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## Extent of services rendered by local Health Departments of Nebraska in the year 1950 excluding December

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EXTENT OF SERVICES RENDERED BY  
LOCAL HEALTH DEPARTMENTS OF NEBRASKA  
IN THE YEAR 1950 EXCLUDING DECEMBER

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Submitted in Partial Fulfillment for the Degree of

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## INTRODUCTION

### Choice of Topic

At the outset, it was the impression of the writer that public health services were being rendered by local health departments in various localities over the state. The thesis problem originally chosen was that of better utilization of existing agencies available to the general practitioner out-state in helping his middle-income group patients with unusual medical problems. When it was discovered that sanitation and preventive medicine are not being taken care of by local health departments in most counties, it seemed of greater importance to focus attention on this basic health need.

### Timeliness of the Subject

According to the survey made by the American Academy of Pediatrics, per capita public health expenditures in Nebraska are lowest in the nation (\$0.58) (1). This study also discloses that in semi-rural counties there is but one public health nurse for 11,511 children. The fifty-five rural counties which

contain more children than any other division of counties in the state has only one public health nurse (2). Data from state files indicate that sixty counties in Nebraska have no school nursing service.

The American Medical Association recently adopted a twelve-point program. Two of its points refer to local health services.

#### Thesis Problem

An attempt will be made to determine the extent of services rendered by local health departments in Nebraska in the year 1950 exclusive of December. December services were not all reported at the time of the final writing of the thesis, and for this reason it was necessary to exclude them.

#### Methods Used

Nothing could be found in the literature on this subject. The Department of Health at the State House in Lincoln was consulted and it was found that nothing had been compiled on this subject. By special permission from the director of health, Dr. Frank D. Ryder, monthly work sheets reporting local health department

services were examined and the following data was then compiled. It is obvious that any data of this kind is subject to error and misinterpretation, but it is presented here in order to give a fair estimate of work accomplished in the limited areas presently organized. There was at first a serious lack of details regarding services rendered. This was offset by gaining bits of information from many individuals in the Nebraska State Health Department, the Omaha-Douglas County and Lincoln-Lancaster County health departments, and related private and voluntary organizations. Much of this information appears as supplementary notes to the tables compiled.

#### Historical Review

It was felt that the thesis could not be complete without a historical review of the development of our local health departments. This historical knowledge is imperative to a clarification and appreciation of the problem. Nothing composite has been written on this subject. A very small part of the history was obtained from mimeographed reference material (3) (4) (5). The greater part of the history was obtained by interview from an individual

who has witnessed all of the developments of local public health services in Nebraska, Roland H. Loder, M.D., M.P.H., medical director of the Lincoln City-Lancaster County health department and newly elected president of the Nebraska Public Health Association. History obtained in the manner described is necessarily incomplete, inaccurate, and colored by opinion to an undetermined extent, but its value can scarcely be questioned in the light of the experience of the narrator.

Before 1935 the only existing public health services in Nebraska with (partially) qualified staffs were in the cities of Omaha and Lincoln. The remainder of the state had its services set up in skeleton form based on the old local village and county board of health laws which still apply and are operative (inoperative?) in the largest portion of the state excepting where city-county organization has occurred under new statutes as in Omaha or Lincoln, where a measure of success in applying new statutes has occurred, or as in Scotts Bluff County and Hall County, which are more typically rural areas. Rural areas immediately surrounding a large metropolitan center are often the most neglected in sound public health practice (6). Change in this has

occurred since the impetus given it by 1) the enactment of social security legislation in 1935, 2) the establishment of grants in aid from the United States Public Health Service, and 3) state health agencies. State health agencies tried to promote and develop new public health services, to strengthen the old health services, and to train qualified personnel for the conduct of sound local health departments. Of the various state health agencies, the Maternal-Child Health Division has contributed a great deal through health education. It was largely through MCH influence that the Divisions of Public Health Nursing, of Dental Health, of Local Health Departments, and of Health Education were set up in 1941. The Division of Health Education, together with the other agencies mentioned, has made possible the understanding in local communities which instigated certain communities to establish city-county and rural health departments. Demonstration health units preceded many of these health departments. The following counties were organized into demonstration health units:

