A Preventive Medicine Screening Program in a Venereal Disease Clinic

By GERALD J. GRUMAN, M.D.

Many patients seen at the State of Kentucky Prevention and Control Center are discovered to have other health problems besides the venereal disease for which they were referred. In the past these patients were dealt with on an informal basis. However, the staff lately has attempted to organize this side of its work into a formal program of preventive medicine. The program costs nothing extra.

Each patient (other than those diagnosed as having gonorrhea) is given a thorough physical examination. This includes: funduscopic examination; breast, pelvic, and rectal examinations in all women; and rectal examination in all men over forty. Each patient presenting an emotional problem is given a 30-minute interview when it is possible. If this procedure reveals the need for diagnosis or treatment of nonvenereal conditions, the patient is referred to a public or private facility. The patient is given a sealed letter describing his venereal disease status and reasons for referral.

Frequently we discover neglected nonvenereal problems in gonorrhea patients. With our present facilities it is impracticable to do a complete physical examination on each gonorrhea patient. Therefore, our data on gonorrhea patients are not included in this report.

A study of records for 2 months reveals that 259 nongonorrhea patients have been seen in the clinic and have received the physical examination described above. The examination of these 259 patients revealed the presence of a neglected nonvenereal condition in 50 patients (19 percent).

The suspicion of cancer in most cases was aroused by the presence of nodules or masses in the breast, prostate, cervix, uterus, or abdomen. The urologic conditions were mostly nongonorrheal prostatitis. The psychiatric problems were related to sexual impotence, homosexuality, or syphilophobia. The skin conditions were venereal warts, scabies, and contact dermatitis. The eye conditions were refractive error and pterygium. The gynecologic conditions were prolapse of the uterus and monilial vaginitis. The neurological conditions were polyneuritis and epilepsy. The vocational rehabilitation problems were related to blindness and neuromuscular disability following trauma. The other conditions included precocious puberty, peptic ulcer, respiratory infections, and perineal abscesses.

Nonvenereal conditions	*Patients*
Suspicion of cancer	19
Urologic	6
Psychiatric	5
Skin	4
Eye	2
Gynecologic	2
Neurological	2
Vocational rehabilitation problems	2
Others	8

By systematizing the nonvenereal aspects of our work, we have been enabled to see a definite pattern. Certain gaps are revealed which suggest amendments to the original plan. For example, with very little trouble, we could give dental referral slips to patients with caries. (Nearly 100 percent of our patients reveal signs of poor dental hygiene.) We could refer many youngsters for circumcision. Our vocational rehabilitation work readily could be expanded.

The diagnosis and treatment of venereal disease is being done more and more by small prevention and control centers like ours. The results of our program give an interesting indication of what can be accomplished by such a small staff dealing with patients on an outpatient basis only. We do not have any laboratory facilities for X-rays or urinalyses. Yet, a thorough history and physical examination of 259 patients were enough to reveal to us more nonvenereal health problems than we could possibly handle.

The records reveal another interesting situation: Of the 50 patients described above, 40 were referred to private practitioners of their own choice, and 10 were referred to public facilities. Thus 16 percent of all the patients ex-

Dr. Gruman is a commissioned officer of the Public Health Service. He is now stationed at the State of Kentucky Prevention and Control Center, Louisville.

amined in our public clinic were referred to private practitioners because of nonvenereal conditions.

The reporting of these patients with our letters of referral is creating an increased feeling of good will among the private practitioners towards the venereal disease clinic. Also, the appearance of the patient with his letter is a means of acquainting the private physicians and the community health and welfare personnel with the fact that a venereal disease clinic exists and performs various important functions. Thus, by carrying on a preventive medicine screening program in a systematic manner, a specialized clinic is helping to create that organic network of interrelated services and that climate of good will and cooperation so necessary to the community's public health system.

