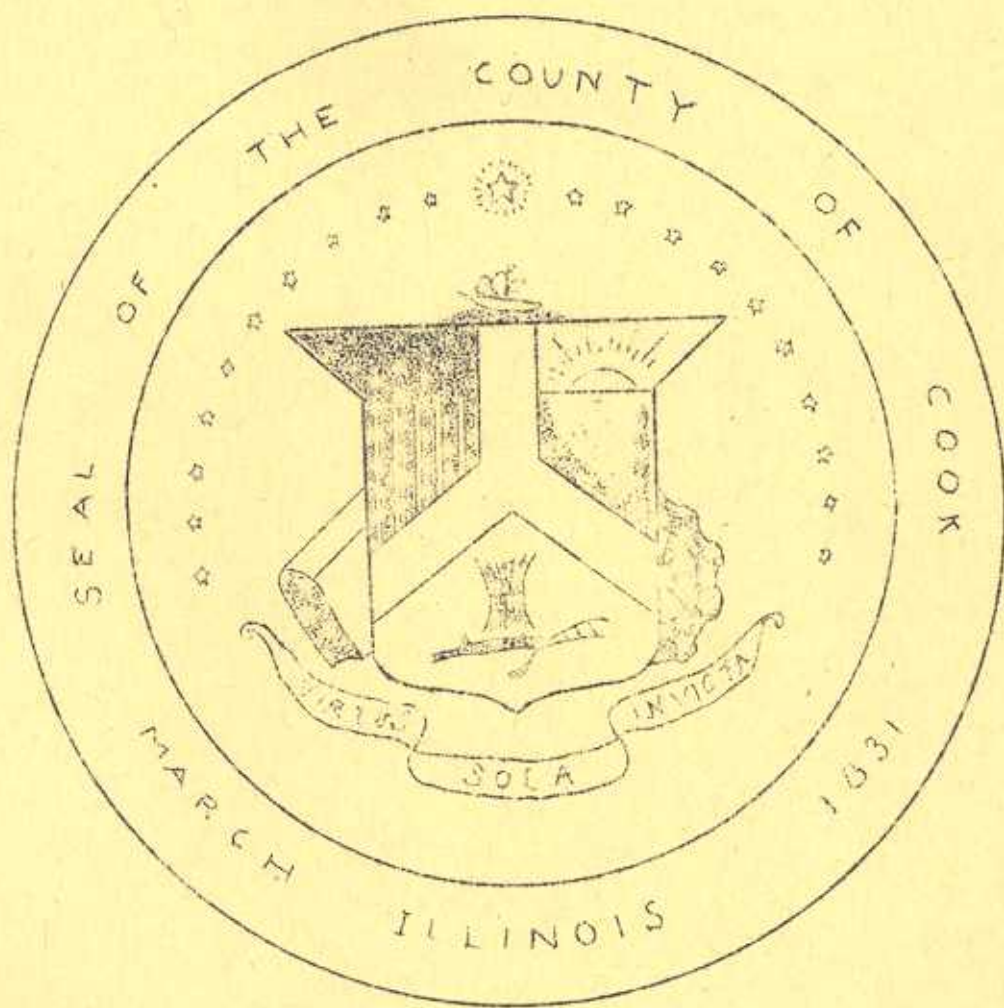


COOK COUNTY PUBLIC HEALTH UNIT ANNUAL REPORT



JULY 1, 1943 - JUNE 30, 1944

VOL XVI NO II

COOK COUNTY PUBLIC HEALTH UNIT

ANNUAL REPORT JULY 1st, 1943 - JUNE 30th, 1944

FOREWORD AND ACKNOWLEDGMENT:

The Cook County Public Health Unit was established on July 1st, 1940 as a co-operative public health agency sponsored by the Cook County Board of Commissioners, the Illinois Department of Public Health, and the United States Public Health Service. The jurisdiction of this Unit, as defined by the Director of the Illinois Department of Public Health, consists of Cook County exclusive of those cities which have a full-time health department (Chicago, Evanston, Winnetka, and Kenilworth). This area comprises 706 square miles with a population of 585,760 persons (1940) census.

