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THE OBJECTIVES IN PUBLIC HEALTH NURSING *

(EDITORIAL NOTE: Since public health nursing has assumed a definite and important place in modern public health programs, it would seem desirable that the objectives of public health nursing be outlined and the qualifications of the public health nurse be tentatively set as an approach to standardization. As of especial interest, therefore, to public health administrators and to those desiring to enlist their services in this specialized field of nursing, there are presented here two articles dealing with objectives and qualifications. These articles are published not with the suggestion of finality but rather as points of departure for future development based on experience and attainable ideals in this important field of public health work.)

Under the title of "Objectives," a terse statement of the goals in public health nursing has been prepared by the committee on field studies and administrative practice of the National Organization for Public Health Nursing.

The statement is a first effort toward outlining the range of public health nursing services in all its various aspects and is therefore only tentative. It is hoped that it will be used experimentally and discussed frankly.

In preparing these objectives, the committee on field studies and administrative practice hoped to fill several needs noted in field work. One of these is the need for a measuring rod for individual nurses that they may know to what extent they carry out a complete visit and a complete service. Staff nurses are therefore encouraged to review their daily work in the light of these objectives.

The objectives are of particular value in supplying supervisors and teachers of public health nursing with guides for analyzing work done and for assisting staff nurses and students.

From the community and organization standpoint there has long been a demand for such criteria as the objectives give. Health officers both State and local, have sought clarification as to the exact extent and nature of public health nursing and may find the objectives useful in planning and appraising their own services. Public health nurse executives have needed a check on the programs of their organizations. Members of boards and committees have sought help in studying the

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adequacy of their local services in relation to community needs. The public at large is interested in a better understanding of the part of public health nursing in the whole movement for better health.

State and national organizations look to the objectives for definite help in field studies, appraisals, and the maintenance of standards.

Therefore the use of these objectives as tentative guides is recommended with the hope that reports of the experience of those who use them will be sent to the National Organization for Public Health Nursing.

Definition¹ of public health nursing: Public health nursing is an organized community service rendered by graduate nurses to the individual, family, and community. This service includes the interpretation and application of medical, sanitary, and social procedures for the correction of defects, the prevention of disease, and the promotion of health, and may include skilled care of the sick in their homes.

GENERAL OBJECTIVES

The general objectives of all public health nursing services are:

1. To assist in educating individuals and families to protect their own health.
2. To assist in the adjustment of family and social conditions that affect health.
3. To assist in correlating all health and social programs for the welfare of the family and community.
4. To assist in educating the community to develop adequate public health facilities.

OBJECTIVES IN PUBLIC HEALTH NURSING IN RELATION TO SPECIAL PHASES OF THE COMMUNITY HEALTH PROGRAM

I. MATERNITY SERVICE

Definition: Maternity service includes nursing care given during pregnancy and delivery, and care given to mother and newborn baby after delivery.

The objectives of a maternity nursing service are:

1. To get in touch with all prospective mothers as early in pregnancy as possible.
2. To see that they are provided with both medical and nursing supervision throughout the maternity cycle.
3. To instruct mother and father in maternal hygiene² and infant care.
4. To instruct in the preparation for delivery.
5. To arrange or provide nursing assistance during delivery.
6. To provide or supervise adequate nursing care to mother and to newborn baby.
7. To secure physical examination of newborn baby.
8. To secure medical examination for the mother.

¹ All definitions given are from Definition of Nursing Services, Public Health Nurse, October, 1929.

² Throughout these Objectives, "hygiene" implies the whole meaning of the term, *e. g.*, physical and mental hygiene.

II. INFANCY (under 1 year)

(Instruction of the family is begun during the prenatal period.)

The objectives of a public health nursing service during the period of infancy are:

1. To assist in securing medical supervision, including a physical examination for every child.
2. To assist in getting complete birth registration.
3. To instruct the mother in the importance of proper feeding with emphasis on breast feeding for infants.
4. To instruct the mother in the hygiene and daily régime of the child.
5. To assist in communicable-disease control by the recognition of early symptoms.
6. To assist in communicable-disease control by securing immunization.
7. To assist in securing the correction of defects.
8. To provide or supervise adequate nursing care for all sick infants.

III. PRESCHOOL (1 year of age and under 6)

The objectives of a public health nursing service for the preschool period are:

1. To assist in securing medical supervision, including a physical examination for every child.
2. To instruct the mother in the hygiene and daily régime of the child.
3. To assist in communicable-disease control by the recognition of early symptoms.
4. To assist in communicable-disease control by securing immunization.
5. To assist in securing the correction of defects.
6. To provide or supervise adequate nursing care to all sick children.

IV. SCHOOL AGE

In school health service, the nurse works with the teacher as well as with the physician and parents for the health of the child and is a connecting link between the school medical service and the home. This applies to both public and private schools.

The objectives of a public health nursing service to school age groups are:

1. To assist in communicable-disease control by the recognition of early symptoms and by securing immunization.
2. To assist the physician in medical inspection and in the routine periodic physical examination of every school child.
3. To assist in securing the correction of defects and in promoting health.
4. To assist in securing special examinations and such follow-up as is necessary.
5. To participate in the promotion of hygiene and sanitation of the school plant.
6. To assist in securing proper instruction of pupils and parents in the principles of healthy living.
7. To provide or supervise adequate nursing care to all sick children.

V. ADULT HEALTH SERVICE

The objectives of a public health nursing service to well adults are:

1. To assist in encouraging periodic health examinations.
2. To teach the fundamentals of personal hygiene.
3. To assist in the prevention and retardation of those diseases specific to adult life.

VI. MORBIDITY SERVICE

Definition: Morbidity Service, which is often called bedside nursing, is concerned primarily with the care of sick persons under or pending medical direction.