Dr. Candau Appointed WHO Director-General

Dr. M. G. Candau of Rio de Janeiro, Brazil, was appointed Director-General of the World Health Organization by the Sixth World Health Assembly on May 11, 1953. Dr. Candau, who will serve for a 5-year term beginning July 22, 1953, succeeds Dr. Brock Chisholm. Dr. Candau is presently deputy director of the Pan American Sanitary Bureau, Washington, D. C., the regional office for the Americas of the World Health Organization.

The Sixth World Health Assembly convened at Geneva, Switzerland, on May 5, 1953. The World Health Assembly is the supreme legislative body of the World Health Organization and meets once each year. A 16-member delegation represented the United States at the Assembly. Surgeon General Leonard A. Scheele of the Public Health Service was the chief delegate and chairman of the United States delegation. Other members included—

Delegates: Leonard W. Larson, M.D., member, Board of Trustees, American Medical Association, Bismarck, N. Dak., and Franklin D. Murphy, M.D., chancellor, University of Kansas.

Alternate delegates: Henry van Zile Hyde, M.D., and Frederick J. Brady, M.D., respectively chief and international health representative of the Division of International Health, Bureau of State Services, Public Health Service; also, Howard B. Calderwood, specialist in international organization, Office of United Nations Economic and Social Affairs, Department of State.

Congressional advisers: Congressman Homer D. Angell of Portland, Oreg., and Congressman Wayne L. Hays of Flushing, Ohio.

Advisers: Knud Stowman, Ph.D., international health representative, Division of International Health, Bureau of State Services, Public Health Service; Robert T. Stormont, M.D., secretary, Council on Pharmacy and Chemistry, American Medical Association, Chicago; Carl N. Neupert, M.D., State health officer, Wisconsin State Board of Health, Madison; Col. Thomas F. Whayne, MC, USA, chief of preventive medicine, Department of the Army; Ruth Sleeper, director, School of Nursing and Nursing Services, Massachusetts General Hospital, Boston; and Carol C. Laise, Division of International Administration, Department of State.

Henry F. Nichol was secretary and Mason A. LaSelle was administrative officer of the delegation. Both are with the Resident United States Delegation for International Organization Affairs at Geneva.

Oral Manifestations of Occupational Origin

The purpose of this compilation, the foreword states, is to bring together information relating to oral conditions which are associated with occupations, to make such material more readily available to dentists and other interested persons or groups.

The articles are arranged according to category of exposure, namely, acids, bacteria, dusts, gases, inorganic substances, metals, organic compounds, and physical factors. Articles referring to several types of exposure are classified under "General Review." Occupational cancer has been placed in a separate category. The types of exposure within each category are listed alphabetically. In those instances where more than one article is presented for a specific exposure, the listing is in reverse chronological order with the more recent articles appearing first. Numbers following listed headings refer to item numbers, which run consecutively throughout the publication. An author index follows the abstracts.

• • •

Walters, F. J., Fridl, J. W., Nelson, R. L., and Trost, J. W.: Oral Manifestations of Occupational Origin—An Annotated Bibliography. Public Health Bibliography Series No. 7 (Public Health Service Publication No. 228). 41 pages. 20 cents.

Guide to Health Organization in the United States

A panoramic view of the entire health structure of our Nation is contained in this pamphlet, the preface states. The authors point to the contributions of Federal, State, and local official and voluntary agencies, and of private physicians, dentists, and nurses. The salient functions of the many agencies which give health services in the United States are brought together in a simple brief form.

The pamphlet, first issued in 1946 and reprinted in 1948 and 1950, as "Guide to Health Organization in the United States—Miscellaneous Publication No. 35," has been used widely in orienting professional public health workers, visitors from other countries, and American students to the multiple systems of health service. It has also proved to be a concise and readable source of information for the general public.

Because of the substantial changes which have taken place during the past 5 years—both in content and in organization of public health services—the "Guide" has been revised in this second edition to reflect the public health picture of 1951. Substantive changes have been restricted to those necessary to bring the material up to date and those indicated by experience in using the first edition. To guide those who wish a more detailed and comprehensive grasp of the organization and administration of health services, an extensive bibliography is appended.

• • •

Mountin, J. W., and Flook, E.: Guide to Health Organization in the United States. (Public Health Service Publication No. 196) 1953. 104 pages; charts; tables. 30 cents.