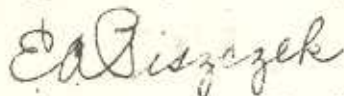
The success of the public health program conducted in suburban Cook County during the past year was in a large measure due to the splendid co-operation and assistance offered by community organizations as a whole and through civic-minded individuals.

We now take the opportunity to express our sincere appreciation for the degree of interest manifested on the part of the:

President and Members of the Board of Commissioners
of Cook County
Cook County Bureau of Public Welfare
Illinois Department of Public Health
United States Public Health Service
Cook County Superintendent of Schools
Cook County Forest Preserve District
Advisory Board of the Cook County Public Health Unit
Chicago Health Department
Chicago Regional Planning Commission
Chicago Sanitary District
Chicago Medical Society
Illinois State Medical Society
Chicago Dental Society
Illinois State Dental Society
Cook County Coroner
Cook County Highway Department
Cook County Map Department
Cook County States Attorney's Office
Cook County Zoning Bureau
Des Plaines Valley Mosquito Abatement District
North Shore Mosquito Abatement District
Cook County Farm Bureau
National Foundation and Cook County Chapter of the
National Foundation for Infantile Paralysis, Inc.
The Tuberculosis Institute of Chicago and Cook County
The American Red Cross - Chicago Chapter
Council of Social Agencies of Chicago
Illinois and Cook County League of Women Voters
Cook County Friends of Public Health
Illinois Statewide Public Health Committee
Dental Hygiene Institute of Chicago

and to all local Health Officers, Municipal, Township and School Board officials, local Parent-Teacher Associations, members of the press, various lay and professional organizations and to many others of the public who have been of so much assistance to us during the past year.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "E. A. Piszczek".

E. A. Piszczek, M.D., M.P.H.

Director

Cook County Public Health Unit

UNDER THE SUPERVISION OF THE
BOARD OF COMMISSIONERS
OF COOK COUNTY

CLAYTON F. SMITH, President
FRANK BOBRYTZKE
WILLIAM BUSSE
ELIZABETH A. GONKEY
WILLIAM N. ERICKSON
PETER FOSCO
JOHN MACKLER
MARY McENERNEY
GEORGE A. MILLER
GEORGE F. NIXON
HARRY E. PERRY
DANIEL RYAN
EDWARD M. SNEED
JOHN E. TRAEGER



**COOK COUNTY
BUREAU OF PUBLIC WELFARE**

JOSEPH L. MOSS
DIRECTOR

PUBLIC HEALTH UNIT

737 S. WOLCOTT AVENUE

CHICAGO, 12

TELEPHONE MONROE 3950-3964

E. A. PISZCZEK, M. D., M. P. H.
HEALTH OFFICER

December 1, 1944

Honorable Clayton F. Smith, President
Board of Commissioners of Cook County
County Building
Chicago, Illinois

Gentlemen:

It is an honor and distinct privilege to present to you and the members of the Board of Commissioners of Cook County, the annual report of the achievements of the Cook County Public Health Unit for the fiscal year, ending June 30, 1944.

Very truly yours,

E. A. Piszczek, M.D., M.P.H.
Health Officer

Cook County Public Health Unit

EAP:mb

PERSONNEL OF THE COOK COUNTY PUBLIC HEALTH UNIT

(All personnel in the Cook County Health Unit meet the qualifications recommended by the conference of State and Territorial Health Officers for Health Officers and other public health personnel)

E. A. PISZCZEK, M.D., M.P.H., Director
Edward E. Kopriwa, Administrative Assistant

MEDICAL

John B. Hall, M.D., M.S.P.H.
Robert Dessent, M.D., M.P.H.

QUARANTINE OFFICERS

Mr. Arthur Fox
Mr. Joseph W. Svec

PUBLIC HEALTH ENGINEERS

Steven Nichiporuk, B.S., Engineer
Milan Johnson, B.S., Engineer

HEALTH EDUCATION

Mary A. Eagan, R.N., B.S., M.A.

