There was an increase of 21 per cent in the number of reported cases of venereal disease in 1942 compared with 1941. The increase of reported cases of syphilis was 11 per cent; the increase in reported cases of gonorrhoea was 35%.

School Nursing

The Division has conducted health supervision in the parochial schools of the city since May 1, 1930, for detection of contagious diseases, and for prevention of the introduction of diseases into the schools. This activity is carried on by the Division nurses under the supervision of a directing nurse. During the past school year, the nurses averaged one hour and twenty-seven minutes in the schools each school day.

Twenty-nine schools are so served with an enrollment of approximately 9,699 pupils, or approximately 441 pupils per nurse; or 2.3 nurses per 1,000 pupils.

During the school year September 1941 to June 1942, the nurses made 73,017 inspections of children for exclusion, excuse, readmission, instruction or other reason. These inspections were made in the nurses' hygiene rooms. In addition, the nurses inspected entire school rooms of children after prolonged school vacations for the detection of suspected contagious diseases that might have been acquired during the vacation period; and also special inspection of rooms of children exposed to certain contagious diseases, and for pediculosis. The number of rooms so inspected totaled 1,703 and included 59,899 children examinations.

Notices of suspected contagious diseases were sent to the Commissioner of Health in 1,784 instances. Throat cultures for diphtheria were taken from 2,904 children of which four were positive.

In the inspection of children for contagious diseases, the nurses found 962 children needing care of skin, eye, dental, heart, chest, orthopedic, medical and ear conditions, and referred these children through their parents to physicians, or special clinics and dispensaries for such care.

There were 2,872 children excluded from school because of contagious diseases, or as contacts of persons having a contagious disease, and 18,097 school days were lost by these children. Mumps, measles, chickenpox, impetigo, whooping cough, and scabies, respectively, caused the most days of absence. Approximately two school days per pupil enrolled were lost because of such exclusions during the school year.

The directing nurse made 1,234 home calls to determine cause of pupil absences.

In addition to the routine and special inspections, the nurses conduct each school year a survey of the vaccinal status of the school enrollment. The survey conducted during the past school year showed 41 per cent of the elementary and high school grades in these parochial schools unprotected against smallpox, which was the same percentage as that for the previous year.

LABORATORIES

During the year, the bacteriological laboratory made 87,600 examinations of throat cultures, sputa, venereal disease specimens, blood, milk, and water. The chemical laboratory made 10,700 examinations of milk, water, drugs, poisons, liquor, and explosives.

Of the 13,357 throat cultures submitted to the bacteriological laboratory for examination for diphtheria bacilli, 12,662 or 94.8 per cent were submitted for diagnosis; 74 for release from quarantine; 621 from contacts of diphtheria cases. Physicians submitted 1,575 cultures; the nurses in the public schools submitted 7,688; and the remainder submitted by Division nurses, or taken in the laboratory. There were 46 positive cultures in the total number examined.

The number of sputum specimens submitted for examination for tubercle bacilli totaled 2,229, of which 196 or 8.8 per cent were positive.

All specimen containers and necessary media and solutions for collection of material to be examined in the laboratories are prepared by the laboratories for distribution to physicians, hospitals, and clinics.

Twenty-two stations are maintained throughout the city where specimens may be left to be collected for the laboratory. Collections are made daily, and during the year 6,002 such collection visits were made. In addition to these stations for supplies and collections there are twelve stations where laboratory supplies may be obtained, but not left for collection. Visits to these stations for delivery of fresh supplies totaled 400 during the year.

There were 22,072 specimens of blood submitted during the year to determine the presence of syphilis. The Hinton test was run on each of these specimens, with 1,731 positive reactions or 7.8 per cent of the total specimens tested. The Eagle test was run on 21,813 specimens or 98.8 per cent of the total submitted. Of the Eagle tests 1,718 or 7.9 per cent were positive.

Specimens submitted for examination for gonococci totaled 12,099 of which 878 or 7.3 per cent were positive.

The laboratories analyzed 3,342 samples of milk and cream, which were representative of the milk supply sold to the consumers of the city. These analyses are in addition to a research study being conducted at the University of Minnesota, participated in by the University, the health departments of Minneapolis and St. Paul, and the milk industries of the Twin Cities. In addition to the routine analysis for butterfat and bacteria content performed in the Division laboratory, the phosphatase test, which detects improperly pasteurized milk, was done on the submitted samples.

