University of Nebraska Medical Center
BREAKTHROUGHS FOR LIFE.

University of Nebraska Medical Center
DigitalCommons@UNMC

MD Theses

Special Collections

1933

Communicable diseases in Omaha with special reference to the treatment and prevention of diphtheria, scarlet fever and small pox

George Hrdlicka
University of Nebraska Medical Center

This manuscript is historical in nature and may not reflect current medical research and practice. Search PubMed for current research.

Follow this and additional works at: https://digitalcommons.unmc.edu/mdtheses

Recommended Citation

Hrdlicka, George, "Communicable diseases in Omaha with special reference to the treatment and prevention of diphtheria, scarlet fever and small pox" (1933). *MD Theses*. 266.
https://digitalcommons.unmc.edu/mdtheses/266

This Thesis is brought to you for free and open access by the Special Collections at DigitalCommons@UNMC. It has been accepted for inclusion in MD Theses by an authorized administrator of DigitalCommons@UNMC. For more information, please contact digitalcommons@unmc.edu.

COMMUNICABLE DISEASES IN OMAHA WITH SPECIAL REFERENCE TO THE TREATMENT AND PREVENTION OF DIPHTHERIA, SCARLET FEVER AND SMALL POX

GEORGE R. HRDLICKA

APRIL 1933

COMMUNICABLE DISEASES WITH SPECIAL REFERENCE TO THE TREATMENT AND PREVENTION OF DIPHTHERIA, SCARLET FEVER AND SMALL POX IN OMAHA

The health of the community is primarily the most important duty of the physician. The medical profession is justified in its existence only when it deals with the diseases and problems of mankind to the best of its ability. Public policy requires conservation of human life and the preservation of public health.

Many chose to devote their time to delving into some particular phase of a disease. Others have gone in pursuit of cause of effect of a certain drug on a particular malady. Still others have searched the medical literature for knowledge concerning latest treatments of an ailment, and so I might cite innumerable topics that have been the subject of medical research. They may have gained more scientific knowledge and gleaned more learning from their perusal of the medical archives, for the present, but none has had any greater amount of pleasure or enlightenment regarding his subject than I have.

The treatment and prevention of Diphtheria, Scarlet Fever, and Small Pox in Omaha is the subject which I have chosen to write upon, and some of the reasons are:

480499

First of all, public health is increasingly dominating the thoughts of not only the medical profession, but of the general public. This is largely due to the ever increasing education of society by the medical profession as well as by advertisements of their articles by drug-houses. In the past few years the world has become medically conscious. Secondly, the report of Dr. L. L. Lumsden of the United States Public Health Service concerning the health service and of medical and surgical care and treatment of indigents in Omaha and Douglas County and his recommendations for a change in the organization of the health department, added impetus to the consideration of this subject. Also my desire to get into the public health work by obtaining an internship in a Marine Hospital was another contributing factor. Having lived in Omaha my entire life, why should not a subject dealing with this community be quite fitting? Lastly, I was inspired in selecting this specific subject by Dr. John T. Myers, Professor of Bacteriology and Public Health at the University of Nebraska, College of Medicine.

First of all, let us consider the rules and regulations relating to the control of communicable diseases. Ordinance Number 10591,[2] passed by the Omaha City Council, is an Ordinance providing that certain cases of communicable and industrial diseases shall be reported to the health department; providing for the isolation and quarantine of persons afflicted therewith, and giving the health commissioner authority to provide rules and regulations for the control of such diseases: providing penalties for the violation of the provisions hereof.

Section 1. PERSONS RESPONSIBLE FOR REPORTING CERTAIN DISEASES. It shall be the duty of every physician in attendance upon a case of communicable disease to report this case to the health commissioner. If no physician is in attendance it shall be the duty of the following persons to report: the head of a private household, the owner or other persons in charge of a dairy, or milk plant, the proprietor or keeper of any hotel, boarding or lodging house, the superintendent or other person in charge of any hospital, asylum, nursery or other institution, the principal or other person in charge of any public, private or parochial school or college.

and every other person having knowledge of or reason to suspect the existence of a case of a communicable disease that has not been reported to the Department of Health.