NUTRITION

Marie E. Dohm, M.A., Nutrition
Consultant

NURSING

Madeline Roessler, R.N., B.S., M.A., Supervisor

ASSISTANT SUPERVISORS

Mary Louise Gunning, R.N.
Ferns Hobson, R.N.

Marie Schroeder, R.N.
Myrtle Sorenson, R.N.

Alouisc Steward, R.N.

PUBLIC HEALTH NURSES

Louella Callahan, R.N.
Margaret Campbell, R.N.
Margaret Celestine, R.N.
Thelma Cline, R.N.
Esther Dahlstrom, R.N.
Esther Doyle, R.N.
Janine Dziejowski, R.N.
Frances Erickson, R.N.

Grace Erickson, R.N.
Mary Flynn, R.N.
Helen Halladay, R.N.
Mary Hurley, R.N.
Juanita Huffman, R.N.
Nadine Kastner, R.N.
Mary Maloney, R.N.
Olive MacDougall, R.N.
Mabel Murray, R.N.

Edith Nyden, R.N.
Irene O'Connor, R.N.
Patricia O'Connor, R.N.
Margaret Phelan, R.N.
Margaret Stealey, R.N.
Hilda Schulze, R.N.
Frances Svoboda, R.N.
Pearl Wendt, R.N.

SECRETARIES

Mossie Blanton
H. Louise Johnson

Lorraine Johnson
Mary Pearce

Lucille Pergo
Eloise Thomas

PART-TIME CLINICIANS

Dr. M. R. Bascomb
Dr. E. G. Brust

Dr. F. B. Deardorff
Dr. E. A. Harris

Dr. V. N. LaMarre
Dr. W. M. Winston

PART-TIME PEDIATRICIANS

Dr. George Eisenberg
Dr. Gertrude E. Howe
Dr. Rose Jirince

Dr. Henrietta Katz
Dr. Phyllis Orland
Dr. Virginia Pierce
Dr. Mildred Jackson

Dr. S. S. Snider
Dr. W. M. Winston
Dr. Martin Zeisler

COMMUNICABLE DISEASE CONTROL PROGRAM

The control of communicable diseases is based on the immediate reporting of cases through the County Public Health Unit. All local Health Officers are supplied with franked cards to facilitate reporting. In addition, the community nurses bring many cases which have no medical supervision to the attention of the Health Unit. The incidence of communicable diseases is tabulated in the statistical section.

A large part of the program consists of the use of standard immunization procedures for the prevention of diphtheria and smallpox. The great majority of cases of diphtheria occurred in non-immunized persons, and the remainder in persons whose immunization was not completed or done too long ago. Recently the State Health Department began to furnish whooping cough vaccine free of charge to physicians. This is recommended for infants and pre-school children, since complications are more serious in this age group. The Unit is constantly engaged in making these medical procedures available to all children in the area. In some instances, immunizations against tetanus have been provided. However, the material is not yet furnished free, and the procuring of it is the responsibility of the local community.

The problem of tropical diseases is occupying our attention to a limited extent. The members of our armed forces are being exposed to many infectious diseases either unknown, or rare in this area. Upon their return, the possibility of the spread of these communicable diseases cannot be overlooked. This is especially true in the case of malaria. So far, all reported cases of malaria have been contracted in the South Pacific or Africa. It is a known fact that the mosquito usually responsible for the spread of malaria, is abundant in this area. The DesPlaines Valley and North Shore Mosquito Abatement Districts are active in certain parts of Cook County. There are, how-

ever, many other areas with mosquito problems (poor drainage with stagnant water). The possibility of the enlargement of these Districts, or the establishment of others should be considered.

There has been a moderate increase in the incidence of meningitis. This is usually found in times of war when there is crowding or large groups of soldiers and increased migration. However, there have been no epidemics.