The objectives of a morbidity service are:

1. To assist in securing early diagnosis and adequate medical care.
2. To provide or supervise adequate nursing care for all patients ill at home.
3. To instruct some one in the home to give care.
4. To teach hygiene and the prevention of disease.
5. To assist in securing any needed special care for the following types of patients:
Orthopedic, arthritic, heart, diabetic, cancer, etc.
6. To assist in the rehabilitation of the patient.

VII. COMMUNICABLE DISEASE SERVICE

The objectives of a communicable disease service are:

1. To assist in securing complete reporting of communicable disease.
2. To assist in securing medical supervision.
3. To secure or supervise nursing care.
4. To prevent the spread of disease through the teaching of isolation, quarantine, and immunization.
5. To emphasize the importance of convalescent care to prevent sequelae.
6. To teach hygiene as a means of general disease prevention.

VIII. TUBERCULOSIS SERVICE

The objectives of a tuberculosis service are:

1. To assist in finding all cases of tuberculosis and all contacts.
2. To assist in arranging for medical supervision and early diagnosis.
3. To assist in the securing of complete reporting of all cases of tuberculosis.
4. To secure and supervise nursing care in the homes.
5. To assist in securing institutional care.
6. To teach personal hygiene to the patient.
7. To secure examination, provide continuous supervision, and teach personal hygiene to all contacts.
8. To assist in providing post-sanatorium care and supervision.
9. To assist in providing the means of rehabilitation.

IX. SYPHILIS AND GONORRHEA

The objectives of a public health nursing service in the control of syphilis and gonorrhoea are:

1. To assist in finding all cases of syphilis and gonorrhoea and all contacts.
2. To assist in providing continued medical and nursing treatment and follow-up care.
3. To assist in securing complete reporting of all cases of syphilis and gonorrhoea.
4. To instruct the family in personal hygiene.

X. MENTAL HYGIENE SERVICE

Mental hygiene as part of a public health nursing program ramifies through all of the other phases of the program and is inseparable from them.

The objectives of a public health nursing service in mental hygiene are:

1. To make more productive all of the nurse's contacts with individuals and families through her better understanding of human psychology, and teaching methods.

2. To increase her awareness of the significance of variations of human behavior so that she may make more intelligent use of mental hygiene resources.
3. To equip the nurse to assist in the care of the mentally sick in their own homes.

XI. ORTHOPEDIC SERVICE

The objectives of a public health nursing program for orthopedic conditions are:

1. To find all cases with orthopedic defects, particularly the preschool child, in an incipient stage in order to prevent deformity.
2. To secure medical care and treatment.
3. To give nursing care during the acute stage as necessary and to instruct the family under doctor's orders in order to prevent the development of deformity.
4. To give after-care especially to poliomyelitis cases and to teach muscle exercises to the patient and to some member of the family.
5. To aid in securing the necessary treatment for physical rehabilitation.
6. To secure education in vocational guidance.

XII. INDUSTRIAL NURSING SERVICE

Definition: Industrial nursing service includes activities in behalf of the health of employees of commercial and industrial concerns, initiated within the industry. It may be given to employees only within the establishment, or it may be given outside the establishment to employees or to employees and their families.

The objectives of an industrial nursing service are:

1. To assist in securing medical examination of incoming persons in industry.
2. To assist in securing periodic medical examination of all employees.
3. To assist in the promotion of proper hygiene and sanitation of the plant.
4. To assist in teaching hygiene with emphasis on health promotion.
5. To assist in the prevention and treatment of accidents.
6. To secure medical and nursing follow-up care of employees.
7. To assist in securing in the plant and in the home an environment which will enhance the health of the worker.

MINIMUM QUALIFICATIONS FOR THOSE APPOINTED TO POSITIONS IN PUBLIC HEALTH NURSING*

Prepared by The Committee on Education of National Organization for Public Health Nursing. Indorsed by The Public Health Nursing Section, The Committee on Training and Personnel of the Committee on Research and Standards of the American Public Health Association, March, 1931

INTRODUCTION

The following definitions of desirable minimum qualifications for persons appointed to public health nursing positions are offered in the belief that they can be met quite generally by the year 1935. It is obvious that a higher level of requirements has already been reached

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in certain official and volunteer health organizations, particularly in the field of experience with communicable disease, and for supervisors in the matter of academic degrees. Minimum qualifications will be advanced with the years as the quality of nursing education and practical training is generally improved. Those offered here must be considered as representing a stage in development and progress.

STAFF POSITIONS

I. FOR THE NURSE ON A STAFF PROVIDING WELL-QUALIFIED NURSE SUPERVISION

- (a) At least high-school graduation or its educational equivalent as determined by the State Department of Education.
- (b) Fundamental nursing education, namely—

Graduation from an accredited school for nurses connected with a general hospital having a daily average of 50 patients or more. Curriculum should include practical experience in caring for men, women, and children, together with theoretical and practical instruction in medical, surgical, obstetrical, and pediatric nursing. Such experience may be secured in one or more hospitals.

It is highly desirable, in addition, that preference be given the public health nurse who has had training in communicable diseases (including tuberculosis and venereal diseases); psychiatric diseases and mental hygiene; and such specialties as diseases of the eye, ear, nose, and throat; experience in out-patient clinics; and a two months' affiliation with some well-organized community health agency.

These services may be given in the school, as an affiliation with another school of nursing, or as a postgraduate course.

- (c) State registration.

For those nurses not meeting the educational and professional requirements of the above outline, occasional exceptions may be made, if professional training or experience has developed a wisdom and judgment which is valuable in the public health nursing field.

II. FOR THE NURSE WORKING ALONE, I. E., WITHOUT QUALIFIED NURSE SUPERVISION

- (a), (b), and (c), as above.