National Heart Institute

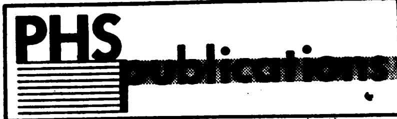
Text, charts, statistics, and photographs tell the story of the programs and work of the National Heart Institute which was created under the National Heart Act of June 16, 1948. Twin goals of the heart program are: (1) to find new and better ways of preventing, diagnosing, treating, and curing heart disease, and (2) to see that what is already known (and what is discovered by research) is fully applied to reduce death, disability, and suffering caused by heart disease. Funds are appropriated by the Congress to carry out the work of the National Heart Institute and are allocated for National Heart Institute research; research grants; research fellowships; clinical traineeships; teaching grants; control grants to States; technical assistance in control; review and approval of grants; and program direction and administration.

The National Heart Institute, a part of the National Institutes of Health, Public Health Service, conducts an integrated program of research in its own laboratories and in cooperating institutions. The grants for medical research are made to universities and hospitals all over the country; to individual scientists to carry out important heart disease research projects; for construction of additional vitally needed research facilities; and for specialized training in cardiovascular diseases. The research fellowships program helps to relieve the scarcity of well-trained scientists in the heart disease field; and clinical traineeships are available to doctors under 40 years of age who have completed a year's general internship and an additional year of training and experience. Teaching grants make it possible for medical schools to coordinate and improve instruction in subjects on heart disease, and technical assistance provided through the heart section of the Division of Chronic Disease and Tuberculosis of the Public Health Service aids the States in technical matters relating to heart disease control measures. Pilot studies are conducted to determine the best methods and techniques for developing and operating a community heart program. These are actual field demonstrations in heart disease control, carried out in cooperation with State and local health departments and medical societies.

The inside front cover of this booklet quotes the purpose of the National Heart Act, and the inside back cover shows a chart of the structure of the Public Health Service heart program.

• • •

National Heart Institute. (Public Health Service Publication No. 241) 1953. 24 pages; illustrations. 15 cents.



A Draft Act Governing Hospitalization Of the Mentally Ill

From time to time, State officials, lawyers, judges, and members of the medical profession have suggested the need for a model statute incorporating widely accepted concepts of legal and medical procedure for hospitalizing the mentally ill. In response to this need, and in view of the interest shown by the State governors at their annual conferences, the National Advisory Mental Health Council requested the Federal Security Agency to prepare a draft of such legislation. A working committee, staffed by medical and legal representatives of the National Institute of Mental Health, St. Elizabeths Hospital, and the Office of General Counsel, assisted by a special consultant, formulated the work that is known as *A Draft Act Governing the Hospitalization of the Mentally Ill.* Some 40 outside medical and legal authorities were consulted for their views during the planning period. In September 1950, a draft of the suggested legislation was transmitted to all of the State governors.

In brief, the legislation proceeds on the philosophy that the mentally ill are sick persons and that society, in depriving them of their freedom, is obligated to assure that procedures for their hospitalization, particularly those individuals whose condition renders them incapable of making decisions, should be surrounded by equitable safeguards. Under the provisions of the suggested legislation, the mentally ill would be spared public humiliation, degrading or emotionally harmful treatment, and their commitment would be free of any penal connotations. Restrictive obstacles to prompt medical care would be removed through provisions in the legislation for permitting voluntary admission upon medical certification.

In September 1952, certain portions of the text, and, in some cases, the terminology, were revised to strengthen the original concepts of the legislation and to clarify the language where it might be ambiguously interpreted. The revision was completed after intensive review and discussion of the proposed changes by the original working committee. In this work, the committee exchanged views with medical and legal authorities of the National Association for Mental Health, Inc., a voluntary, non-profit organization. Two very important changes in the revised edition are the clarification of the basic criteria for identifying individuals in need of hospitalization and procedures covering the admission of individuals in emergency medical situations. Among the other revisions are several that emphasize the importance of assisting the patient to maintain his morale during hospitalization and subsequent convalescence.