Typhoid fever is still present, but the cases have been few. Frequently a carrier has been found in the family, and this person is assumed to be a source of infection. It is known that there are many undiscovered carriers in the population--persons who knowingly or otherwise had typhoid years ago and are still carrying the organisms in their intestines. The best protection of the public comes from a pure water supply, proper sewage disposal, and the pasteurization of milk. Persons living in areas that are not so protected are advised to become immunized against typhoid. Immunization material is furnished free to physicians by the State Department of Public Health.

There are several areas of the County where drainage is poor and heavy snows and rains create a sanitation problem because of flooded wells and basements. There was unusual precipitation during March 1944 and several typhoid immunization clinics were established within these areas. Five hundred and thirty-nine (539) persons were immunized at these clinics. A copy of the bulletin distributed to inhabitants of those areas can be found on the next page.

TUBERCULOSIS

The tuberculosis program consists of arrangement for sanatorium care for all patients through the co-operation of the physician, and the X-raying of all

TYPHOID FEVER

MARCH 20, 1944.

BECAUSE OF THE HIGH WATER IN YOUR AREA WITH THE SUBSEQUENT FLOODING OF PRIVATE WELLS THE POSSIBILITY OF THE SPREAD OF TYPHOID FEVER IS VERY IMMINENT. IF YOUR WATER SUPPLY COMES FROM A PRIVATE WELL YOU ARE ADVISED TO BOIL ALL DRINKING AND COOKING WATER UNTIL YOUR WELL IS DISINFECTED AND SAMPLED.

IN ORDER TO MAKE SURE THAT YOU AND YOUR FAMILY DO NOT BECOME INFECTED WITH TYPHOID FEVER, THE COOK COUNTY PUBLIC HEALTH UNIT IS SETTING UP THE FOLLOWING TYPHOID FEVER IMMUNIZATION CLINICS IN THE FLOODED AREAS TO ACCOMODATE ALL THOSE WHOSE WATER SUPPLY MAY BE CONTAMINATED.

OAK FOREST - HICKEY FUNERAL HOME, 159th & Cicero, WED., MAR. 22, 4-7 PM
" MAR. 29, 4-7 PM
" APR. 5, 4-7 PM

ATWOOD HEIGHTS SCHOOL, 116th & Crawford, THURSDAY, MARCH 23, 4-7 PM
" MARCH 30, 4-7 PM
" APRIL 6, 4-7 PM

MANNHEIM SCHOOL, Mannheim Road & Grand Avenue, Thursday, MAR. 23, 4-7 PM
" MAR. 30, 4-7 PM
" APR. 6, 4-7 PM

IN ADDITION TO THE ABOVE COOK COUNTY PUBLIC HEALTH UNIT CLINICS DOCTORS MARY BROWN-MOORE, 3401 DIXIE HIGHWAY, STEGER, AND CHARLES BAER, 11 EAST 34th STREET, STEGER, WILL IMMUNIZE AT THEIR OFFICES ON THE FOLLOWING DATES:

TUESDAY, MARCH 28, 4:00 - 7:00 PM
" APRIL 4, 4:00 - 7:00 PM
" APRIL 11, 4:00 - 7:00 PM

IT WILL BE NECESSARY TO TAKE 3 INJECTIONS ONE WEEK APART

COOK COUNTY PUBLIC HEALTH UNIT
737 SOUTH WOLCOTT AVENUE
CHICAGO, 12, ILL.

family contacts. Skin testing programs have been carried out in several elementary schools. This has been an excellent educational experience, but as a case-finding procedure it is relatively unimportant unless the families of those found positive are examined. This has been done in testing programs sponsored by this Unit.

In the near future, it is hoped that an expansion of this program will be made possible with funds available from Federal sources. A central registry is a necessary part of a complete tuberculosis program; it is only with this, that a well-organized, follow-up program can be instituted. We are hoping to get a mobile X-ray unit to do mass testing of the most susceptible groups—high school students and industrial employees. In this way we hope to lessen the reservoir of undisclosed cases in the community. At one of the Children's Homes in Cook County, vaccination against tuberculosis was instituted. This procedure has been used for over ten years in certain areas in Chicago with excellent results. If the future use of the vaccine bears out these results, this procedure may be of inestimable value in reducing the toll of tuberculosis.