- (d) In addition it is desirable that she have had at least six weeks' instruction in public health nursing, preferably in one of the recognized public health nursing courses and one year's experience under adequate supervision, or two years' experience under adequate supervision, or a public health nursing course indorsed by the N. O. P. H. N.

Occasional exceptions may be made for those not meeting this academic and fundamental nursing standard, but such nurses should have proved their ability before being appointed for positions where they work alone, and should be expected to meet requirement (d).

It is of primary importance that every public health nurse have suitable personal qualifications.

SUPERVISORY POSITIONS

I. SUPERVISORS

It is expected that those appointed to positions of supervisory rank have the equivalent of the educational and professional background described as a standard for the staff nurse, namely—

- (a) At least high-school graduation or its educational equivalent as determined by the State Department of Education.
- (b) Fundamental nursing education, namely—

Graduation from an accredited school of nurses connected with a general hospital having a daily average of 50 patients or more. Curriculum should include practical experience in caring for men, women, and children, together with theoretical and practical instruction in medical, surgical, obstetrical, and pediatric nursing. Such experience may be secured in one or more hospitals.

It is highly desirable, in addition, that preference be given the public health nurse who has had training in communicable diseases (including tuberculosis and venereal diseases); psychiatric diseases and mental hygiene; and such specialties as diseases of the eye, ear, nose, and throat; experience in out-patient clinics; and a two months' affiliation with some well-organized community health agency.

These services may be given in the school, as an affiliation with another school of nursing, or as a postgraduate course.

- (c) State registration.

In addition she should have had the following:

- (d) At least one year's supervised experience in a well-organized public health nursing agency.
- (e) A public health nursing course indorsed by the N. O. P. H. N.

For those nurses not meeting the educational and professional requirements of the above outline, occasional exceptions may be made if professional training or experience has developed a wisdom and judgment which is valuable in the public health nursing field.

In making promotions and new appointments to supervisory positions, preference should be given to those with certain personal qualifications which, though difficult to measure, are vital to her work, such as special technical skill in the field she supervises, ability to impart information, to win confidence of staff, and to inspire voluntary requests for help; ability to delegate work with a fair balance in responsibilities assigned, and to stimulate initiative on the part of staff; ability to correlate work with that of other agencies in related health and social fields; breadth of vision covering both the aims of her profession and the work of her organization in relation to a unified community health program, with the initiative and imagination for developing new work.

II. EDUCATIONAL DIRECTORS

The educational director would need all these general qualifications together with advanced academic preparation, including educational subjects, if possible. It is especially important that in addition to proved teaching ability, she show evidence of imagination so that she can fit her individual and group teaching to the immediate needs of her staff and to the broader developments in the community's health program. She, as well as the director, must have the vision to be a few steps ahead of present practice.

III. DIRECTORS

The highest standard of qualifications should be required of an executive director. She should have more than the minimum education required of her staff. It is desirable that she have an advanced academic preparation, preferably a college degree.

The director's experience should include at least two years in a public health nursing service, emphasizing family service. In addition, she should have had experience as a supervisor and, when possible, as an assistant executive director. She should have sound administrative ability to organize and direct the work.

Such a background would prove her teaching ability, her knowledge of technical skills, and her ability to cope with larger problems of organization and administration. Her distinctive contribution should be the ability to interpret the needs of her organization and of the community to her committee and board members, and to be a leader in community health developments.

COURT DECISION RELATING TO PUBLIC HEALTH

Creation by city board of education of position of nurse and teacher of health and physical education upheld.—(Kentucky Court of Appeals; Board of Education of Bowling Green v. Simmons, 53 S. W. (2d) 940; decided Oct. 25, 1932.) The board of education of the city of Bowling Green, by one section of the statutes, was empowered "to expend all moneys in the interest of public schools of the city." Another section gave the board authority to establish and maintain a public-school library and to purchase textbooks for indigent children out of any funds coming into its hands, and also to "otherwise expend such moneys in the interest of the public schools." The board made an order creating, and fixing the salary of, the position of nurse and teacher of health and physical education, and made an appointment to such position. Certain taxpayers sought to have the action of the board declared void and to enjoin the payment of the school funds for the appointee's services. The judgment of the lower court was adverse to the board and an appeal was taken to the court of appeals.

The board, in its order, cited a certain section as being the statutory authority for its action. The section cited did not confer such authority, but the appellate court held that, if other sections conferred the required power, a reference to the wrong section in no wise affected the validity of the order.

After considering the pertinent constitutional and statutory provisions bearing upon the matter, the court of appeals concluded that the board had the power to create the position and make the appropriation if, in its sound discretion, the employment of a nurse and teacher of health and physical education was for the interest of the public schools of the city. Concerning the ultimate question as to whether the creation of the position and the employment of a person therein were to the interest of the public schools in the sense in which

the phrase was used in the statutes, the court reached the conclusion that the board's action in the matter was, in fact and in law, for the interest of the schools.

The taxpayers contended that a certain section of the statutes, which made mention of school inspection by county health officers, afforded ample and complete health service to the public schools of the city and that it had to be looked to for the service contemplated by the order of the board of education. The court held, however, that such statutory provision could not be considered as a limitation of, or a substitute for, the power of the board to appropriate the school funds as authorized.

Concerning the contention that the person appointed by the board did not hold the required credentials authorizing her to teach in the public schools, the court decided that the statutes governing a regular teacher's qualifications were not applicable to the position of nurse and teacher of health and physical education.

The judgment of the lower court was reversed.