- (1) Boyd County, 1937
- (2) Dundy County, 1937
- (3) Scotts Bluff-Morrill-Banner County, 1937



- (4) Wayne-Pierce-Stanton-Madison County, 1938
- (5) Richardson-Nemaha-Johnson-Pawnee County, 1939
- (6) Grand Island-Hall, Hastings-Adams County, 1940
- (7) Cass-Sarpy -Otoe-Nemaha County, 1943

Attempts were made to encourage local health in Kearney County, McCook County, and Red Willow County by setting up sanitation services in these areas. The Nebraska State Health Planning Committee was set up under the State Agricultural College through a grant from Alexander Legge Farm Foundation Fund; this Committee provided for surveys of medical and public health service practice. Educational work with 4-H club groups and other community groups gave a broader rural community understanding of health needs and health lacks. These health activities along with Farm Security Medical programs resulted in:

- (1) Farm Security Medical Service Cooperatives, such as in Hamilton County at Aurora. 1942-1945.
- (2) Sand Hill Medical and Public Health Cooperative at Thedford, which was developed jointly by the State Health Department and the State Health Planning Committee. 1942-1945.

Both Cooperatives had a brief period of operation. Both were medical service plans--not public health. This long chain of events

had provided enough public understanding to provide passage of Legislative Bill 295, authorizing counties to establish local health departments with certain provisions. Eleven days prior to passage of the bill the Nebraska Health Planning Committee and the State Health Department co-Sponsored the Third State-Health Conference whose theme was related to wartime public health needs in Nebraska. LB295 was approved May 29, 1943. In 1945 the Lincoln city health department was reorganized ; in 1947 the combined city-county health department was set up.

In Omaha, as far back as the turn of the century, farseeing citizens realized the desirability and ultimate necessity of the union between both City and County in the field of public health. For two and one-half years prior to the merger, the County and the City had depended on the same health director to administer their respective public health programs. As soon as state legislation permitted by amending LB 295 (1947), work was begun to form a joint City-County Health Department. On December 13, 1949, the City Council and the County Board entered into a contract establishing the Omaha-Douglas County Health Department.

Grand Island-Hall County and Scotts Bluffs County Health Depart-

ments were organized under LB 295. Nemaha-Sarpy Health Unit did not come under LB 295, but was maintained as a demonstration unit.

## DATA GAINED THROUGH METHODS USED

### Introductory Remark

It was found that there were five (5) local health departments in operation in Nebraska in 1950. One of these was set up by the State Health Department as a demonstration health unit which it hoped the community would organize under provisions of LB 295 eventually. The unit has been variously named from time to time according to county constituents. It is now known as the Sarpy-Nemaha Health Unit. It has offices in two counties and reports are made out separately for the two county areas. The Unit is being discontinued at the end of 1950 because of shortage of personnel and failure of the people to accept the Health Unit on a local independent basis.

Sarpy and Nemaha will be reported separately throughout this thesis.

### Physical Aspects

Table 1 shows Nebraska local health departments by county, population, area, population density, and office address.

Table 1. Population, area, and population density of Nebraska counties in which there are local health departments, and office address of each. 1950.

County	Population (Unofficial 1950 Census Figures)	Area Square Miles	Population per Square Mile	Office Address
Douglas	277,181	335	857	Omaha
Lancaster	117,189	845	140	Lincoln
Scotts Bluff	33,889	726	47	Scottsbluff
Hall	32,023	540	59	Grand Island
Sarpy	15,641	230	68	Papillion
Nemaha	10,938	399	27	Auburn
Total	487,861	3075		

Note : 37% of Nebraska by population and 4% by area is covered by local health departments, using official 1950 census figure of 1,315,834 and area of 76,653.