VENEREAL DISEASE

The policies and procedures of this program have been set forth in detail in a recent number of the Health Broadcaster, copies of which are available upon request. Since the armed forces have ceased to defer selectees solely on the basis of the presence of syphilis, the responsibilities of the Unit as a representative of Medical Advisory Board No. 39 have been lessened. The Public Health Unit functions when selectees are deferred for Central Nervous System syphilis, or when deferred for other reasons, they have a positive blood test. Since most of the selectees at the present time are in the younger age bracket, the number of these cases is small.

Many industrial plants require a blood test as part of a pre-employment examination. In all instances, indivi-

duals with positive blood tests are re-examined to confirm the diagnosis of syphilis. If this is positive, many of the plants require monthly statements from the physician treating the patient. A detailed plan for a long-range venereal disease program in industry is in the process of preparation by the State Department Division of Industrial Hygiene in co-operation with the Division of Venereal Disease Control.

The venereal disease clinics have shown a decline in activity. This has been due in a large measure to the induction of many selectees who have previously been under treatment. Eligibility of patients for admission to the clinics is determined by the clinic director, who is a practicing physician in the community. Over 16,000 visits were made to these clinics during the year.

A change in the procedure of reporting venereal disease cases has aided in the control of these diseases. Commencing April 1, 1944, this Unit was designated as the Venereal Disease drug-depot for Cook County, and all drugs sent to physicians are being sent through this office. In addition, all reports of venereal disease cases in Cook County, outside of Chicago and Evanston, are now sent directly to this office.

Programs of blood testing of high school students are under consideration. The great problem now is the education of the School Boards regarding the value of this procedure in protecting the health of their students.

POLIOMYELITIS

During the year July 1, 1943 to June 30, 1944 Cook County experienced its most severe epidemic of infantile paralysis. The County as a whole had 1261 cases of poliomyelitis with 108 deaths. In the suburban area of Cook County, over which the Public Health Unit has jurisdiction, 264 cases and 21 deaths occurred between the five month period from July 30 to December 30, 1943.

No cases of infantile paralysis were reported in suburban Cook County until July 30, 1943. Owing to the late date of onset of this disease, it was believed that the year would present no special problems. However, because of the increased number of cases early in August and the severe form of the disease, it was soon realized that the disease was rapidly assuming epidemic proportions.

Because of the increased number of cases, all forces joined hands to see that the best of care was available for the patients. Cook County Contagious Hospital Staff was enlarged to meet the demands placed upon it by the increased number of cases. The high incidence of cases scattered throughout the County made it imperative for patients to be sent to Billings, Michael Reese, and Evanston Hospitals where facilities were available for the opening of the necessary number of contagious wards to meet the emergency.

The severity of the epidemic was due partially to the high incidence of bulbar poliomyelitis which paralyzes the individual from the neck upward. Of the total cases reported, 20% were of the bulbar type. All such cases were hospitalized because twenty-four hour nursing service and constant medical supervision were necessary.

When cases were reported to the Cook County Public Health Unit, they were immediately seen by the Director or one of the other members of the medical staff, who made all arrangements for hospitalization. The Unit was informed daily regarding the availability of hospital beds and cases were sent wherever space would permit. If a patient did not require hospitalization, he was kept at home where medical consultative services were provided. Approximately 25% of the total number of reported cases in the suburban areas were treated at home with the same expert attention that was offered such cases in the hospital. The family was instructed in

the Kenny nursing technique by the Director of Health Education of the Public Health Unit. Staff nurses gave routine advice to the family regarding nursing care and isolation procedures. Members of the medical staff frequently visited the patients with the family physician to aid him in caring for home cases.

Two physiotherapists provided by the Division of Crippled Children, University of Illinois, attended those patients in need of special attention. When many of the patients returned home and needed further physiotherapy treatments, such care was provided at the recently established physiotherapy clinic, located at the Berwyn Health Center. Patients were treated as frequently as necessary in order to insure early recovery.