SECTION 2. DISEASES WHICH ARE TO BE REPORTED. For the purposes of this ordinance, the following are declared to be communicable diseases; Actinomycosis, Acute Anterior Poliomyelitis, Anthrax, Cerebrospinal Meningitis, Chicken Pox, Asiatic Cholera, Diphtheria, Dysentery, Sceptic Sore Throat, German Measles, Glanders, Hookworm Disease, Rabies, Influenza, Leprosy, Malaria, Measles, Mumps, Ophthalmia Neonatorum, Paratyphoid Fever, Scarlet Fever, Small Pox, Tetanus, Trachoma, Trichiniasis, Tuberculosis, Typhoid Fever, Typhus Fever, Whooping Cough, and Yellow Fever, Pneumonia and Bubonic Plague.

SECTION 3. TIME AND MANNER OF REPORTING. The reporting provided for shall in all cases of Acute Anterior Poliomyelitis, Cerebrospinal Meningitis, Chicken Pox, Asiatic Cholera, Diphtheria, Influenza, Measles, German Measles,Bubonic Plague, Scarlet Fever, Small Pox, Typhus Fever, and Whooping Cough, be made by telephone as soon as diagnosis is made and such report shall be followed within twenty-four hours thereafter by a written report. In all other cases mentioned a written report only shall be made.

SECTION 4. CHARACTER OF REPORT.

The report shall give full information in regard to the case and shall include the name, age, and address of the patient, the date when he became ill, the school attended and the source of infection if known.

SECTION 5. INITIATION OF PREVENTIVE MEASURES.

Every physician shall immediately, upon discovery of a case of communicable disease secure such isolation of the patient or take such other action as is required by the rules and regulations which may from time to time be issued by the Department of Health, and all other persons responsible for the reporting of communicable diseases to the Health Department shall isolate such cases from other memebers of the family, institution etc. and shall take such steps as will, far as practicable, prevent the spread of infective material to others, pending action and instructions by the Department of Health.

SECTION 6. DISPOSITION OF CERTAIN COMMUNICABLE DISEASES, WHERE PRACTICAL MEASURES OF ISOLATION CANNOT BE CARRIED OUT.

Cases of communicable diseases occuring in hotels, boarding houses and lodging houses, apartments and

in private homes where, in the opinion of the health commissioner, practical measures of isolation cannot be carried out, shall be removed to the hospital for communicable diseases or to some other suitable place where provision can be made against exposure to other susceptibles.

SECTION 7. DISEASES TO BE PLACARDED.

The following cases shall be placarded, and such isolation of the patient and quarantine of other members of the family or contacts in institutions as is directed by the Health Commissioner with respect to such diseases shall be carried out: Acute Anterior Poliomyelitis, Cerebrospinal Meningitis, Chicken Pox, Asiatic Cholera, Diphtheria, Measles, German Measles, Bubonic Plague, Scarlet Fever, Small Pox, Typhus Fever, and Whooping Cough.

SECTION 8. PLACARDING OF HOUSES.

The placard shall be securely placed on or near the front and rear entrance, where it can be plainly seen by anyone about to enter. In apartment houses or flats, where families are entirely separated from other families or having their own independent hallway, the placard will be placed on the door leading into the apartment.

No person shall interfere with or obstruct the posting of any placard by the authorized agent of the Department of Health, nor shall any persons conceal, mutilate or tear down any such placard except by permission of the department. In event of such placard being concealed, mutilated or torn down, it shall be the duty of the occupant of the premises concerned to immediately notify the Department of Health.

SECTION 9. EXPOSURE OF PERSON AFFECTED WITH CERTAIN COMMUNICABLE DISEASES.

No person shall permit any person under his charge, who is affected with any of the diseases placarded, to associate with any one other than the necessary attendants or immunes unless special permission is given by the authorized agent of the Department of Health, and no person affected with any of the said diseases shall expose himself in any such manner as to cause, contribute to promote, or render liable, the spread of such disease.

SECTION 10. NEEDLESS EXPOSURE TO CERTAIN COMMUNICABLE DISEASES.

No person shall expose or permit the visiting, association, or contact of any person under his or her charge with a person affected with any of the diseases which are placarded.

Nor shall any person needlessly expose himself or herself, or visit, associate, or come in contact with any person having any of said diseases.