### Personnel

Table 2 shows the number of full-time medical, nursing, and sanitation personnel in Nebraska local health departments (listed by county) as of the latter part of 1950.

Table 2. Full-time medical, nursing, and sanitation personnel in Nebraska local health departments listed by county (status of latter part of 1950).

County	Full-time Medical Personnel	Full-time Nursing Personnel	Sanitation Engineers	Sanitarians	Sanitation Aides
Douglas	1	33	3	6	7
Lancaster	1	12	1	2	6
Scotts Bluff	1	2	--	2	--
Hall	1	3	--	--	2
Sarpy	--	1	--	--	--
Nemaha	--	1	--	--	--

#### Notes

1. Douglas had a full-time assistant director during the early part of 1950. The vacancy has not been filled.

2. Sarpy-Nemaha Unit had one medical director (full-time) during the first half of 1950.

3. Part-time clinicians in Lancaster (City-County Health Department) are : pediatrician for two well-child clinics per week, part-time physician for tuberculosis and general medical clinics, part-time physician to take night calls (8-30 per month).

## Laboratories

Laboratory facilities in Nebraska local health departments in 1950 were as follows : the laboratory in Douglas county is located at the County Hospital separate from the hospital laboratory and does water, milk, and communicable disease diagnostic tests ; the laboratory in Lancaster county is located at the health unit in the Lincoln City Hall and does water, milk, and communicable disease diagnostic tests'; the laboratory in Scotts Bluff County is the West Nebraska Branch laboratory in Scottsbluff and tests water and milk only ; the laboratory in Hall county is at Grand Island and tests water and milk only. Sarpy-Nemaha health unit has no laboratory.

Lancaster, Scottsbluff, Hall, and Sarpy have roentgenographic facilities.

## School health services

School health services by Nebraska local health departments vary according to what the school provides. Physical examinations are being done in the physicians office for the most part. The university dispensary wwell-child clinics are available for those who cannot pay in Omaha. The health officer does a very limited number of examinations in other health units. Schools having no school nurse are served by public health nurses from the health department in rural and town schools in the county. The nurse works mostly with the teachers in the schools, meeting with the teachers individually and in groups and demonstrating screening tests and recognition of the normal and abnormal. The teacher is trained to report things which do not appear normal to them. These are referred to special nursing and medical attention. Number of corrections appear on the monthly reports of each health department. One advantage of this system of inspection by teachers is the opportunity afforded to give health instruction while carrying out the screening and inspection procedures. Omaha has a full-time health educator whose function is to teach health supervision to school teachers



and promote public health understanding locally.

### Clinics

Clinics held by local health departments are primarily preventive medical in nature. Health departments do not render curative medical service except where this can not be obtained through a private physician, or university dispensaries, or other means.

Scotts Bluff and Hall counties hold no clinics. Sarpy-Nemaha holds well-child clinics only. All clinics in Lancaster are held in the city hall health unit, including the dental clinic. Douglas holds clinics at various points over the city.

Table 3 shows types of clinics held in Omaha and Lincoln in 1950 by the local health departments.

Table 3. Types of clinics held in Omaha and Lincoln by local health departments in 1950.

Type of Clinic	Omaha	Lincoln
Prenatal	One clinic in South Omaha meets once a week.	Small amount of indigent maternity work carried on through the general medical clinic by a general medical man.
Well-child	Eight clinics meet every other week on the average. Good distribution throughout the city.	Meets twice a week.
Immunization	Three clinics meet once a week. Fairly good distribution in the city.	Done through well-child clinic entirely.
Venereal disease	Two clinics with a total of nine sessions per week.	Meets once a week.
Tuberculosis	Two clinics once a week held at Creighton dispensary. Health department contributes funds and personnel. Not reported by Health Dept.	Meets once a week.
Dental		Once a week. Children and adults.
General Medical		Six times a week.

## Administration

A table of administrative services was not made. It is felt that an itemized list of administrative services never gives one a fair appreciation of the actual work and responsibility involved.