• • •

A Draft Act Governing Hospitalization of the Mentally Ill. (Public Health Service Publication No. 51). Revised 1952. 36 pages. 15 cents.

Directory of Full-Time Local Health Units—1952

Revised as of July 1952, this directory contains a listing of full-time health units serving local areas, together with the name of the health officer of each unit or other designated administrative head, and headquarters location.

A full-time health unit is one officially organized to provide medical, nursing, and sanitation public health services during the regularly scheduled work week of the governmental unit to which it is attached and which is under the direction of a full-time health officer or other designated full-time administrative head.

The information is arranged alphabetically by State and by type of health organization: local units (county, city, and local district) and State districts (either rendering actual local services or providing supervisory and advisory services).

The number of full-time units rendering local health service with the number of counties served, and the full-time units with the position of health officer vacant or temporarily filled by a neighboring health officer are summarized in the appendixes.

• • •

Directory of Full-Time Local Health Units—1952. (Public Health Service Publication No. 118) 1952 revision. 63 pages. 25 cents.

Help Fight Pollution Now

Designed for display at State fairs, conventions, conferences, libraries, and other places, this five-color 3- by 4-foot poster stresses the necessity of the abatement of water pollution and the conservation of our water resources for home use, industry, agriculture, and recreation. It also has been used as the central panel of a larger exhibit which points out the responsibility of the community and of industry in preventing water pollution (see the November 1952 issue, *Public Health Reports*, p. 1087). The poster shows in one corner a desert scene with the whitened bones of an animal beside a dry water hole. This picture bears the legend, "Polluted water is almost as bad as no water." The central portion pictures a stream being polluted by industrial waste from factories on its banks. A banner across the center states, "Clean up water for . . ." and points to a series of five pictures showing water uses. The words, "Help Fight Pollution Now" appear across the bottom of the poster.

• • •

Help Fight Pollution Now. (Public Health Service Poster No. 5) 1952. 3′ x 4′, colored. Available upon request from the Division of Water Pollution Control, Public Health Service, Washington 25, D. C. For sale in quantity by Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 25 cents each.

Achievements in Public Health

July 1, 1951–June 30, 1952

PROGRESS in the field of public health during the fiscal year 1952, as reflected through the activities of the Public Health Service, is delineated in some detail in the eightieth Annual Report of the Service. Continued success in controlling acute communicable diseases, the opening of new fields of knowledge through research, expansion of the Nation's network of hospitals, and intensification and broadening of State and local health activities are salient among the accomplishments noted. The Public Health Service, in partnership with State and local health departments and in cooperation with other health agencies and organizations, has contributed much to these, as well as many other, achievements of the year.

Health Status

In 1951, for the fourth consecutive year, the death rate was below 10 per 1,000 population. Death rates from infectious diseases have continued the steep descent which began in 1900. The tuberculosis death rate was at a record low of 19 per 100,000 population; the rate for syphilis was 5 per 100,000; and the combined death rate for the principal communicable diseases of childhood was less than 2 per 100,000. Chronic diseases, first claiming their place as chief causes of death in 1914, today represent the greatest challenge in health. Adequate prevention of these diseases will require intensive efforts of all members of the health professions.

Medical Research

The immediate program of expansion in organization, in facilities, and in scope of activity which began in 1948 for the National Institutes of Health, the center of the Service's medical research activities, neared completion in fiscal 1952. A milestone in this record of progress will be the opening of the Public Health Service Clinical Center in 1953. The Clinical Center will provide unique facilities for the medical practice-medical research-public health team to coordinate the study of chronic and crippling diseases.

The past year has also witnessed valuable contributions to medicine and public health by scientists in all seven of the Institutes as well as by many nongovernmental scientists in universities, hospitals, and other research institutions who have been aided through research grants and fellowships. The Annual Report describes a number of the research findings of the year.

Public Health Resources

With conservation a basic principle, the Public Health Service is contributing to the expansion of the Nation's health resources and at the same time providing important advisory and technical assistance in the endeavors of our health organizations to make maximum use of existing resources in personnel, facilities, and materials.