SECTION 11. CONVEYANCE OR REMOVAL OF INFECTED PERSONS

No person suffering from any of the placarded diseases, nor anyone who has charge of the person so suffering, shall enter any hired vehicle or public conveyance, or permit anyone in his or her charge who is suffering therefrom to enter the vehicle, without previously notifying the owner or driver, that he or she, or the person in his or her charge, is so suffering: and the owner or driver of such a vehicle shall immediately provide for the disinfection of such conveyance, under the direction of the health authorities after it has conveyed any such sufferers. No person sick with any of the diseases specified, shall go or shall anyone remove such person from any building to another without the written permission of the Department of Health.

SECTION 12. DISPOSAL OF INFECTED CLOTHING AND OTHER ARTICLES.

No person shall sell, lend or otherwise dispose of for future use, any clothing, bed clothing, or other articles that have been exposed to infective material in a sickroom or soiled by discharges from the body of any person

suffering from any communicable disease until after they have been disinfected by boiling or by the use of some other method of disinfection approved by the Department of Public Health.

SECTION 13. ADDITIONAL RULES AND REGULATIONS BY HEALTH COMMISSIONER.

It is the duty of the Health Commissioner, and he is given authority to make the necessary rules for the control of communicable diseases, with reference to the periods of isolation and quarantine and with reference to such other measures as may be necessary for the control of these diseases.

The Health Department has set up certain rules and regulations relating to the control of certain communicable diseases.[4] Only those concerning Diphtheria, Scarlet Fever, and Small Pox will be mentioned.

As regards Diphtheria, all cases are visited by an inspector, as soon after it has been reported, as possible, in order to institute quarantine and to trace the source of infection.

The attending physician gives immunizing doses of antitoxin to all members of the household exposed unless found by the Schick Test to be non-susceptible. An inspector of the Department will perform the immunization, and make the Schick Test if requested by the attending physician. If the case is not removed to the hospital, the house is placarded. The sick person is isolated from other members of the family, except the necessary attendants who are isolated with the patient. If the patient can thus be strictly isolated and the disinfection of discharges, personal and bed clothing and other articles used about the patient is carefully carried out, all immune bread-winners in the house except the attendant on the patient, may be permitted to follow their usual occupation, provided that they have been given immunizing doses of antitoxin or have a regular Schick Test and that a culture taken by an inspector proves negative for each person permitted to leave the house. This permission is not granted to any one to attend school, church, or other places of assembly. School teachers or others whose occupations bring them into the immediate contact of children, and anyone engaged in the handling or sale of milk or other foods, are not permitted to continue his occupation until the case is terminated except upon

change of residence. No one , however, is permitted to leave the house until a written permit, signed by the inspector, is given. In case the isolation of the sick person at home is not practicable, or in case the rules of the Department concerning isolation, disinfection and quarantine are not strictly observed, the sick person is removed to the hospital for communicable diseases.

Isolation and quarantine is terminated at the expiration of two weeks, in case two successive cultures taken at least twenty-four hours apart, from both nose and throat prove negative upon examination in the laboratory of the Health Department: and provided also , that at least one negative culture from both nose and throat of the attendants and other contacts with the sick person are taken at the time the last negative culture is taken from the sick person. In each case, the physician, if still in attendance, notifies the Health Department of the recovery of the patient and takes the first culture. The second and subsequent cultures of the patient and the culture from contacts are taken by the inspector of the Department. The Department will, upon request of the attending physician and his notification of recovery of the patient, take all cultures required in the case.

If all cultures prove negative, terminal disinfection of the room occupied by the sick person will be done, including cleansing and airing of rooms and boiling or other disinfection of bed and other clothing by the family and the case released. In case other members of the household show a positive culture without the clinical evidence of the disease, these are isolated as carrier cases.

Milkmen are not allowed to remove milk bottles from a house in which a case of Diphtheria or Diphtheria Carrier exists, but they must pour the milk from the bottle into another bottle or other container provided by the family.

No bed clothing, personal clothes, or other articles from the sick room, are permitted to be taken from the premises until thoroughly disinfected in boiling water or in some chemical disinfectant approved by the Department of Health.

A Diphtheria Carrier is defined as a person who, while not showing the clinical symptoms of Diphtheria or who may not appear to be sick, has been shown by a culture taken to have Diphtheria Bacilli in the nose or throat. Such persons are isolated until two negative cultures, twenty-four hours apart, from both nose and throat have been taken by the inspector of the Department.