Briefly, the health director often plans the budget, supervises all activities of the health department, attends many meetings, conferences, and interviews relating to his work, gives lectures and talks, and works with health agencies to bring about a coordination of health activities in the community. The health director has a full-time job educating the public and administrating the health department. He has very little or no time allotted to clinical work.

Tables 4 through 15 give a statistical survey of services rendered by Nebraska local health departments in 1950 excluding December. Where lectures and talks are enumerated, those given by the administrative staff are not included.

A subsequent chart (Table 16) will summarize services rendered according to number of admissions to medical and nursing service.

Table 4. Communicable disease control--services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Persons who re- ceived nursing service	999	362	523	35	77	--	2
Number of visits to above	2210	902	977	100	229	--	2
Patients admit- ted to hospital	166	162	--	3	1	--	--
Immunizations	18,163	12,939	2641	--	649	948	24
Public lectures	1	--	--	--	1	--	--
Attendance	30	--	--	--	30	--	--

Table 5. Venereal disease control. Services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Patients admitted to medical service	2679	2554	125	--	--	--	--
Clinic visits by above	4711	4198	513	--	--	--	--
Patients who received nursing service	870	813*	32	17	6	--	2
Number of visits to above	1599	1418*	70	48	61	--	2
Cases transferred to private physicians	21	19	1	--	1	--	--

Note:

*Diagnosis	Nursing Patients	Visits to delinquent cases	Visits to contacts
Syphilis	252	325	544
Gonorrhoea	548	4	545
Granuloma inguinale	1	--	--
Chancroid	12	--	--
Total	813	329	1089

Table 6. Tuberculosis control. Services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Tuberculous patients receiving nursing service	369	247	71	29	15	7	--
New tuberculous patients in 1950	140	89	36	7	5	3	--
Home visits made to tuberculous patients	989	700	115	80	73	21	--
Suspects and contacts receiving nursing service	1274	827	230	118	76	23	--
New suspects and contacts in 1950	570	434	91	22	21	2	--
Home visits made to suspects and contacts	2144	1261	302	258	290	33	--
Office visits for Tuberculosis control	69	26	27	--	16	--	--

Table 6 concluded. Tuberculosis control.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Patients admitted to medical service	279	--	279	--	--	--	--
Clinic visits by above	412	--	412	--	--	--	--
Cases admitted to sanatoria	8	--	4	--	4	--	--
Total number survey films interpreted	3616	--	3606	--	--	10	--
14 x 17 films	477	--	418	24	30	5	--
Consultation service on 14 x 17 films	21	--	--	21	--	--	--
Public lecture	1	--	--	1	--	--	--
Attendance	15	--	--	15	--	--	--

Table 7. Maternity service. Services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scottsbluff	Hall	Sarpy	Nemaha
Cases admitted to antepartum medical service	97	84	13	--	--	--	--
Visits by antepartum cases to medical conferences	267	210	57	--	--	--	--
Visits by antepartum cases to private physician	140	--	120	5	15	--	--
Cases given postpartum exams at medical conferences	38	30	8	--	--	--	--
Cases given postpartum exams by private physicians	39	--	35	1	3	--	--
Cases admitted to antepartum dental conference	1	--	1	--	--	--	--



Table 7, concluded. Maternity service. Services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Dental care by private dentist	8	--	8	--	--	--	--
Patients who received antepartum nursing service	1115	833	182	34	43	18	5
Home visits made to antepartum cases	3013	2150	570	76	174	36	7
Office nursing visits by antepartum cases	10	4	2	4	--	--	--
Patients who received postpartum nursing service	1347	1036	227	32	40	12	--
Home visits to postpartum cases	3368	2460	672	64	145	27	--
Cases given nursing service at delivery	1	--	--	1	--	--	--