Lectures and clinics on the present day care of infantile paralysis were presented to various medical groups throughout the epidemic by the Health Officer. A planned educational program was conducted not only for nurses of the Health Department, but was also provided for the medical and nursing personnel of numerous hospitals.

At the close of the epidemic, the Director of the Unit was asked by the Medical Director of the National Foundation for Infantile Paralysis, to visit the epidemic areas of the entire country in order to appraise the situation in respect to treatment and treatment facilities and to make clinical impressions relative to the progress being made by patients under different methods of treatment. This epidemic area survey was made in Kansas, Colorado, Utah, Oregon, California, North Texas, and Oklahoma.

The epidemic in rural and suburban Cook County was considered normal in many respects: 87% of the victims of this disease were under the age of 16; 57% of the cases were male; and 43% were female. The severity of the disease was evidenced by a mortality rate of 7.95% for all the cases.

PUBLIC HEALTH NURSING

The Division of Public Health Nursing continued to serve all those areas in need of professional service in Cook County. The communities of Forest Park and Township of Barrington were added for full time service. The entire staff was challenged with many community and family problems associated with or caused by the pressures of war. Consequently, all community health programs continued to strengthen those services to the families and the schools, with emphasis on quality of services and health education.

PERSONNEL

Due to the increased population in certain industrial areas, seven public health nurses were recruited. Four nurses who left the staff because of sick leave or promotion were replaced. The entire staff meet merit standards as set up by National Public Health authorities or the State Public Health Nursing Act.

The supervisory staff was increased to meet the standards of the National Organization for Public Health Nursing calling for one supervisor for ten nurses. Consequently, one staff nurse was promoted and two other qualified supervisors were appointed. In addition, the supervisory staff was able to give advisory and consultive services to the other twenty-five small public health nursing staffs in Cook County. With this improved supervisory plan it was possible to decentralize the nursing division with offices in the north, west and south sides of the County.

STAFF EDUCATION

The monthly staff meetings were devoted to special phases of the school health program. Regular meetings were planned for those nurses participating in the venereal disease program. With the co-operation of the Division of Services for Crippled Children, Uni-

versity of Illinois, four meetings were planned for all the public health nurses in Cook County and included instructions on poliomyelitis, congenital defects, speech and hearing problems. An Institute on Poliomyelitis was planned for nurses in Cook County, with demonstrations of nursing and simple, physical-therapy techniques also an opportunity was provided for active participation during the demonstrations.

With the assistance of the Maternal Consultant of the Division of Public Health Nursing, Illinois State Department of Public Health, an Institute on Maternal Hygiene was planned for nurses in Cook County. The maternal program as developed has now been approved for use by the other public health nurses in Illinois.

As originally planned, the nursing staff was appointed to committees which worked on the Public Health Nursing Manual of Policies and Procedures; the records and maternal program, also portions of the school and crippled children's programs were completed.

EXTRA CURRICULAR EDUCATION

During the course of the year, twenty-one staff nurses continued their part-time postgraduate study; three others were able to complete their supervised field work. Many of the nurses had secured stipends through Bolton Act Funds and Social Security Funds. After consultation with the Chief, Division of Public Health Nursing, Illinois State Department of Public Health and Public Health Nursing Consultant of the United States Public Health Service plans were made with Loyola University to provide a program of supervised field work for postgraduate students in Public Health Nursing. The first students were appointed during the summer. The nursing staffs of the respective districts meet regularly to study their own problems and develop special projects related to their communities.

It is through this decentralized channel that the other special Public Health Consultants can best serve the nursing staff, in addition to their close daily working relationship with the staff.