DEATHS DURING WEEK ENDED FEBRUARY 18, 1933

[From the Weekly Health Index issued by the Bureau of the Census, Department of Commerce]

	Week ended Feb. 18, 1933	Correspond- ing week, 1932
Data from 85 large cities of the United States:		
Total deaths.....	8,855	8,758
Deaths per 1,000 population, annual basis.....	12.4	12.5
Deaths under 1 year of age.....	633	664
Deaths under 1 year of age per 1,000 estimated live births ¹	55	54
Deaths per 1,000 population, annual basis, first 7 weeks of year.....	12.7	12.0
Data from industrial insurance companies:		
Policies in force.....	69,031,839	74,003,681
Number of death claims.....	12,767	16,055
Death claims per 1,000 policies in force, annual rate.....	9.6	11.3
Death claims per 1,000 policies, first 7 weeks of year, annual rate.....	11.5	9.9

¹ 1933, 81 cities; 1932, 78 cities.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Weeks ended February 25, 1933, and February 27, 1932

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended February 25, 1933, and February 27, 1932

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932
New England States:								
Maine.....	2	3	114	19	4	481	0	0
New Hampshire.....		1				16	0	0
Vermont.....	1				1	89	0	0
Massachusetts.....	25	58	10	12	282	369	0	2
Rhode Island.....		2			1	670	0	0
Connecticut.....	6	8	24	24	189	301	1	3
Middle Atlantic States:								
New York.....	50	143	145	1322	2,985	1,908	3	9
New Jersey.....	15	47	38	99	935	189	1	4
Pennsylvania.....	61	198			1,143	2,649	3	9
East North Central States:								
Ohio.....	33	67	228	488	625	1,157	0	0
Indiana.....	34	57	68	150	23	76	0	12
Illinois ¹	61	59	175	219	237	150	18	11
Michigan.....	25	23	17	135	1,004	539	1	1
Wisconsin.....	5	16	197	767	393	318	1	2
West North Central States:								
Minnesota.....	2	13	3	2	1,135	124	1	1
Iowa.....	9	13		22		7	2	0
Missouri.....	29	38	20	27	202		5	1
North Dakota.....	3	14	10		51	77	0	0
South Dakota.....	8	6	17	216	10	62	1	1
Nebraska.....	8	9	15	7	13	26	0	1
Kansas.....	9	15	9	28	222	192	0	3
South Atlantic States:								
Delaware.....	4	8			6	2	1	0
Maryland ¹	11	30	86	82	7	38	0	1
District of Columbia.....	5	12	5	3	2	2	0	1
Virginia ¹	16				288		3	
West Virginia.....	13	20	40	124	446	487	0	0
North Carolina.....	18	21	143	63	502	294	3	2
South Carolina.....	8	8	1,464	1,037	167	90	0	0
Georgia ¹	6	10	400	92	102	6	0	2
Florida ¹	14	14	384		15	3	1	0

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended February 25, 1933, and February 27, 1932—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932
East South Central States:								
Kentucky.....	12	17	82	435	22	85	3	7
Tennessee.....	8	27	81	335	31	73	3	2
Alabama ¹	18	20	123	83	20		0	0
Mississippi.....	9	14					2	0
West South Central States:								
Arkansas.....	10	13	70	145	88	2	0	0
Louisiana.....	22	29	7	7	43	11	2	1
Oklahoma ¹	17	30	154	1,606	23	31	3	7
Texas ¹	55	45	251	251	521	28	1	1
Mountain States:								
Montana.....		1	99	1,867	105	56	0	0
Idaho.....			5	1	92		0	1
Wyoming.....					3		0	0
Colorado.....	4	3	53	7	7	69	3	2
New Mexico.....	10	13	5	8	3	60	0	1
Arizona.....	4	5	3	40	17	2	1	0
Utah ¹	2			22	3		0	0
Pacific States:								
Washington.....	3	2	2	8	31	583	0	1
Oregon.....	4	1	74	323	100	99	0	0
California.....	39	68	114	236	719	420	1	5
Total.....	698	1,201	4,637	9,305	12,848	11,841	64	94

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932
New England States:								
Maine.....	0	0	36	23	0	0	2	1
New Hampshire.....	0	0	51	34	0	0	0	0
Vermont.....	0	0	15	20	1	20	2	3
Massachusetts.....	0	0	371	499	0	0	0	1
Rhode Island.....	0	0	36	57	0	0	0	0
Connecticut.....	0	1	137	129	0	3	0	1
Middle Atlantic States:								
New York.....	2	10	882	1,520	0	3	5	9
New Jersey.....	0	0	314	265	0	0	2	1
Pennsylvania.....	0	0	843	883	0	0	3	13
East North Central States:								
Ohio.....	0	0	750	611	9	41	2	5
Indiana.....	0	0	170	183	4	13	0	8
Illinois ¹	2	3	484	411	4	18	6	10
Michigan.....	1	1	530	441	3	3	3	7
Wisconsin.....	2	1	123	147	16	10	2	1
West North Central States:								
Minnesota.....	0	1	89	150	0	3	3	2
Iowa.....	0	1	62	57	37	18	1	1
Missouri.....	0	0	133	82	0	5	1	1
North Dakota.....	0	0	15	19	3	8	0	0
South Dakota.....	0	0	10	15	0	14	0	0
Nebraska.....	1	0	25	54	0	8	0	1
Kansas.....	0	0	65	95	0	2	1	2
South Atlantic States:								
Delaware.....	0	0	4	9	0	0	1	1
Maryland ¹	0	0	122	147	0	0	7	6
District of Columbia.....	0	0	12	22	0	0	0	1
Virginia ¹	0		45		0		4	
West Virginia.....	0	0	31	36	0	0	7	4
North Carolina.....	0	0	36	37	0	5	6	4
South Carolina.....	1	1	3	11	0	0	1	9
Georgia ¹	0	0	9	14	0	0	1	11
Florida ¹	0	1	7	5	0	1	4	3