Table 8. Infant hygiene. Services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Individuals admitted to medical service	888	684	96	--	--	81	27
Visits to medical conferences	2100	1562	279	--	--	204	55
Visits to private physicians	143	--	133	3	7	--	--
Patients who received nursing service	2367	1634	439	66	87	110	31
Home visits to patients under one month of age	2449	1690	637	38	74	9	1
Home visits to patients one month to one year of age	5191	3237	1174	122	591	56	11
Office nursing visits	288	8	6	1	--	220	56

Table 9. Preschool hygiene. Services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Individuals admitted to medical service	1738	1314	131	--	--	229	64
Visits to medical conferences	2539	1760	255	--	--	430	85
Visits to private physicians	140	--	129	--	11	--	--
Inspections by dentists	6	--	5	--	1	--	--
Prophylaxis by dentists	5	--	5	--	--	--	--
Dental Corrections	5	--	5	--	--	--	--
Nose and throat corrections	2	--	2	--	--	--	--
Hearing corrections	1	--	--	1	--	--	--

Note: Corrections are done by the private physician or dentist and there was often failure to report that the correction was carried out.

Table 9 concluded. Preschool hygiene.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Patients who received nursing service	3325	1905	835	60	205	254	66
Home visits to above	7665	4016	2030	134	1412	73	--
Office nursing visits by above	533	11	3	4	--	430	85
Public lectures	4	--	--	--	4	--	--
Attendance	74	--	--	--	74	--	--

Table 10. School hygiene services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Inspections by nurses in school	9299	3658	1919	806	2722	194	--
Examinations by physicians							
a. Private physician--at school	801	--	525	264	--	12	--
b. Private physician--at his office	11	--	9	--	2	--	--
c. Health officer	68	--	9	2	57	--	--
d. Number of above exams with parent present	400	--	383	--	5	12	--
Inspections by dentists in dental clinic	71	--	71	--	--	--	--
Examinations by private dentist	11	--	11	--	--	--	--
Prophylaxis by dentist	2	--	2	--	--	--	--

Table 10 continued. School hygiene services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Visual corrections	53	--	10	10	33	--	--
Dental corrections	471	--	437	3	31	--	--
Nose and throat corrections	29	--	9	4	16	--	--
Orthopedic corrections	3	--	3	--	--	--	--
School children who received nursing service	1558	861	459	74	137	27	--
Home visits to above	3555	1527	791	192	955	90	--
Office nursing visits by above	572	406	7	3	156	--	--
Public lectures	18	--	11	5	2	--	--
Attendance	637	--	160	267	210	--	--
Classroom health talks	150	--	10	65	64	11	--
Attendance	5717	--	306	3122	2183	106	--

Table 10 concluded. School hygiene services rendered by Nebraska local health departments in 1950 excluding December.

Services Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Conferences with teachers and board members	4134	1522	586	586	1307	133	--
Enrollment in classes	53	--	53	--	--	--	--
Attendance	522	--	522	--	--	--	--

Table 11. Adult hygiene services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Medical examinations							
a. Milk handlers	192	--	192	--	--	--	--
b. Other food handlers	3757	--	3757	--	--	--	--
c. Others	145	--	145	--	--	--	--
Patients who received nursing services	388	42	142	29	134	41	--
Field visits to and in behalf of adults	1816	99	285	76	1118	238	--
Office nursing visits by above patients	7	2	1	2	2	--	--
Public lectures	18	--	9	4	5	--	--
Attendance	459	--	119	104	236	--	--
Enrollment in classes	8	--	8	--	--	--	--
Attendance	33	--	33	--	--	--	--



Table 12. Morbidity services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Patients admitted to medical service	478	--	478	--	--	--	--
Home medical visits	213	11	202	--	--	--	--
Clinic visits by above patients	1169	--	1169	--	--	--	--
Admissions to hospitals	7	--	7	--	--	--	--
Patients who received nursing service	2830	2154	590	46	31	3	6
Home visits to above	14437	10934	3109	168	213	13	--
Office nursing visits by above	343	82	113	3	135	--	10
Individuals admitted to dental service	98	--	98	--	--	--	--
Refractions	3	--	--	--	3	--	--