No restrictions are imposed upon other members of the household in case cultures from them prove negative, provided that isolation of the carrier is strictly maintained, except that other children who continue at school will be cultured at least twice weekly. In case that strict isolation is not, or cannot, be maintained such a carrier is removed to the hospital for communicable diseases and treated until two sucessive negative cultures twenty-four hours apart are obtained.

If the person having the Scarlet Fever is removed to the hospital for communicable diseases[3], the house is not placarded, but all other susceptibles are kept under daily supervision following the patients removal and disinfection of the premises. In case the sick person remains at home, the premises are placarded, the sick person is isolated from other members of the family except the necessary attendant. All adult breadwinner and immunes not dealing with food, milk or children are premitted to follow their usual occupations in case satisfactory isolation is possible and strictly observed as determined by the inspector. Only persons with permits signed by the inspector may be allowed to leave the premises.

In case of violation of the regulations of the Health Department, all permits are recalled, and the sick person removed to the Municipal hospital. Quarantine is terminated at the expiration of thirty days, in case there are no abnormal discharges from the mucous membranes and no open lesions, and a recovery certificate is received from the attending physician. The inspector visits each case for the purpose of terminating quarantine.

All cases of Small Pox where complete isolation from other members of the family is not practicable, are removed to the Municipal hospital. If quarantined at home, the patients are completely isolated from other persons except the necessary attendant, who is isolated with the patient. No articles may be removed from the premises until the quarantine is terminated. All adult persons in the household or premises who furnish proof that they have had Small Pox or have been successfully vaccinated within six years, and those who are vaccinated within three days of exposure, are given permits by the inspector to pursue their usual vocations, provided that isolations of the patient is complete, otherwise, this permission is not given except upon change of residence

and provided that in case vaccination is not successful, they are again vaccinated as soon as this fact is ascertained. All exposed persons who have not had Small Pox or have not been successfully vaccinated within six years and who fail to be vaccinated in a manner approved by the Department of Health, are quarantined for a period of sixteen days following their last exposure. The case is terminated as soon as all primary scabs have separated and the skin is clear. Thorough cleansing and airing of rooms and disinfection of bedding and clothing is required.

The city Health Department is under direction of the City Health Commissioner who serves on a part time basis and also engages in the private practice of medicine. The commissioner is appointed by the Mayor with the approval of the City Council for a period of three years, but serves within the pleasure of the Mayor. The qualifications for appointment are that the appointee be a physician and a member in good standing of the County and State Medical Societies.

The activities of the Health Department, which have already been mentioned, extend three miles beyond the city limits according to the state statutes.

The Public Health functions of the Department, are to carry out, by law enforcement and educational procedures, measures for the conservation and promotion of health and for the prevention of disease. The activites relating to communicable diseases are: (1) the collection of reports of cases of communicable diseases; (2) sanitary inspection and law enforcement with respect to water and food supplies; (3) quarantine and immunization; (4) medical inspection and health nursing service; (5) operation of a laboratory to make tests for diagnosis and control of communicable disease; (6) health educational work by lectures, radio talks, distribution of printed pamphlets and preparation of newspaper articles.

There are eight physicians on the Health Department force, one is the City Commissioner of Health, three are assistants to the Commissioner and are engaged in general health activities and four are police surgeons. All of the physicians serve officially on a part time basis.

There are fifteen nurses in the Health Department, three are engaged in public health nursing work among children in parochial schools: one is engaged in work for the control of communicable diseases and performs

her activities in cooperation with and through the administrative office of the Visiting Nurses' Association; one is on duty in the Detention hospital in the City Jail, and three are on duty at the Emergency Hospital to render bedside care to cases of communicable disease isolated and treated at that institution.

Approriation by the City Council for the operation of the City Health Department in the year 1932 was $81,397. This amount is less than three per cent of the total appropriation for the operation of all the governmental departments of the city. This total is exclusive of the tax levy for school purposes. Of the appropriation by the City Council for the Health Department, eight per cent was withheld leaving about $76,000 available.

In view of the need for and the relative and absolut e value of health work and in view of the financial ability of the city as evidenced by its annual rate of expenditures of about $7,100,000 for other operating purposes, the appropriations for the operation of the City Health Department are impressively modest.

EXPENDITURES FOR THE OPERATION OF THE SEVERAL ACTIVITIES OF THE CITY HEALTH DEPARTMENT IN THE CALENDAR YEAR 1931.