Acting as claimant for the Controlled Materials Plan, which went into effect July 7, 1951, the Service played an important part in sustaining health facility construction. Facilities estimated at $781,000,000 were added to the Nation's health resources in fiscal 1952, setting a new high mark in civilian construction. Through the Public Health Service, Federal funds for loans or grants were made available for construction of various community health

facilities in critical defense housing areas and for hospital construction throughout the Nation. The Service also provided information and consultation on many problems of hospital operation, health manpower utilization, and hygiene of housing. Studies of the prevalence and severity of disabling illness were undertaken as part of the Service's contributions to the conservation of manpower resources of the Nation.

Health Services

Helping States and communities discharge their responsibilities for the maintenance and improvement of health is one of the major jobs of the Public Health Service. Centered in the Bureau of State Services, assistance includes both grants of funds and direct Federal technical services. These include collection and analysis of health data, consultation on specific problems, and field studies and demonstrations to develop and test new methods.

Grant-in-aid payments made in fiscal 1952 amounted to $31,626,412. Technical, investigative, and consultative assistance in the form of surveys and studies, case-finding projects, laboratory services, training services, and program planning and development was provided in the fields of health education, public health nursing, environmental health, occupational health, disease prevention control, and dental health.

The Public Health Service also provides, as directed by law, medical and hospital care for specific groups, including merchant seamen. Over 500,000 beneficiaries received treatment during the year at the 22 hospitals, 19 outpatient clinics, and more than 100 outpatient offices of the Service. In addition, the Service assigns health personnel to other Federal agencies to aid them in carrying out their health programs: Office of Vocational Rehabilitation, Bureau of Employees' Compensation, Bureau of Prisons, United States Coast Guard, Maritime Administration, Bureau of Indian Affairs, and the Department of State.

World Health

By the assignment of public health experts to the technical assistance missions sponsored by the Mutual Security Agency and the Technical Cooperation Administration, the Public Health Service plays a leading role in developing and operating health programs of these missions. During 1952, such programs were in operation in 16 countries—Burma, Formosa, Greece, Indochina, Indonesia, Philippines, Thailand, Turkey, India, Iran, Iraq, Israel, Jordan, Lebanon, Liberia, and Libya—and plans were developed for establishment of programs in 14 other countries. The Service also continued to serve as official liaison with the World Health Organization and the Pan-American Sanitary Bureau. The Surgeon General was president of the Fifth World Health Assembly, which met in May 1952.

• • •

Annual Report of the Public Health Service, Federal Security Agency, 1952. 89 pages. Price 30 cents.

Rabies

A leaflet on rabies warns that this disease is widespread among animals in the United States and in recent years has been on the increase. Rabies affects the nervous system, including the brain and spinal cord, of animals and man, and once developed, it is always fatal.

The virus causing rabies may be transmitted by the bite of an infected animal if the saliva of the infected animal comes in contact with an open wound. All warm-blooded animals may contract the disease and spread it. Recently foxes have showed an increase in rabies incidence. Dog bites account for 90 percent of the human cases of rabies in the United States.

The leaflet describes two types of rabies, symptoms of each type, incubation periods, and the progression of the disease in humans and in animals. It tells what to do with a dog suspected of being rabid. It offers pointers for preventing rabies and stresses them because the disease cannot be cured.

• • •

Rabies. Health Information Series No. 30 (Public Health Service Publication No. 97) 1952. 2-fold leaflet. $1.50 per 100.

2d Conference of Mental Hospital Administrators and Statisticians—Proceedings

To assess accomplishments of activities of State mental hospital statistics, comparable statistics on patients treated in such systems are needed. At present, the kinds of data produced by the different States lack uniformity and comparability.

