HEALTH DEPARTMENT AND OTHER REPORTS

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East Orange, N. J.—The new health department building, according to the 1928 report, is one of a group of city buildings which form a civic center. Plans have been made for administrative offices to house the commissioners and health officer, the sanitary inspection, nursing, vital statistics and communicable disease divisions, and also for a completely equipped laboratory, and two principal clinics—one for the care of infants and children, the other for adults, including food handler examinations, venereal disease diagnosis and treatment, and such other functions as may develop in the future. As a means of enlarging the educational activities of the department, a small assembly hall will be available for lecture and conference purposes.

During the year standard swimming pool regulations have been prepared, and rules have been adopted for the quarantine of persons exposed to chickenpox and mumps, and for discontinuing the destruction or fumigation of books from quarantined premises. Health practices, based on the Appraisal Form, score 848 out of a possible 1,000 points.

The estimated population of the city is 68,764, and the figures are classified by wards, color, and nationality. Of 931 births, 74 per cent occurred in hospitals, while only 4.9 per cent were attended by midwives. While the native white parents constituted 82.5 per cent of the population, only 63.3 per cent of the births belong in this group. A death rate of 9.8 per 1,000 population compares with 9.0 in 1927, and 11.8 for the years 1914–1918. Of the total 681 deaths, 73.3 per cent were in the age group 45 years and over. An infant mortality rate of 43 per 1,000 births is noteworthy. There were only 21 deaths from tuberculosis, including residents who died in distant sanatoriums and out of town institutions, giving a specific rate of 31 for the year.

Data are presented to show the results of medical examination of food handlers under the provisions of the local ordinance.

While the value of this work from the point of view of actually preventing infection from foodstuffs may be questioned, there can be no doubt that the discovery of these chronic defects is of the greatest value to the individual concerned, and the elimination of those suffering with skin infections of any kind is certainly a sound hygienic and esthetic requirement. The fact that for the first time no skin infection or syphilis was discovered during the year would seem to indicate that such persons, knowing the requirements in this city, no longer apply for employment here, or that the employers themselves are more particular whom they engage.

Baltimore, Md.—This city reports a population in 1928 of 830,370, a birth rate of 19.06, and a death rate of 14.36. Extensive statistical tables indicate the trends of disease for the past 9 years. The Bureau of Communicable Diseases reports special work in culturing convalescent cases of scarlet fever with a view to lessening the quarantine period, but thus far it is the impression that the present period of 21 days cannot be shortened. Special culture methods devised for whooping cough cases are considered of some value both in the diagnosis of and release from quarantine of cases of whooping cough. A large number of examinations of urine and feces, mainly of food handlers, has resulted in
the detection of some typhoid and para-
typhoid carriers and their elimination
as food handlers.

Two interesting outbreaks of food
poisoning are reported, one traced to
chicken salad and affecting 27 out of
29 persons, characterized by violence of
onset and great prostration of the vic-
tims; the other traced to chicken pat-
ties served at a church supper, affecting
140 persons and characterized by cramps
and diarrhea, without prostration. In
both cases organisms of the *Salmonella*
group were isolated. In both cases the
chicken had been cooked at least one
day before serving and had been kept
without proper refrigeration or adequate
protection from contamination.

The outstanding epidemiological oc-
currence during the year was a wave of
poliomyelitis representing the greatest
incidence since 1916, a total of 126
cases being reported. There was an
early seasonal incidence, with an abrupt
decline about September 1, and a low
fatality rate. Investigations showed
that more than half of the cases re-
ceived hospital care; 83 cases received
serum; of 49 cases given serum before
paralysis, 94 per cent entirely recovered;
by February 1929, more than half of
all the cases had entirely recovered.

This report of 276 pages contains a
table of contents at the front and an
alphabetical index at the back. It is
well printed and carefully prepared.

**BOOKS RECEIVED**