Samples of the municipal water supply from distribution points throughout the city, and from private and quasi-public water supplies; and samples from swimming pools, and from natural and artificial ice supplies were analyzed in the laboratory. There were over eight thousand such samples analyzed during the year.

The chemical laboratory, in addition to routine procedures on water, and milk, performed tests and investigations on drugs, poisons, liquors, and other materials for the Police Department, the County Attorney's offices, and the Fire Prevention Bureau.

INSPECTIONFood and Sanitation

During the year, the activities of this section included 42,572 sanitation inspections, and 46,099 food inspections; 5,289 sanitation reinspections, and 1,135 food reinspections. There were 25,388 + pounds of foodstuffs condemned as unfit for human consumption.

There were 1,148 sanitation complaints and 146 food complaints received during the year and given proper attention. Only written complaints authenticated by the complainants' signature are accepted for investigation. This method reduces unwarranted or retaliatory neighborhood complaints by anonymous persons. Ninety-five of the complaints received during the year proved to be without grounds for complaint.

Ordinances of the city require the licensing of certain types of business operating within the city, and require for many of these establishments inspection by the Division of Public Health and approval of the Commissioner of Health. During the year 5,126 applications for license were referred to the Division, the majority of which were for food establishments. Based on ordinance requirements 743 applications were returned to the City Council as not approved because of inability to meet the ordinance standards. However, these applications were granted licenses by the City Council "notwithstanding the disapproval of the Commissioner of Health."

Opportunity to meet the ordinance requirements is given every inspected establishment, and advice and help are given by the public health inspectors. Although court action was necessary in 21 instances against persons who would not comply, these actions were the fewest in number for any of the five preceding years, being exceeded by 20 cases in just the previous year, 1941.

The physical examination of foodhandlers has never been a requirement in Minneapolis, with the exception of course, of persons suffering from or exposed to a communicable disease. Certificates of examination are of value only a short time after they are issued. A person holding such certificate may in the period for which the certificate is issued contract a communicable disease or other condition making him physically unsatisfactory for his work. This condition may not be discovered until the certificate expires and another examination made. In other words, such certificates give a false sense of security. Each year reports reveal that communities employing this regulation are discarding the practice and adopting the policy exercised in Minneapolis.

Under existing ordinances, hospitals, rest homes, boarding homes, and similar institutions licensed under the hospital ordinance of the city are inspected by this Division for sanitation only, and not for methods of operation or conduct.

Surveys of shallow wells are made where such source is the only available water supply for city residents, and samples of the water are collected for analysis in the laboratories. Sources of the ice sold and delivered in the city are inspected, and samples of the ice from these sources are brought into the laboratories for analysis.

Purification and distribution of the city water supply is supervised by the City Engineer of the city, and not by the Division of Public Health. Daily analysis of the water supply is made in the Division laboratories, and close cooperation is maintained between this Division and the Water Works Department through the Public Health Engineer.

Garbage collection from residences of the city is a municipal activity under the jurisdiction of the City Engineer. Complaints about inadequate garbage collections received by this Division are referred to the office of the City Engineer. This Division cooperates by ordering proper and adequate garbage containers where needed.

Notices or so-called "blue cards" are posted on dwellings or buildings found unfit for human habitation notifying the owner or occupants that the premises must be vacated, and remain vacated until placed in proper condition for the purposes intended. During the year, 14 such notices were posted. In five instances the reason for the posted notice was inadequate or defective sanitary equipment and facilities, and in eight instances vermin infestation. The nuisance was abated, and the card removed from 14 premises.

An activity cared for by the Division of Public Health through custom, but which rightfully belongs in the street maintenance division of the City Engineer's office is that of collection of small dead animals from the city streets. During the year there were 1,639 such animals collected and delivered to the garbage crematory for disposal. The crematory is operated by the City Engineer for disposal of garbage and other debris collected by his department. There was an increase of 35 animals compared with the previous year.

The Division received 638 reports of persons bitten by dogs. Only 574 reports gave sufficient information for official action. These reports were referred to the proper authorities for action, as provided by ordinance. There was a decrease of 116 reports compared with the previous year.

The practice of confining a dog, that has bitten a human being, by quarantine on the premises of the owner is not entirely satisfactory as too often the owner is negligent in maintaining the quarantine, there is no adequate check by authority to see that quarantine is maintained, and the release of the dog is upon the owner's statement and opinion that the dog is in good health. Of greater satisfaction to public health and to the person bitten would be the quarantine of such a dog under the jurisdiction of an established authority, at an official location.