At the Second Annual Conference of Mental Hospital Administrators and Statisticians, called by the National Institute of Mental Health of the Public Health Service on February 25–27, 1952, some of the many problems of standardization of reporting which were discussed dealt with definitions, nomenclature, and tabulations. Conferees represented the 11 States grouped into a model reporting area for mental hospital statistics at a first conference in 1951. These States are: Arkansas, California, Illinois, Louisiana, Michigan, Nebraska, New Jersey, New York, Ohio, Pennsylvania, and Virginia.

In mental hospital systems there is lack of uniformity in definition of terms, such as first admission, resident patient, transfer, and so forth, used to describe the movement of patients into and out of the hospital. For example, in some States, first admissions relate to a particular State hospital; in other States to a particular State hospital system; in still others to any State hospital system; and in the remainder to treatment for mental disorder anywhere.

Comparable data are not always available in different States even on such basic items as length of hospitalization of discharged mental patients by diagnosis, age, sex, and other factors. Methods used for analyzing data have not always been appropriate to the long-term nature of mental illness. These and other difficulties have made it impossible, according to Dr. Morton Kramer, chief of the biometrics branch of the National Institute of Mental Health and chairman of the 1952 conference, to demonstrate satisfactorily the accomplishments or failures in treating the mentally ill.

In a foreword to the published proceedings of the second conference, Dr. R. H. Felix, director of the National Institute of Mental Health, expressed the hope that the progressive thinking of the 11 States will stimulate other States to develop and expand their statistical offices and to collect and tabulate data in a uniform manner so as to meet the standards for inclusion in the model reporting area. At the conference, it was generally agreed that to meet the minimum requirements for inclusion, a State should have a central statistical system supervised by a professional statistician, should agree to the definitions adopted by the model area, and should agree to produce annually the minimum number and type of tables agreed upon by the model area States.

Conferees agreed on definitions for first admission and resident population. They also agreed to exchange ideas concerning needed data; to permit a review of their States' programs of statistics and research in mental hospitals; to develop an effective system of statistical reporting to the National Institute of Mental Health; to continue to form the nucleus of a model area; and to urge the extension of uniform reporting methods to all States.

Included in the 13 appendixes to the proceedings are tables comparing data on first admissions in New York State in 1914 with 7 other States in 1948; a study on services and treatment facilities for mental patients in general hospitals; a study on discharges from the psychiatric division at Bellevue Hospital, New York City; a plan for a census of patients in mental institutions on a cyclical basis; a paper on standard control groups for the evaluation of therapy; and another on suggested cohort studies of first admissions.

• • •

Proceedings of the Second Conference of Mental Hospital Administrators and Statisticians. (Public Health Service Publication No. 266) 1953. 77 pages; appendixes; tables. 40 cents.

Salaries of State Public Health Workers

This study, the sixth of a series of annual studies of salaries paid to selected classifications of personnel employed by State health departments, includes full-time professional personnel—medical, nursing, sanitary engineering, sanitation, nutrition, health education, statistical, laboratory, business management, dental, and veterinary. The data were obtained from State health department payrolls for August 1952.

Information on salaries paid State health officers, five selected nonmedical program directors, and personnel in the occupational groups listed above is presented by bar graphs. For the convenience of those desiring more detailed information, tables showing salary distribution by States are included for all of these occupational groups except business management officers, health educators, nutritionists, and statisticians.

General salary increases between August 1950, August 1951, and August 1952 are shown for nine occupational groups. For these nine groups the average percentage increase in the lower limits of the salary intervals in which the median appeared was approximately 6.5 percent. Two occupational groups, dentists and veterinarians, were added to the study this year. The salary intervals within the median salaries which appeared in 1950, 1951, and 1952, and the percentage changes in the lower limits of the salary intervals in which the median appeared in 1947, 1948, 1949, 1950, 1951, and 1952 are shown by tabular listings.

• • •

Salaries of State Public Health Workers, August 1952. (Public Health Service Publication No. 260) 1952. 52 pages. Prepared in cooperation with the Association of State and Territorial Health Officers and the American Public Health Association. A limited number of copies available from the Division of State Grants, Public Health Service, Washington 25, D. C.

for the general public

Diphtheria

Diphtheria, a dangerous disease, can be prevented. Knowing something of what diphtheria is like will help one to understand why it is important to guard against it. This leaflet tells of diphtheria epidemics as late as the 1880's, and of the protection of inoculation which has resulted in far fewer deaths from this disease now. What diphtheria is like, how the germs behave, how the disease gets around, and how to stop it before it starts are explained. Emphasis is placed on immunization for every baby and when to call the doctor.