	Amount	Per Cent of Total
Administration	$7,610.63	8
Vital Statistics	2,568.10	3
Sanitation	33,443.92	38
Public Health Nursing	4,740.00	6
Communicable Disease	8,820.00	11
Emergency Hospital	13,947.77	16
Laboratory	3,840.00	4
Police Emergency and Jail Medical service	7,500.00	8
Cooperation with Visiting Nurses Association	7,500.00	8
Compensation for Injuries	720.00	1
Totals	$88,190.22	100

The amount allotted to the support of the different activities for the year 1932 are about in the same proportions.

The operating force of the Visiting Nurses Association consists of twenty-nine graduate nurses, six student nurses and one nutritionist. Automobiles are provided for travel. One nurse, who is detailed from the City Health Department, is on specialized duty for contagious diseases and all the other nurses are on generalized service. The activities comprise (a) bedside nursing; (b) infant, preschool child and maternity hygiene; (c) instructions and demonstrations in measures to prevent the spread of infectious diseases; (d) educational and persuasive efforts to induce immunization against Diphtheria and correction of physical defects by private physicians, the City Health Department and the operating forces at the public dispensaries and hospitals.

The Department of Health Supervision of the Board of Education is another agency aiding the Omaha City Health Department in its activities. The activities of the Department consists of (a) inspection for contagious disease; (b) inspection for physical defects; (c) health instructions to teachers and pupils with follow-up visits to homes of pupils; (d) efforts to bring about vaccination for Small Pox and immunization against Diphtheria.

Measures to bring about immunization and correction of physical defects includes talks to teachers and pupils, visits to homes of pupils, and securing cooperation of several agencies.

If any child attending the Omaha schools, whether private, parochial or public, becomes afflicted with Small Pox all the children of that school are immediately vaccinated by physicians of the Omaha Health Department. In case that any person has been vaccinated within the past three years and can produce a certificate showing successful vaccination, he is not required to be re-vaccinated. Successful vaccination within four days after exposure may protect from the disease. Any individual desiring vaccination against Small Pox or inoculation against Diphtheria will be so treated by the Health Department. Toxoid is now used by the Health Department for anti-diphtheritic inoculation. Inoculation against Diphtheria is not done until a large number have requested such treatment, since once a bottle of Toxoid is opened the remaining contents cannot be used at a later date. Some people request immunization against Scarlet Fever. The Health Department discourages this because the reaction following each dose of serum is so great that it is practically as bad as having the disease itself.

Furthermore, a full dose of 6000 units of the serum following soon after the diagnosis of a case of Scarlet Fever produces such excellant results within a period of a few hours and the complications of the disease are so much decreased that immunization against Scarlet Fever is not justified.

The City Emergency Hospital[1] was donated by Anna Wilson to the city of Omaha twenty years ago. The building is quite old and decrepit looking from the outside, but on entering, one sees a clean well-kept interior which would be considered the very best of style a quarter of a century past. The hospital has room for approximately forty patients. At the present time the hospital is allowed three nurses, two nurses during the day and one night nurse. Extra nurses must be hired if the hospital is running full capacity or if any patient is so ill as to require a special nurse. A matron, who resides at the hospital, a cook, a janitor, and a char woman comprise the rest of the hospital force.

Before entering any of the rooms, one must first put on a clean gown and cap. As all cases of one disease are kept in the same room, one need not be careful in going from one patient to another of the same

kind of disease. The hands must be washed and the gown changed before going to a case of a different disease. Practically all of the cases are diagnosed before being admitted to the hospital, however, a special room is maintained for patients whose cases are yet to be diagnosed. All charts are burned as soon as the patient is discharged. The name, date of entrance, date of dismissal, and the kind of disease with which the patient was afflicted, are the only records kept.

The treatment of Diphtheria in the Emergency Hospital is very similar to that described in the standard text books. Immediately upon diagnosis all contacts who have not had Diphtheria previously are given 1000 units of antitoxin. This is considered the standard immunizing dose. Patient upon entering the hospital is also given antitoxin. The dose depends upon the amount of antitoxin given previously, the severity, the duration of the disease and the seat of the local disease. When seen early and the attack is mild, 10 to 20,000 units are given. This amount is larger than most text books give but the Health Department has found by experience that a sufficient dose given early has saved more lives than repeated small doses. If late in the course of the disease,

with severe features or in nasal or laryngeal involvement, large doses, 60 to 120,000 units, are administered. Large doses in late cases of laryngeal Diphtheria provide no alleviation of symptoms. In these cases tracheotomy is the procedure indicated, otherwise the patient will succumb. Twenty tracheotomies were done at the hospital in the past six months without the loss of a single life. All antitoxin is given intramuscularly except in severe cases when 5,000 units may be given intravenously.