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended February 25, 1933, and February 27, 1932—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932	Week ended Feb. 25, 1933	Week ended Feb. 27, 1932
East South Central States:								
Kentucky.....	0	2	38	112	0	4	3	11
Tennessee.....	1	0	47	33	0	22	2	9
Alabama ¹	0	0	10	32	14	3	3	6
Mississippi.....	0	0	8	8	3	36	2	7
West South Central States:								
Arkansas.....	0	0	15	32	16	11	3	2
Louisiana.....	0	0	8	15	0	11	17	20
Oklahoma ⁴	0	0	22	36	0	37	4	1
Texas ²	0	0	40	59	44	7	3	4
Mountain States:								
Montana.....	0	1	19	28	0	1	4	1
Idaho.....	0	0	0	3	14	0	0	0
Wyoming.....	0	0	5	11	0	0	0	0
Colorado.....	0	0	39	29	0	1	0	0
New Mexico.....	0	1	12	8	0	0	1	0
Arizona.....	0	1	17	4	0	0	0	0
Utah ³	0	0	11	2	0	0	0	0
Pacific States:								
Washington.....	1	1	58	25	7	16	1	2
Oregon.....	0	0	17	24	2	10	3	3
California.....	0	3	196	151	44	15	5	8
Total.....	11	29	5,972	6,588	221	347	115	180

¹ New York City only.

² Typhus fever, week ended Feb. 25, 1933, 14 cases: 1 case in Illinois, 2 cases in Virginia, 4 cases in Georgia 1 case in Florida, 3 cases in Alabama, and 3 cases in Texas.

³ Week ended Friday.

⁴ Figures for 1933 are exclusive of Oklahoma City and Tulsa and for 1932 are exclusive of Tulsa only.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week:

State	Menin- gococ- cus menin- gitis	Diph- theria	Influ- enza	Ma- laria	Mea- sles	Pel- lagra	Polio- myelitis	Scarlet fever	Small- pox	Ty- phoid fever
<i>January, 1933</i>										
Arizona.....		21	135		8		3	44	1	1
Georgia.....	1	50	4,579	63	13	20	1	56		20
Idaho.....		17	21		150		0	50	54	
Illinois.....	72	251	811	3	562	1	5	2,066		16
Louisiana.....	6	85	1,548	35	52	14	2	51	16	28
Michigan.....	9	93	495	2	1,625		0	1,598	2	11
Montana.....		19	8,222		791		0	72	3	2
North Carolina.....		91	5,289		1,219	22	1	223	4	17
North Dakota.....		8	10,114		418		6	85	4	
Oklahoma ¹	18	86	8,669	17	1		1	120	20	7
Texas.....	9	537	8,623	123		4	0	323		37
Virginia.....	14	94	17,565		873	6	2	238	0	26
West Virginia.....	2	60	4,332		256		1	159		17

¹ Exclusive of Oklahoma City and Tulsa.

January, 1933		Mumps:	Cases	Tularaemia:	Cases
Botulism:	Cases	Arizona.....	24	Illinois.....	45
Montana.....	3	Georgia.....	77	Louisiana.....	3
Chicken pox:		Idaho.....	28	Michigan.....	1
Arizona.....	90	Illinois.....	237	North Carolina.....	4
Georgia.....	100	Michigan.....	722	Oklahoma ¹	1
Idaho.....	53	Montana.....	10	Virginia.....	14
Illinois.....	1,955	North Dakota.....	8	Typhus fever:	
Louisiana.....	96	Oklahoma ¹	38	Georgia.....	9
Michigan.....	2,060	West Virginia.....	2	Louisiana.....	1
Montana.....	186	Ophthalmia neonatorum:		North Carolina.....	1
North Carolina.....	639	Illinois.....	7	Virginia.....	1
North Dakota.....	54	Paratyphoid fever:		Arizona.....	1
Oklahoma ¹	77	Virginia.....	2	Georgia.....	1
Virginia.....	365	Puerperal septicemia:		Illinois.....	3
West Virginia.....	251	Illinois.....	11	Louisiana.....	2
Diarrhea and dysentery:		Rabies in animals:		Michigan.....	5
Virginia.....	42	Louisiana.....	14	Montana.....	2
Dysentery:		Louisiana.....	8	North Carolina.....	1
Georgia.....	7	Rabies in man:		North Dakota.....	1
Illinois (bacillary).....	4	Louisiana.....	2	Oklahoma ¹	1
Louisiana.....	2	Scabies:		Virginia.....	1
Montana.....	1	Montana.....	2	Vincent's angina:	
Oklahoma ¹	1	Oklahoma ¹	1	Illinois.....	42
German measles:		Septic sore throat:		Montana.....	3
Illinois.....	20	Georgia.....	27	Vincent infection:	
Montana.....	9	Illinois.....	18	North Dakota.....	20
North Carolina.....	10	Louisiana.....	9	Whooping cough:	
North Dakota.....	9	Michigan.....	15	Arizona.....	17
Hookworm disease:		Montana.....	2	Georgia.....	98
Louisiana.....	27	North Carolina.....	2	Idaho.....	33
Impetigo contagiosa:		Oklahoma ¹	12	Illinois.....	304
Illinois.....	1	Virginia.....	25	Louisiana.....	33
Montana.....	17	Tetanus:		Michigan.....	1,051
Lead poisoning:		Illinois.....	3	Montana.....	2
Illinois.....	10	Louisiana.....	1	North Carolina.....	459
Lethargic encephalitis:		Oklahoma ¹	1	North Dakota.....	16
Georgia.....	2	Virginia.....	3	Oklahoma ¹	53
Illinois.....	6	Trachoma:		Virginia.....	244
Louisiana.....	1	Arizona.....	26	West Virginia.....	188
Michigan.....	4	Illinois.....	4		
North Dakota.....	4	North Dakota.....	4		
Texas.....	1	Oklahoma ¹	3		
Ludwig's angina:		Trichinosis:			
Illinois.....	1	Illinois.....	3		

¹ Exclusive of Oklahoma City and Tulsa.