• • •

Diphtheria. Health Information Series No. 37 (Public Health Service Publication No. 60) 1953. 2-fold leaflet. $1.50 per 100.

Louse Infestation

Lack of personal cleanliness is one of the most common predisposing causes of infestation with the three varieties of body lice discussed in this health information leaflet. The leaflet describes the head louse, the body louse, and the pubic or crab louse, and the manner in which their presence is detected. Consultation with a physician is advised for proper treatment, and scrupulous care and cleanliness for the prevention of the recurrence of the lice.

• • •

Louse Infestation. Health Information Series No. 26 (Public Health Service Publication No. 103). Revised 1952. 1-fold leaflet. 5 cents; $1.50 per 100.

Hypertension

Only a doctor can tell by physical examination whether you have high blood pressure, and whether it's serious enough to need attention. People who worry too much over unsolved problem are often susceptible. Heredity is probably a factor, and the condition occurs most often in persons between 30 and 50 years of age. High blood pressure, or hypertension, is a common disorder which shows up in the heart and blood vessels. In itself, high blood pressure is not a disease, but a sign of something wrong. If blood pressure remains consistently high for a long period of time, however, it can result in serious damage to the heart, the kidneys, and other organs of the body.

There are undoubtedly millions of persons in the United States who have high blood pressure and don't know they have it. Headaches and dizziness may be symptoms, but can be symptoms of other conditions, or there may be no symptoms at all. One can have high blood pressure without being ill or in danger of a sudden breakdown of the heart or arteries.

These statements are made with others in this health information leaflet to explain to the person who may have high or low blood pressure the need to get under a doctor's care and follow a few simple rules for moderate living so that he may be able to continue to work and enjoy life.

• • •

Hypertension. Health Information Series No. 69. (Public Health Service Publication No. 146) 1952. 2-fold leaflet. $1.25 per 100 copies.

Trichinosis

The major emphasis in this health information leaflet is on the fact that trichinosis, caused by eating raw or insufficiently cooked pork, is preventable. Pork is a wholesome, flavorful food, and there is no reason why it should not be a part of the diet, but it must be cooked thoroughly.

The leaflet explains how long meat should be cooked and how it can be tested to see if it is done. Some processed meats are treated to kill the trichinae, and the reader is advised to look for the stamp which indicates that the meat has been federally inspected and passed. Another means of prevention which is discussed is the cooking of garbage that is fed to hogs.

The leaflet also contains information on the way in which the trichinae affect the body, the symptoms of the disease, and the forms of treatment.

• • •

Trichinosis. Health Information Series, No. 47 (Public Health Service Publication No. 101) reprinted 1952. 2-fold leaflet. 5 cents; $1.00 per 100 copies.

Tularemia

Bacterium tularense produces in certain infected animals peculiar spots in the spleen, liver, and bone marrow, with enlargement of and abscess formation in the lymph glands. This disease, tularemia, man acquires through the handling of dead animals, or by eating the undercooked flesh of an infected animal, or by being bitten by an insect which has previously fed on a diseased animal. The commonest history of a human case is that of the person who has handled the carcass of an infected rabbit. This leaflet states that prevention of tularemia is almost entirely a matter of personal precaution and tells how to take such precautions.

The mode of infection is briefly described, as is the incubation period of the disease. Diagnosis can be aided by certain tests, the leaflet states. Streptomycin has been employed and found to be of great value in the treatment of tularemia when used early in the course of the disease.

• • •

Tularemia. Health Information Series No. 44 (Public Health Service Publication No. 135) 1-fold leaflet. $1.25 per 100.

Publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication (including its Public Health Service publication number). Single copies of most Public Health Service publications can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D. C.