No local treatment is given unless it is a case of nasal Diphtheria. In this case injections with a syringe of saturated boric acid solution alternated with sprays of gentian violet are given until the membrane has begun to disappear. The patient is forced to drink plenty of water, if there is difficulty in taking water by mouth it is given by the bowel or subcutaneously. The bowels are kept freely open, for which magnesium sulphate or petrolagar are given. In severely toxic patients intravenous glucose is given. The food during the early part of the disease consists of liquids -- milk, soups, ice cream, broth and fruit juices. As the patient's condition improves cereals, custards, toast and soft boiled eggs are added to the diet.

The patient is kept in the hospital for two weeks unless complications have occurred. On the fourteenth day, cultures of the nose and throat are taken. If the cultures still remain positive, a spray of gentian violet alternating with a combination of Fullers earth plus a one per cent silver nitrate solution every three hours is given. Two negative cultures twenty-four hours apart, each culture having been taken at least eight hours after an antiseptic has been used, must be obtained before the patient is allowed to go home. He is required to remain home for one week following dismissal.

When a case of Scarlet Fever enters the Emergency Hospital, 6000 units of antitoxin are administered. This has produced such good results in the early and milder cases that frequently the temperature returns to normal within twenty-four to seventy-two hours. Since the use of the serum the complications have been found to be very few indeed. Very few cases of nephritis have occurred and the most frequent complications have been a cervical adenitis. Below eighteen months of age the dose of serum is about 3,000 units. The mouth is kept clean and rinsed freely with mild antiseptic solutions. Diet consists of milk, ice cream, soup, broth and fruit juices. With the fall of the temperature the

diet is slowly increased, cereals, toast, and custards being added. The patient is made to drink plenty of water. When the fever is above 103 degrees, the patient is sponged off with tepid water. The heighth of temperature determining the frequency of the sponge bath. The patient is dismissed from the hospital at the expiration of two weeks if there are no serious complications. He is required to stay at home one week following dismissal.

The hospital has had only one case of Small Pox in the past year. There is no specific treatment for the disease. The patients are given a bath once daily. Five per cent phenol in oil is used to relieve itching and to keep the skin moist when the crusts begin to form. Patients are kept on a light diet and the bowels open until the fever subsides. Salicylates or Phenacetine are given to relieve the severe pain in the back. Patients are kept in the hospital until the skin is prefectly smooth and clean and free from scabs which is usually about four weeks.

NUMBER OF CASES AND DEATHS OF DIPHTHERIA, SCARLET FEVER AND SMALL POX IN OMAHA FOR THE YEARS 1925 to 1932.

YEAR	DISEASE	NO. OF CASES	DEATHS
1925	Diphtheria	159	No Record
1925	Dip. Carriers	4	No Record
1925	Scarlet Fever	195	No Record
1925	Small Pox	559	No Record
1926	Diphtheria	96	No Record
1926	Scarlet Fever	1232	No Record
1926	Small Pox	309	No Record
1927	Diphtheria	129	8
1927	Scarlet Fever	474	2
1927	Small Pox	75	0
1928	Diphtheria	318	13
1928	Scarlet Fever	255	1
1928	Small Pox	101	0
1929	Diphtheria	448	11
1929	Scarlet Fever	210	0
1929	Small Pox	65	1
1930	Diphtheria	333	8
1930	Scarlet Fever	395	5
1930	Small Pox	481	1
1931	Diphtheria	310	19
1931	Dip. Carriers	74	0
1931	Scarlet Fever	318	0
1931	Small Pox	432	1
1932	Diphtheria	358	15
1932	Dip. Carriers	36	0
1932	Scarlet Fever	361	4
1932	Small Pox	100	1

SUMMARY AND CONCLUSION

The need for more and better Public Health Service in the city of Omaha is serious and critical. With such actual and potential resources there appears no cause for doubt that this city is fully able at this time to meet the situation reasonably adequately with respect to local Public Health Service. The provision of well organized efficient Health Service is more thoroughly justified and much more important in these times of Depression than in normal times.