WEEKLY REPORTS FROM CITIES

City reports for week ended February 18, 1933

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Maine:											
Portland.....	0		0	3	0	3	0	1	1	5	35
New Hampshire:											
Concord.....	0		1	0	1	0	0	0	0	0	14
Nashua.....	0		0	1	0	0	0	0	0	0	
Vermont:											
Barre.....	0		0	0	0	0	0	1	0	0	2
Burlington.....	0		0	1	0	0	0	0	0	0	3
Massachusetts:											
Boston.....	6	1	1	50	27	103	0	4	1	72	197
Fall River.....	0	1	0	1	3	11	0	0	0	6	30
Springfield.....	0	4	0	0	1	4	0	2	1	12	35
Worcester.....	0		0	2	8	9	0	2	0	5	59
Rhode Island:											
Pawtucket.....	0		0	0	0	0	0	0	0	0	19
Providence.....	2	5	1	0	4	20	0	1	0	0	64
Connecticut:											
Bridgeport.....	0	5	1	18	1	3	0	0	0	0	32
Hartford.....	0	4	0	1	0	5	0	3	0	0	30
New Haven.....	0		0	0	6	7	0	0	0	12	35
New York:											
Buffalo.....	9		2	5	25	46	0	8	0	52	153
New York.....	50	41	22	1,050	177	235	0	97	4	74	1,624
Rochester.....	3		0	1	6	32	0	0	0	5	81
Syracuse.....	0		3	1	3	22	0	0	0	6	63

City reports for week ended February 18, 1933—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
New Jersey:											
Camden.....	2		0	0	1	15	0	1	0	0	31
Newark.....	2	27	1	337	6	26	0	7	0	17	120
Trenton.....	1	7	0	7	2	17	0	4	1	5	35
Pennsylvania:											
Philadelphia.....	1	15	10	64	45	140	0	26	1	3	524
Pittsburgh.....	4	7	4	2	14	54	0	4	0	10	159
Reading.....	2		0	72	1	14	0	2	0	6	17
Scranton.....	0			0		31	0		0	2	
Ohio:											
Cincinnati.....	3		7	4	17	19	0	10	0	6	140
Cleveland.....	0	145	4	2	10	149	0	15	0	35	176
Columbus.....	3		0	103	2	12	0	2	0	0	73
Toledo.....	3	2	1	185	6	40	0	4	0	5	69
Indiana:											
Fort Wayne.....	5		1	0	4	2	0	0	1	0	35
Indianapolis.....	5		2	19	14	14	0	2	0	0	
South Bend.....	0		0	1	1	14	0	0	0	13	12
Terre Haute.....	0		0	0	2	6	0	0	0	0	11
Illinois:											
Chicago.....	7	12	8	237	92	227	0	45	1	26	839
Springfield.....	2		0	0	1	1	0	0	0	0	20
Michigan:											
Detroit.....	15	8	3	259	24	144	0	15	0	119	286
Flint.....	3	6	1	1	7	9	0	3	0	7	34
Grand Rapids.....	0		0	1	4	14	0	0	0	23	23
Wisconsin:											
Kenosha.....	0		0	0	0	2	6	0	0	8	9
Madison.....	0			68	1	0	0	0	0	0	
Milwaukee.....	0	2	2	2	7	20	0	5	0	50	130
Racine.....	0		0	4	0	5	0	0	0	10	9
Superior.....	0		0	0	1	0	0	0	0	7	7
Minnesota:											
Duluth.....	0		0	10	1	2	0	3	0	37	20
Minneapolis.....	0		1	1,050	7	22	0	4	1	17	166
St. Paul.....	0	2	2	170	5	16	1	2	3	44	60
Iowa:											
Des Moines.....	2			0		2	0		0	0	22
Sioux City.....	1			0		2	0		0	2	
Waterloo.....	1			0		0	0		0	0	
Missouri:											
Kansas City.....	1		1	116	22	29	0	9	0	3	110
St. Joseph.....	5		0	5	3	2	0	0	0	1	7
St. Louis.....	19	2	2	3	9	20	0	10	1	3	238
North Dakota:											
Fargo.....	0		0	0	0	4	0	0	0	2	5
Grand Forks.....	0		0	0	0	0	0	0	0	0	
South Dakota:											
Aberdeen.....	0			0		1	1		0	0	
Nebraska:											
Omaha.....	9		0	10	6	11	0	4	0	0	50
Kansas:											
Topeka.....	0		0	34	2	0	0	0	0	1	9
Wichita.....	0		0	0	4	2	0	1	0	1	41
Delaware:											
Wilmington.....	3		0	1	3	4	0	1	0	0	28
Maryland:											
Baltimore.....	3	18	2	2	23	45	0	16	0	7	237
Cumberland.....	1		0	0	1	1	0	0	0	0	14
Frederick.....	0		0	0	0	2	0	1	0	0	7
District of Col.:											
Washington.....	7	3	2	5	17	11	0	11	0	2	146
Virginia:											
Lynchburg.....	0		1	0	0	2	0	1	0	3	8
Richmond.....	0		3	2	6	3	0	4	0	0	61
Roanoke.....	1		0	179	1	4	0	0	0	0	16
West Virginia:											
Charleston.....	0	3	0	0	2	2	0	0	1	1	9
Huntington.....	1			46		2	0		1	0	
Wheeling.....	0	1	0	44	3	3	0	1	0	6	15
North Carolina:											
Raleigh.....											
Wilmington.....	0		0	49	1	1	0	0	0	2	12
Winston-Salem.....	1	1	0	5	6	1	0	4	1	5	29