Rodent Control

Public Health concern over the potential health hazard of rats as a source of disease to man and animal was increased during the preceding year through numerous complaints of prevalence of rats throughout the city. This situation was brought before the Board of Public Welfare and resulted in a request by the Commissioner of Health to the United States Public Health Service for the detail on one of their rodent control experts to Minneapolis to give advice on the local situation. In compliance with this request, Senior Surgeon G. C. Sherrard of the Service reported, and conferred with the Board on January 12. As a result of this conference the Board at a regular meeting January 16, authorized the detail of a public health inspector to the U. S. Public Health Service Quarantine Station in New York to study rodent control for three months under the supervision of the Service. In conformity with this action of the Board, Inspector Donald J. Little was detailed to report to the training center in New York on February 1.

Upon his return to Minneapolis May 1, Inspector Little began organization of a rodent control program for the city. This program included surveys, investigation of complaints, preparation and distribution of educational material, preparation of a rodent control ordinance, talks and lectures.

An effective program must have the support of adequate legislation. A rodent control ordinance was prepared, with advice of the U. S. Public Health Service, and presented to the City Council for consideration and passage. The ordinance was still under consideration at the close of the year.

Education of the public on rat harborage, propagation, feeding, and eradication is essential to an effective program. Pamphlets were prepared and distributed, and talks were given to as many groups as time would permit. The educational moving picture, "Keep 'Em Out", prepared by the U. S. Public Health Service, was procured and shown to many groups.

An exhibit was prepared for the State Fair in September, and was displayed in space provided by the State Department of Health. The moving picture was shown as part of the exhibit. It was estimated that 22,100 persons visited the exhibit, and that 13,012 persons attended the showings of the movie.

The interest shown in the exhibit and movie and the inquiries made about rodent control indicate the extent of the problem and the need for definite action for elimination of the rat population. To bring this about, cooperation of every organization and individual is necessary.

Until the ordinance is passed, only suggestions for rat proofing of buildings and eradication of rats can be made; compliance is not compulsory.

The limited survey possible during the year ascertained the existence of rat harborage and the presence and extent of rat infestation in various sections of the city. Approximately 1,000 complaints were received and investigated.

RODENT CONTROL



MINNEAPOLIS
DIVISION OF PUBLIC HEALTH
401 CITY HALL

RODENT CONTROL

What is it?

ELIMINATION OF RATS BY—

- Elimination of rat harborage—places where rats live and breed.
- Elimination of food and water supplies that are accessible to rats.
- Destruction by trapping.

Why is it necessary?

Rats are known carriers of disease, including plague, typhus fever, rat-bite fever, and are a contributing factor in food poisoning.

The estimated annual cost of the food eaten by one rat is nearly \$2.00; and the cost in the United States of the food eaten by all rats is estimated at \$250,000,000.

The economic loss caused by rats in the United States in addition to what they actually eat is estimated at \$2,500,000,000 annually.

When is it necessary?

NOW—TODAY. Don't wait until tomorrow, next week, or next month.

Rats are very prolific and can breed at the age of three months; they may have four to twelve litters a year, with four to sixteen rats in each litter.

Where should the control start?

At one's place of business, home, garage, and in or on any building or premises that are infested with rats, or are not ratproof.

Who should help this control?

Every individual within the age of reason. Individual effort alone is not enough; the combined effort of a whole community is needed.

How should this control begin?

1. BUILDING THEM OUT

By . . .

- Eliminating enclosed spaces where rats can live.
- Blocking their entrances into buildings.
- Being certain that all doors and windows fit tightly.
- Filling openings around pipe lines and wires.
- Screening all windows and other openings with heavy wire mesh.
- Extending foundations at least 24 inches below ground level.
- Having a cement floor at least three inches thick and properly tied into the foundation.
- Eliminating all possible places where rats can nest and breed.

2. STARVING THEM

By . . .

- Storing garbage in tightly covered metal containers.
- Placing garbage containers up off the ground at least 18 inches.
- Keeping floors and stairways free from food or particles of food.
- Keeping yards, streets, and alleys free from garbage.
- Keeping entire premises free from rubbish.

By Not . . .

- Throwing refuse or garbage into the street, yard, or alley.
- Storing garbage in paper boxes or bags.
- Placing food for birds or pets where rats can find it.

3. KILLING THEM

By . . .

- Setting traps at possible places of entry and where rats may pass or enter building.
- Setting several traps at a time.
- Using food, most any kind, as bait.

CAUTION:

- Do not place poisons where human beings or animals other than rats can get them. Rat poisons not properly placed can cause fatal accidents.
- Do not use gaseous fumigants. Only licensed pest control operators can use them safely.