The nursing staff and consultant staff participated in offering classes in Public Health to the Schools of Nursing at Oak Park Hospital, West Suburban Hospital and Little Company of Mary Hospital,

PUBLIC HEALTH NURSING PROGRAM

An effort was made to better balance the community health programs so that all the nursing and educational services would be given due consideration and the needs of individuals still be adequately met. Because of the trends in some of the programs and the initiation of new programs, there is still need for a better distribution of services and time. At the present time the ratio of public health nurses is 1 to 6 or 7,000 population in the Cook County Public Health Unit district. The American Public Health Association and War Nursing Council have recommended that 1 nurse to 5,000 is a minimum standard which health agencies should meet during war time. For many years the National Organization of Public Health Nursing and other public Health authorities have set a standard of 1 public health nurse to 2,000 population in order to truly provide a good community health program with a generalized service. However, handling of maternal, infant, preschool, school, venereal disease, tuberculosis, communicable disease, and handicapped children, in addition to demonstrations of the care of the acutely ill, were services offered in the community health program.

COMMUNICABLE DISEASE

The program for the prevention of diphtheria and smallpox was emphasized in the school. Each staff nurse planned a program with either the local physician or the director of the school program. Because a reinforcing injection of toxoid was given in the

primary grades instead of the schick test, the number of children protected was doubled as compared to the figure for the previous year. Emphasis on the protection of the infant and preschool child continued. However, because of the improved economic status in many areas and as a result of the educational program, the family physician is providing more of these preventive services to this age group.

The control of communicable disease in the classroom has been a special project for the nurse and classroom teacher in most of the schools. Demonstrations and supervision by the nurse has given the teacher the reassurance of her own ability in this program and has increased the value of this educational service for the pupil. The nurses continued to visit reported, communicable disease cases in the home for the purpose of demonstrating care and isolation of the patient. There were fewer visits to measles cases and more to scarlet fever cases during the year. However, the greatest number of visits were made to poliomyelitis cases. In connection with communicable disease reporting, those cases occurring in districts outside of those covered by staff nurses were investigated and supervised by public health nursing agencies which are responsible for service in those areas.

The nurses of the north and west portion of the County assisted in the smallpox vaccination program of one war industry. Because of flooded areas in certain parts of southern Cook County, the nurses assisted in providing clinic facilities for immunizations against typhoid.

TUBERCULOSIS

There was an increase in the number of persons admitted for service in home visits and epidemiologic investigations made by the nursing staff. There is still considerable delay in the follow-up of cases and contacts due to limited local facilities. In addition, the case-finding programs have limited the nursing services in this field. Where programs on tuberculosis have been of-

ferred in the school, the emphasis has been placed on numerous educational opportunities.

The nurses in the north district assisted in the programs at St. Hedwig's Orphanage and St. Mary's Training school where X-ray and vaccination for tuberculosis were given to all pupils, teachers and workers.

VENEREAL DISEASE PROGRAM

With the decreased activity in the selective service program, more emphasis was placed on the finding and placing under treatment of cases of early syphilis. Whenever possible, the intensive type of therapy at the State Hospital was recommended, but if the patient was unable to take this type of treatment, then the accelerated treatment in the clinic was substituted. Close follow-up work was done to keep these patients under treatment until they were no longer infectious. Each of their contacts and possible sources of infection was followed until either found not to be infected, or if still infected, was placed under treatment.

More spinal punctures were made; not only on the patients who were receiving treatment but also on new patients when the clinician was uncertain about the duration of the infection. Fever therapy, when so indicated, was given at the State Hospital.

The clinic nurses contacted the industrial plants in their area and acquainted the officials with the clinic facilities in their own neighborhood. Many of these factories sent their employees to the clinics for employment diagnosis.

The in-service program for the generalized nurses has continued so that ninety per cent of the staff have had this experience. The nurses assisted in the clinics and made follow-up calls on delinquent patients, contacts, and sources of infection. The clinic nurses made a special effort to assist the nursing staff in case finding and follow-up in their generalized program.

MATERNAL

There has been a definite decrease in the number of maternal cases under nursing supervision; however, the Emergency Maternal and Infant Care program for wives of service men has increased the number of cases referred for maternal supervision. The larger number of mothers were referred during the latter term of pregnancy or during the postpartum period so that the nurse was handicapped in giving complete or needed maternal services. A plan of cooperation with the hospitals and family physicians is necessary to affect more complete services to the pregnant mother and new-born. Even though there is a definite decrease in the birth rate, all maternal cases were not serviced. Nine of the hospitals, in Cook County offering maternal services were visited by the Public Health Nursing Consultant of the Illinois Department of Public Health and the Nursing Supervisor. In time, co-operative programs between local hospitals and public health nursing groups will provide more effective community service.