City reports for week ended February 18, 1933—Continued

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
South Carolina:											
Charleston	0	85	0	0	2	1	0	5	1	0	34
Columbia											
Greenville	0		0	10	0	0	0	0	0	0	
Georgia:											
Atlanta	4	24	1	2	10	0	0	6	3	22	101
Brunswick	0		0	0	0	0	0	1	0	0	3
Savannah	1	194	3	1	0	0	0	2	0	0	28
Florida:											
Miami	0	14	2	0	1	1	0	1	1	2	26
Tampa	0	3	3	0	2	1	0	0	1	10	25
Kentucky:											
Ashland	0	5	0	0	0	0	0	0	0	1	0
Lexington	0		0	5	0	0	0	2	0	0	15
Louisville	3	4	2	0	15	12	0	4	0	0	95
Tennessee:											
Memphis	1		8	2	9	10	0	5	0	4	96
Nashville	0		3	0	6	1	0	7	0	2	54
Alabama:											
Birmingham	4	18	2	0	6	3	0	14	0	18	85
Mobile	1	1	3	1	0	5	0	1	0	0	27
Montgomery	1	4		0		0			0	0	
Arkansas:											
Fort Smith	0			0		0	0		0	0	
Little Rock	1		2	0	3	1	0	2	2	0	8
Louisiana:											
New Orleans	10	11	5	0	10	1	1	14	0	10	161
Shreveport	1		0	0	2	0	0	0	0	0	25
Oklahoma:											
Oklahoma City	3		0	0	9	7	0	0	0	0	44
Tulsa	2		0	0	1	3	1	0	1	0	1
Texas:											
Dallas	7	7	7	47	10	5	1	1	0	1	69
Fort Worth	1		1	144	7	7	3	1	0	0	46
Galveston	2		0	3	1	4	0	5	0	0	19
Houston	6		0	50	11	3	0	2	0	0	73
San Antonio	4		3	6	15	1	0	6	0	0	71
Montana:											
Billings	0		0	0	0	0	0	0	0	0	9
Great Falls	0		1	11	4	1	0	0	0	1	3
Helena	0		0	0	0	0	0	0	0	0	5
Missoula	0		0	0	1	5	0	0	0	0	5
Idaho:											
Boise											
Colorado:											
Denver	4	68	4	2	6	14	0	2	0	0	82
Pueblo	0		0	1	3	0	0	2	0	2	11
New Mexico:											
Albuquerque	1		0	0	2	1	0	5	0	0	16
Arizona:											
Phoenix	0		0	1	0	5	0	8	0	0	
Utah:											
Salt Lake City	0		1	0	2	7	0	1	0	11	24
Nevada:											
Reno	0	1	0	0	0	0	0	0	0	0	5
Washington:											
Seattle	1			1		7	0		0	7	
Spokane	0			2		2	0		0	0	
Tacoma	0		0	0	2	2	0	0	0	0	19
Oregon:											
Portland	0	5	3	3	6	9	1	2	0	0	76
Salem	0	6		50		0	0		0	0	
California:											
Los Angeles	25	29	6	185	18	76	23	35	1	25	310
Sacramento	0	3	1	2	5	1	0	0	3	9	25
San Francisco	1	23	2	1	17	8	0	14	0	64	195

City reports for week ended February 18, 1933—Continued

State and city	Meningococcus meningitis		Poliomyelitis cases	State and city	Meningococcus meningitis		Poliomyelitis cases
	Cases	Deaths			Cases	Deaths	
New York:							
New York.....	4	1	0	Maryland:			
Pennsylvania:				Baltimore.....	1	1	0
Philadelphia.....	5	0	0	District of Columbia:			
Pittsburgh.....	1	1	0	Washington.....	0	1	0
Reading.....	1	1	0	Tennessee:			
Indiana:				Memphis.....	3	0	0
Indianapolis.....	3	0	1	Louisiana:			
Illinois:				New Orleans.....	1	1	0
Chicago.....	13	6	0	Oklahoma:			
Michigan:				Tulsa.....	0	0	1
Detroit.....	0	1	1	Utah:			
Minnesota:				Salt Lake City.....	1	0	0
Duluth.....	1	0	0	California:			
Minneapolis.....	1	1	0	Los Angeles.....	0	2	1
Missouri:				San Francisco.....	2	1	0
St. Louis.....	1	0	0				
Nebraska:							
Omaha.....	1	0	0				

Lethargic encephalitis.—Cases: Columbus, 1; Baltimore, 1; San Francisco, 1.
Pellagra.—Cases: Savannah, 1; Birmingham, 2; Montgomery, 1; New Orleans, 1.
Typhus fever.—Cases: Savannah, 1; Los Angeles, 1. Deaths: Los Angeles, 1.

FOREIGN AND INSULAR

INFLUENZA IN THE BRITISH ISLES AND EUROPE

England and Wales.—For the week ended February 11, 1933, 1,306 deaths from influenza were registered in the great towns of England and Wales, as compared with 1,911 deaths for the preceding week.

Scotland.—In the principal towns of Scotland, 44 deaths from influenza were reported for the week ended February 18, 1933, and 70 deaths for the week ended February 11. (Earlier reports will be found in the tables on p. 241 of the Public Health Reports of Mar. 3, 1933.)

Irish Free State.—An epidemic of influenza of a mild type was reported in Dublin County Borough between January 21 and February 4, 1933. Influenza was also reported in Counties Cavan and Westmeath.