Table 13. Crippled Children services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Nussing service							
a. Admissions	384	235	75	26	21	26	1
b. Individuals reported	--	--	--	--	--	--	1
c. Visits of patients to diagnostic clinics	14	--	6	--	8	--	--
d. Visits to private physicians	5	--	4	--	1	--	--
e. Field nursing visits	1386	948	179	79	122	56	2
f. Office nursing visits	7	6	--	--	--	--	1
Other service in behalf of Crippled Children Service	3121	3113	1	5	1	1	--

Note regarding medical care:

Medical care is given by itinerant diagnostic clinics supported by federal funds under the Bureau of Control, Division of Crippled Children.

Table 14. Sanitation services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Water supplies							
a. Visits	1129	310	559	209	51	--	--
b. Corrections	116	1	107	7	1	--	--
c. Water samples taken	180	180	--	-	--	--	--
Sewage disposal							
a. Visits	1385	704	610	22	49	--	--
b. Corrections	452	150	194	8	--	--	--
Refuse disposal							
a. Visits	3363	2037	1166	98	62	--	--
b. Corrections	1506	898	583	14	11	--	--
Insect and rodent control							
a. Visits	4778	2693	251	2	1842	--	--
b. Corrections	2925	898	200	1	1826	--	--

Table 14 continued. Sanitation services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Schools							
a. Visits	320	158	106	33	23	--	--
b. Corrections	49	--	49	--	--	--	--
Swimming pools							
a. Visits	753	375	290	14	74	--	--
b. Corrections	153	--	146	1	6	--	--
c. Water samples taken.	326	326	--	--	--	--	--
Camps (includes trailer)							
a. Visits	583	52	474	30	27	--	--
b. Corrections	70	1	66	--	3	--	--
Food and drink establishments							
a. Registered	519	--	245	183	91	--	--
b. Visits	2153	--	765	1134	254	--	--
c. Rating	56	--	--	--	56	--	--

Table 14 continued. Sanitation services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Milk producers							
a. Registered	2491	2100	155	45	191	--	--
b. Visits	7526	4765	2050	292	419	--	--
c. Rating	351	--	--	--	351	--	--
Raw milk plants							
a. Registered	2	--	--	2	--	--	--
b. Visits	14	--	--	14	--	--	--
Pasteurization plants							
a. Registered	27	18	--	4	5	--	--
b. Visits	462	310	--	58	94	--	--
c. Rating	856	310	495	--	51	--	--
Milk pasteurized, %		100	100	--	100	--	--
Milk samples collected	21,451	21,451	--	--	--	--	--
Ice cream samples collected	648	648	--	--	--	--	--

Table 14 continued. Sanitation services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Meat carriers inspected	1334	--	---	--	1334	--	--
Condemned in whole or in part	1	--	--	--	1	--	--
Meat inspections	25,034	18,733	6301	--	--	--	--
Bakeries	98	98	--	--	--	--	--
Barber and beauty shops	49	--	--	49	--	--	--
Housing inspections	757	--	757	--	--	--	--
Nuisance complaints	1609	1609	--	--	--	--	--
Nuisance abatements	764	764	--	--	--	--	--
Inspections on industrial hygiene	26	--	26	--	--	--	--
Miscellaneous visits	183	183	--	--	--	--	--

Table 14 concluded. Sanitation services rendered by Nebraska local health departments in 1950 excluding December.

Service Rendered	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Lectures, talks	142	82	31	6	23	--	--
Meetings with governing bodies	145	21	92	9	23	--	--
Office conferences	3040	1658	336	--	1046	--	--
Public Relations	1267	164	354	128	621	--	--

Notes

1. Local meat houses are inspected by the Department of Agriculture except in Omaha and Lincoln.

Table 15. Laboratory services rendered by Nebraska local health departments in 1950 excluding December.