DO . . . METHODS USED IN RATPROOFING

- Build them out.
- Block-out all spaces between floors and walls in buildings; use metal, brick, concrete, or cement.
- Eliminate enclosed spaces in fixtures.
- Fill holes in walls.
- Repair broken cement floors.
- Fill holes around pipe and cable lines entering buildings.
- Keep premises free from materials that could be used for nesting, such as waste paper, old cloth, excelsior.
- Eliminate rubbish piles; keep premises clean.
- Stack wood, iron pipes, paper and boxes on platforms at least 18 inches off the ground or floor.
- Keep tight fitting covers on garbage cans.

DO NOT . . .

- Delay—ratproofing is very important and should be done TODAY.
- Neglect—garbage cans, rubbish piles, and yards.
- Forget to recheck the entire house, sheds, garages OFTEN.

DO . . . METHODS USED IN TRAPPING

- Set several traps at a time. Large, wooden base, snap traps are most efficient.
- Place traps against the walls at right angles, with the trigger part of the trap against the wall.
- Place traps in places where rats run.
- Use food for bait; meats, fish, candy, dried fruit and vegetables are good rat bait.
- Tie bait securely on the trigger so that rats will not remove bait without being caught.
- Change bait frequently.
- Scrub traps with soap and hot water and rinse with boiling water after use.

DO NOT . . .

- Allow bait to become stale or spoiled.
- Allow dead rats to remain in traps.
- Allow rat blood or hide to remain on traps.
- Fail to clean traps thoroughly.

Additional information on Rat Control may be obtained by writing to, or calling in person at the Division of Public Health, 401 City Hall, Minneapolis, Minnesota.

Milk Inspection

Under the milk ordinance of the City, both raw and pasteurized milk are permitted to be sold for human consumption. Approximately 98.7 per cent of the milk sold for domestic consumption is pasteurized. Only one grade of milk is sold in Minneapolis.

A satisfactory pasteurized product is dependent upon a satisfactory raw product. Control of the raw product necessitates inspection of dairy farms producing milk to be pasteurized, pointing out improper handling of the milk, and giving advice for proper methods, and equipment.

A study of the causes of high bacteria counts in milk has been conducted at the University of Minnesota in the past six years by the health departments of Minneapolis and St. Paul, and the producers and pasteurizers of the Twin Cities, through a Quality Control Committee.

Check of the product being sold to the citizens of Minneapolis is made through the purchase of samples of milk from delivery vehicles on the city streets and analysis of these samples in the Division laboratories to determine if the product meets the ordinance standards for bacteria and butterfat. During the year, 47 court actions were necessary against pasteurizers and producers whose product did not meet the required standards.

Approximately 18,711,100 gallons of milk and 1,282,461 gallons of cream were placed on the Minneapolis market for consumption. The average daily per capita consumption of milk was approximately eight-tenths of one pint.

The milk ordinance permits the use of paper containers for retail milk, in addition to the customary glass bottle.

The phosphatase test in the laboratories is an established procedure in determining whether milk and cream have been properly pasteurized.

The milk ordinance permits the sale of vitaminized and homogenized milk. Vitamin D may be added to the milk by addition of vitamin D concentrate to the raw product, by feeding the cows food enriched with vitamin D, or by subjecting the milk to irradiation. Homogenization of milk is for the purpose of reducing and softening the milk curd or butterfat globules in the product.

The Division is unceasing in its efforts to provide the citizens of Minneapolis a good milk supply. In these efforts the producers and pasteurizers of milk and its products cooperate. The product then that reaches the consumer is a good product, but to remain so must be carefully handled by the consumer, being placed immediately upon receipt in a refrigerator or cool place assuring a temperature below 50 degrees Fahrenheit.

At a regular meeting of the City Council on January 30, an amendment to the milk ordinance was passed permitting removal from the cap of the milk bottle the day of the week the milk is sold. This action was taken as an economy and emergency measure to meet the war situation. This action removed in a measure means of control by the Division, but it was hoped that with adequate cooperation of milk dealers, retail stores, and consumers a safe milk product could be delivered to the consumers. This amendment was to become effective April 1. However, on March 23, the City Council rescinded its action so that the day of intended sale remains on bottle caps. This action of the Council was prompted by appeal from professional and lay groups in the city.