Northern Ireland.—For the week ended January 28, 1933, 79 deaths from influenza and pneumonia (combined) were registered in Belfast. The general death rates in Belfast were as follows: Week ended January 28, 1933, 35.5 per 1,000 population; week ended February 4, 37.2; week ended February 11, 30 per 1,000.

Czechoslovakia.—During January, 1933, 6,011 cases of influenza were reported in Moravia and Silesia, 12,645 cases in Bohemia, and 1,045 cases in Carpathian Ruthenia.

Denmark—Copenhagen.—For the three weeks ended February 4, 1933, influenza was reported at Copenhagen as follows: 7,625, 11,261, and 7,184 cases, respectively.

Finland.—During the first two weeks of January, 1,391 cases of influenza were reported in Finland, including 347 cases at Helsingfors.

France—Paris.—During the three 10-day periods ended January 20, 1933, deaths from influenza and pneumonia at Paris were, respectively, 119, 265, and 324. Deaths from all causes were 1,187, 1,417, and 1,595, respectively.

Germany.—The number of cases of influenza among insured persons in Berlin, Cologne, Leipzig, and Mannheim increased from 3,833 cases for the week ended January 28, 1933, to 8,830 cases for the week ended February 4, 1933. A decrease in the number of new cases of influenza was recorded at Bremen, Brunswick, and Hamburg. The general sickness rate among insured persons in Germany was said to be low.

Hungary.—Cases of influenza were reported in Hungary as follows: Week ended January 28, 1933, 147 cases; week ended February 4, 208; week ended February 11, 452 cases.

Norway—Oslo.—The number of cases of influenza reported at Oslo during the first four weeks of the year were respectively, 221, 561, 1,017, and 1,171.

Switzerland.—For the week ended February 4, 1933, 2,654 cases of influenza were reported at Basle as compared with 664 cases for the preceding week. At Zurich, 1,143 cases of influenza were reported for the week ended February 4 as compared with 534 cases for the preceding week.

CANADA

Provinces—Communicable diseases—Week ended February 11, 1933.—The Department of Pensions and National Health of Canada reports cases of certain communicable diseases for the week ended February 11, 1933, as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Sas-katchewan	Al-berta	British Colum-bia	Total
Cerebrospinal meningitis					2		1	2		5
Chicken pox		1		132	274	50	20	6	35	518
Diphtheria		2	3	33	20	5	4	3		70
Erysipelas		1			2			1	2	6
Influenza	10	103		2	413	6	2		35	571
Lethargic encephalitis					1					1
Measles		4	7	94	604	1	2	1		713
Mumps					162	23			16	201
Pneumonia (all forms)	3	3			12		8		3	29
Poliomyelitis				2						2
Scarlet fever		3	5	65	74	18	34	1	11	211
Smallpox							22			22
Trachoma							1		11	12
Tuberculosis		1	5	90	45	13	7		12	173
Typhoid fever				24	2	4			2	32
Whooping cough		16		188	118	32	18	2	19	393

Ontario Province—Communicable diseases—Four weeks ended January 28, 1933.—The Department of Health of the Province of Ontario, Canada, reports certain communicable diseases for the four weeks ended January 28, 1933, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Actinomycosis	1		Pneumonia		237
Cerebrospinal meningitis	9	4	Poliomyelitis	2	
Chicken pox	1,284		Puerperal septicemia	1	
Diphtheria	80	3	Scarlet fever	345	1
Dysentery	1		Septic sore throat	3	
Erysipelas	10	1	Smallpox	4	
German measles	12		Syphilis	189	
Gonorrhoea	240		Tetanus	1	
Influenza	2,756	62	Trench mouth	1	
Lethargic encephalitis	2		Tuberculosis	170	38
Measles	1,935	6	Typhoid fever	26	1
Mumps	764		Undulant fever	8	
Paratyphoid fever	1		Whooping cough	440	2

JAMAICA

Communicable diseases—Four weeks ended January 28, 1933.—During the four weeks ended January 28, 1933, cases of certain communicable diseases were reported in Kingston, Jamaica, and in the island of Jamaica outside of Kingston, as follows:

Disease	Kings- ton	Other locali- ties	Disease	Kings- ton	Other locali- ties
Cerebrospinal meningitis.....		2	Leprosy.....		2
Chicken pox.....	1	7	Puerperal fever.....		3
Diphtheria.....		1	Scarlet fever.....		1
Dysentery.....		1	Tuberculosis.....	18	76
Erysipelas.....		2	Typhoid fever.....	11	61

YUGOSLAVIA

Communicable diseases—January, 1933.—During the month of January, 1933, certain communicable diseases were reported in Yugoslavia as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax.....	37	6	Poliomyelitis.....	5	1
Cerebrospinal meningitis.....	12	6	Scarlet fever.....	292	15
Diphtheria and croup.....	1,041	166	Sepsis.....	9	4
Dysentery.....	205	4	Tetanus.....	16	5
Erysipelas.....	162	9	Typhoid fever.....	543	77
Measles.....	349	12	Typhus fever.....	35	7
Paratyphoid fever.....	13	3			

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

(NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the PUBLIC HEALTH REPORTS for February 24, 1933, pp. 200-210. A similar cumulative table will appear in the PUBLIC HEALTH REPORTS to be issued March 24, 1933, and thereafter, at least for the time being, in the issue published on the last Friday of each month.)

Cholera

Philippine Islands.—For the week ended February 25, 1933, cholera was reported in the Philippine Islands as follows: Cebu Province, 8 cases, 7 deaths; Leyte Province, 26 cases, 23 deaths.

Plague

Argentina.—On February 9, 1933, 5 fatal cases of plague were reported in Cordoba Province, Argentina.

Yellow Fever

Gold Coast.—During the week ended February 18, 1933, a fatal case of yellow fever was reported in Secondi District, Gold Coast.