Specimens Examined	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Water							
a. Bacteriological	1473	514	405	106	358	--	--
b. Chemical	1	--	--	--	1	--	--
Milk or milk products	31,469	21,765	7495	571	1638	--	--
Agglutination of milk for Brucella	67	67	--	--	--	--	--
Food examined for toxigenic staphylococci	1	1	--	--	--	--	--
Typhoid stool cultures	36	-32	4	--	--	--	--
Typhoid urine cultures	15	15	--	--	--	--	--
Typhoid bile cultures	1	1	--	--	--	--	--
Diphtheria cultures	1500	1391	109	--	--	--	--
Virulence test	1	1	--	--	--	--	--
Tuberculosis sputums	181	78	103	--	--	--	--



Table 15 concluded. Laboratory services rendered by Nebraska local health departments in 1950 excluding December.

Specimens Examined	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
Guinea pig inoculation for tuberculosis	1	--	1	--	--	--	--
Serology tests	6451	1287	5164	--	--	--	--
Darkfield exams	11	--	11	--	--	--	--
Gonorrhea smears and cultures	1256	960	296	--	--	--	--

Note

Lancaster did laboratory work for their general medical clinic cases as follows: Urinalysis 318, hemoglobin determination 166, white blood count 169, red blood count 163, differential white count 43, sedimentation rate 167, bleeding time 23, coagulation time 13, blood typing 2, blood sugar 59.

TABLE 16

(Composite)

Table 16. A composite showing total number of patients admitted to medical and nursing care in each service by Nebraska local health departments in 1950 excluding December.

Service	Total	Douglas	Lancaster	Scotts Bluff	Hall	Sarpy	Nemaha
	Med.	Med.	Med.	Med.	Med.	Med.	Med.
	Nurs.	Nurs.	Nurs.	Nurs.	Nurs.	Nurs.	Nurs.
(1) Communicable disease control	-- 999	-- 362	-- 523	-- 35	-- 77	-- --	-- 2
(2) Venereal disease control	2679 870	2554 813	125 32	-- 17	-- 6	-- --	-- 2
(3) Tuberculosis control	279 369	-- 247	279 71	-- 29	-- 15	-- 7	-- --
(4) a. Antepartum	97 1115	84 833	13 182	-- 34	-- 43	-- 18	-- 5
(4) b. Postpartum	38 1347	30 1036	8 227	-- 32	-- 40	-- 12	-- --

5) Infant hygiene	888	684	96	--	--	81	27
	2367	1634	439	66	87	110	31
6) Preschool hygiene	1738	1314	131	--	--	229	64
	3325	1905	835	60	205	254	66
7) School hygiene	68	--	9	2	57	--	--
	1158	861	459	74	137	27	--
8) Adult hygiene	4094*	--	4094	--	--	--	--
	388	42	142	29	134	41	--
9) Morbidity service	478	--	478	--	--	--	--
	2830	2154	590	46	31	3	6
10) Crippled children service	--	--	--	--	--	--	--
	384	235	75	26	21	26	1
<b>GRAND TOTAL</b>	10,359	4666	5233	2	57	310	91
	15,552	10,122	3575	448	796	498	113

\*Food handlers examined.

Analysis of Table 16

1. More patients were admitted to nursing service than to medical service (ratio of about 3:2).
2. All medical services were preventive in nature except in Lancaster county where a minor number were curative. Morbidity and maternity service was given to Lancaster's medically indigent because this care was not available elsewhere.
3. More adults than children were admitted to medical care. Adult hygiene (4094 examinations of food handlers) was highest in number of admissions. Venereal disease control was second highest in admissions.
4. More children than adults were admitted to nursing service. Preschool hygiene was highest. Morbidity service was second highest.
5. Lancaster admitted the most patients to medical service. Douglas admitted the most patients to nursing care.
6. Scottsbluff and Hall counties admitted no patients to medical services except for a few school children for physical examination.
7. Sarpy-Nemaha unit limited medical admissions to well-child clinics.
8. There was no school nursing service in Nemaha county.