The prevalence of communicable diseases in general in Omaha is much higher than it should be, or need be. The Small Pox and Diphtheria rates are comparatively and unreasonably high. There has been a relative increase in the number of cases and number of deaths from Diphtheria in the past eight years. The number of cases of Small Pox in 1927-28-29 were quite low but in 1930 and 1931 there was a tremendous increase in the incidence of the disease. In the past year and a half the drop in number of Small Pox cases has been quite gratifying. There is no excuse for any considerable rate of prevalence of either of these diseases in any civilized community in this day and generation. The small number of deaths from Scarlet Fever

is commendable. Less than fifty per cent, probably not over thirty per cent of the children now attending the public schools of the city have ever been vaccinated for protection against Small Pox. Less than ten percent, probably not over five per cent of the children of preschool age have been immunized against Diphtheria. The official and the unofficial health agencies and the medical profession of Omaha should cooperate fully and freely in an intensive campaign to remedy this condition.

The Public Health activities in Omaha are poorly organized, are administered by officials serving on a part time basis, are improperly allocated, and are inadequate.

The Omaha Health Department seems to have a poor plan of organization, a number of its personnel are as antiquated in their ideas as the Chinese, the funds provided for out of the budget are entirely too conservative and their output of information and statistics for the past thirteen years has been practically nothing. There has been no city health report since 1913. They have no record of the incidence of communicable diseases in Omaha previous to 1925. The number of nurses at the Emergency Hospital at the

present time is entirely insufficient. There is no reason why charts on the patients of the hospital cannot be preserved for future reference.

The educational campaign regarding immunization and preservation of health through lectures, newspaper articles, Visiting Nurses and other official and unofficial health organizations has been quite aggressive of late. The mode of treatment of disease at the Emergency Hospital is of the best. No doubt the Health Commissioner has done his duties of office to the best of his ability with the limited funds with which his department is provided and in spite of the crooked politics surrounding him.

RECOMMENDATIONS

The City Council should provide larger appropriations for the City Health Department. The present appropriation amounts to only twenty-two cents per capita of population served.[1] Reasonably adequate Health Service for a city such as Omaha cannot be obtained at a per capita annual cost of less than fifty to one-hundred cents. The City Council of Omaha should give consideration to the advantage, especailly in the time of stress such as present, of making sufficient appropiations for the establishment and maintenance of efficient and reasonably adequate city Health Service, notwithstanding whatever other city governmental activities might have to be curtailed to a small extent to make such appropriations feasible.

The prevalence of communicable diseases in such large incidence warrants an increasingly intensive campaign to educate the public regarding the need of immunization. The Health Department should publish more pamphlets, make radio talks and deliver more lectures to impress this need. The Douglas County Medical Society as well as official and unofficial health organizations should lend their staunch support to this movement.

A city Health Report should be published each year as was done years ago. Replacements of some of the members of the City Health Department as well as a decrease in the number of sanitary inspectors and a corresponding increase in the number of Public Health nurses would make for greater effectiveness of the Department. A larger number of nurses at the Emergency Hospital would be advisable. The recommendations as made by Dr. L. L. Lumsden concerning the appointment of a full time Health Commissioner to have jurisdiction over both Douglas County and Omaha is highly commendable. His further recommendation that a board be established known as the Omaha Douglas County Health Council has already begun to be realized and the first steps towards its formation have taken place. The plan of organization and the constitution of this council have already been drawn up. We may look forward to having one of the most efficient Health Departments in the country with the consequent lowering of the incidence and death rate from communicable diseases.

REFERENCES

1. L. L. Lumsden -- Report on a Survey of Health Service and of Medical and Surgical care and Treatemnt of indigents in Douglas County, Nebraska.

2. Omaha City Council - Ordinance Number 10591 -- Rules and Regulations relating to the Control of Communicable Diseases.

3. Omaha Health Department - Special Rules of the Health Department relating to the control of certain Communicable diseases.

4. Omaha Health Department - Circular of Instruction on Diphtheria.

5. Dr. A. S. Pinto - Interview

6. Miss Sharpe - Interview

7. Miss Baldwin - Matron of Emergency Hospital - Interview

8. Dr. A. S. Pinto - Ward Round at Emergency Hospital