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During 1942Dairy Farms

Number of farms, producing milk to be pasteurized, under inspection and permit, December 31, 1942*		2,155
Number of inspections		5,567
Number shut off from the Minneapolis market		197
Reasons: High sediment and bacteria	62	
High bacteria	95	
High sediment	9	
Farm conditions	<u>31</u>	
Number of reinstatements		170
Number of permits revoked or voided		293

Receiving Stations

Number of visits by field technician		266
Number of samples of pre-pasteurized milk tested for bacteria and sediment		16,108

Pasteurizing Plants

Number of pasteurizing plants under inspection		22
Number of inspections		1,507

Dairy Farms Producing Raw Milk Consumed Raw

Number of raw milk producers under inspection		13
Number of inspections		811

Delivery to Homes

Number of samples collected for laboratory analysis		3,342
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Other Points of Sale - Grocery Stores, Restaurants, etc.

Number of inspections to ascertain proper handling in sale and service		1,634
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The milk shed of Minneapolis includes Hennepin, Anoka, Ramsey, Wright, Carver, Scott, Dakota, and Washington counties, with fifty miles the greatest distance of any farm from the City Hall.

*The number of farms under inspection and permit varies with the ability of producers to send an acceptable product to the Minneapolis market. The highest number of farms under inspection during the year was 2,009, the lowest 1,945.

PUBLIC HEALTH ENGINEERING

The work of this section, in addition to special water and milk control activities, extends to other governmental agencies in an advisory and sometimes police power activity, in the interests of public health. This activity is possible through the assignment of a Public Health Engineer by the State Department of Health with the aid of Federal Funds. This section has functioned since July, 1936.

Protection of the municipal water supply is a responsibility vested in the City Engineer, and in his office is the Water Works Department which conducts the activities incident to proper treatment of the water supply before distribution throughout the city for consumption. Close contact between this Department and the Division of Public Health is kept by the Public Health Engineer, so that the problem is watched not only from the engineering viewpoint of filtration, but from that of public health. Samples of water from the distribution system are collected daily by both the Water Department and the Division of Public Health. Results of the analyses, together with operating data from the two filtration plants, become permanent records in the Division. Over eight thousand such samples were collected by this Division during the year. Reports on laboratory examinations, special investigations, and proposed changes in physical equipment are reviewed in conference by the two offices.

Over sixteen billion gallons of water were treated at the filtration plants and pumped into the distribution system of Minneapolis, in 1942. This averages approximately ninety gallons per day per capita.

In addition to the city water supply, there are so-called private and quasi public supplies, of which there are over two thousand on record in this Division. Of this number, seventeen hundred odd supplies are private surface wells situated for the most part in localities where city water is not available, thus constituting the only available source of water for the residents of those sections. These wells are investigated by the Division as facilities permit.

There are 342 quasi public water supplies in the city which are deep wells more commonly known as artesian wells. These supplies have increased in number during the past several years with the advent of air cooling and conditioning, and are otherwise used in establishments and manufacturing plants where an unusual amount of water is needed. In addition, these wells often give service as drinking water supplies to employees or patrons on the premises, or to the general public through supply taps where containers may be filled and taken home for domestic use. Location of these wells, construction, the pumping equipment used, and proximity of the well to the building sanitary sewer are important factors in determining the safety of these water supplies.

During the past year 166 new service connections were made to the distribution system of the city water supply, which in most instances represent discontinuance of a hazardous private supply at some home in the city. Also, 360 new connections were made during the past year to the city sewerage system, resulting in improved sanitation in those neighborhoods in which the majority of these connections were made. Extension of sewer and water mains made a number of these connections possible.

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The water supplies on dairy farms from which milk is sold as raw to the consumer, and on farms from which milk is shipped to the pasteurizing plants of the city for pasteurization are closely checked to ascertain their safety.

The ice supply of the city is checked for safe source of supply, and protection of the product through safe storage and handling. Samples of ice from these sources are collected and tested in the Division laboratory.

Supervision of the milk supply of the community is an important activity of the Division. Control of the product from the dairy farm to the consumer, either as a raw or pasteurized product, has been aided by this section through coordination of the Division's participation in the work of the Quality Control Committee, previously mentioned in the paragraph on Milk Inspection. The Committee laboratory analyzed over one hundred twenty-six thousand samples of milk from the Twin Cities for bacteria and sediment determination. Of this number sixty-two per cent were from the Minneapolis area.

This section made surveys of plumbing systems to detect equipment that might through faulty construction of installation contaminate the water supply of the building. Also, investigations were made of ventilation and air conditioning, recreational facilities, plumbing, and hospital equipment.