## SUMMARY

1. An attempt was made to determine the extent of services rendered by local health departments in Nebraska in 1950 excluding December.
2. Nothing on the subject could be found in the literature. The following served as source material:
  - a. State Health Department--Staff and records.
  - b. Omaha-Douglas County Health Department--Staff and records.
  - c. Lincoln-Lancaster County Health Department--Staff and records.

Data was presented in the form of tables for the most part, with supplementary notes.

3. It was found that there were only five (5) local health departments in Nebraska in 1950. One of these, covering two counties, was a demonstration unit set up by the State Health Department. This unit will not operate after 1950, leaving a total of four (4) local health departments.
4. The local health departments of Nebraska covered six (6) out of ninety-three (93) counties. Thirty-seven (37) per cent of Nebraska by population came under their jurisdiction. Four (4) per cent of Nebraska by area was included.

5. There appears to be comparatively adequate public health services rendered where local health departments are organized. Services seem more efficient and more complete in the urban areas than in the rural areas. This is probably attributable to the greater need for control of disease, a less scattered population, a more complete staff of trained personnel, and cooperation with many voluntary agencies which do not exist or are relatively inactive in the more rural areas.

6. It became evident that the field of public health concerns itself with four services in general: preventive medical, public health nursing, sanitation, and laboratory.

a. Preventive medical service was largely well-child health supervision and tuberculosis and venereal disease diagnostic and follow-up services. Examination of food handlers comprised a large share of cases in Lancaster county. None of the local health departments rendered curative medical care except Lancaster county where this is the only provision for indigent medical care.

b. Public health nursing service consisted for the most part of education and demonstration in clinic groups or in the home and school. A truly generalized nursing service (with actual care

of the sick) was available only in Lancaster and Douglas counties. School health services were given where there was no school nurse. With the shortage of nursing personnel the public health nurse limits her services to health education and teaches the school teacher to do screening and to recognize the normal and abnormal so that cases can be referred to professional nursing and medical attention as quickly as signs and symptoms develop. Nemaha county received no school health services, along with fifty-nine other counties of Nebraska.

c. With the exception of the Nemaha-Sarpy demonstration unit, all of the local health departments had sanitation services. However, only Douglas and Lancaster counties had sanitation engineers. There were raw milk plants in one county reporting. Only 69 per cent of Omaha's milk supply is graded.

d. With the exception of the Nemaha-Sarpy demonstration unit, all of the local health departments had laboratory service. However, only Douglas and Lancaster counties had laboratory services other than milk and water testing.

7. Milk sanitation, school health service, and tuberculosis follow-up are probably the most badly neglected in most communities.



## CONCLUSIONS

1. The local health department organized on a county or city-county basis with full-time key personnel trained in sound public health practice seems to be an efficient means of providing local health service in a community.
2. There is a very real lack of personnel trained in sound public health practice. This could be corrected to a considerable extent if adequate pay were offered.
3. The general practitioner in out-state Nebraska should be especially well-trained in preventive medicine and public health as he bears the entire responsibility of health supervision in the majority of the communities of the state. He can use his influence and knowledge to educate patients and other citizens regarding the need for organized public health practice in rural communities.

## BIBLIOGRAPHY

1. American Academy of Pediatrics: Study of Child Health Services in Nebraska (Chapter I) , Nebr. S. M. Jour. 35:11 (Nov.) 1950.
2. American Academy of Pediatrics: Study of Child Health Services in Nebraska (Chapter V) , Nebr. S. M. Jour. 36:1 (Jan.) 1951.
3. Lumsden, L. : Report on a Survey of Health Service and of Medical and Surgical Care and treatment of Indigents in Douglas County, Nebraska, n. p., 1932.
4. Roe, M. : Report of Survey of the Health Department of Omaha, Douglas County, Nebraska, n. p., 1942.
5. Dunn, F. Lowell: City of Omaha Public Health Department-- What is Wrong and What Should be Done About It, n. p., 1943.
6. Mustard, H.: Rural Health Practice, New York, The Commonwealth Fund, 1936.