Mothers' classes were offered for the first time in the southern area of Cook County. More of this type of education is essential, not only for the benefit of the nurses and family physician as a time saver, but for the health education of the mother.

INFANT AND PRESCHOOL

The services to the infant and preschool child have definitely been affected by community and war activities. In some of the industrial areas where mothers have been employed, supervision and care of the child have been neglected and attendance at Child Welfare Conferences decreased. In other areas where medical resources have been withdrawn for war service there was an increased need for medical supervision, therefore, three additional Child Welfare Conferences have been organized. Other areas need, and are planning such facilities.

Another factor in the health super-

vision of the infant and child shows that fewer visits are necessary when well-planned visits are made. Preparations are being made for a comprehensive program of services to this age group. All of the acutely ill children referred for nursing care have had immediate service and many opportunities for teaching the value of early medical care have been insured. The ultimate goal is to have each infant under health supervision. This program will require co-operation from local physicians, hospitals, and other community agencies, also increased nursing personnel.

SCHOOL HYGIENE

Since there was an increase in the number of public and parochial schools supervised by the nursing staff, services to the school have also increased. In addition, the new Health and Physical Education Law has given the nurse further opportunity for developing the school health program. During the transition of helping the teacher to take over the increasing responsibilities and emphasizing the educational opportunities with the need for more instruction and demonstration, a great deal of professional time has been required. Each nurse has stressed the school health program and the following services are general for the staff:

1. Surveys of each school to show the immunization status, the physical examinations, the health education activities, and environmental facilities.
2. Physical examinations of all first graders; in some schools fourth, seventh grade and selected children made by either the family physician, local physician at school or the Director of School Health.
3. Vision measurements of all pupils given physical examination or entire school population with the provision for the teacher to check each student

4. Group audiometer testing of all pupils above third grade followed by individual tests of the pupils showing loss of hearing, with proper medical referral and educational adjustment.
5. Summer round-up programs.
6. Education programs emphasizing nutrition, dental hygiene, personal hygiene, more scientific information for health projects and incidental learning situations.
7. Planned visits to schools for individual and group conferences for the purpose of extending advisory services regarding individual problems and use of community resources, planning programs with instructors and teachers.
8. Further development of improved procedures.
9. Teaching of Home Nursing classes as a part of the high school program.
10. Instructing the teacher in First Aid.

Each program has stressed the values of the educational service and as a result of the 4,997 physical examinations completed in the schools, 2,395 parents were present, with the exception of the high school students whom we feel have reached the level where they can assume some responsibility for their own health needs. Furthermore, each individual audiometer test was made with the parent present. As a result, the need for home visiting was reduced and the follow-up by the parent most effective.

During the past year, services of the Director of Health Education have been available to the Nursing staff. She has worked very closely with the nursing personnel to assist in the necessary planning and organization for carrying out educational programs in the school and has secured a wealth of

educational materials which are valuable to the staff for reference purposes. Likewise, the Director of School Health has helped to set up policies of the physical examination and immunization programs.

The nursing staff has worked closely with Parent-Teacher Associations, helping to plan and carry out new health programs. These members have organized health committees and have given untiring assistance in the service programs.

CRIPPLED CHILDREN'S PROGRAM

The Division of Services for Crippled Children, University of Illinois, continued to co-operate very closely with the Cook County Public Health Unit. During the poliomyelitis epidemic, additional nurses were made available for direct services to those cases needing physical therapy. During the year, a consultant orthopedic nurse was available for advisory and supervisory service to the nursing staff. Later, another part-time consultant was made available. A treatment center for poliomyelitis cases was organized and staff nurses were assigned for a period of in-service training. In addition, the Division of Services for Crippled Children assisted in placing auxiliary nurses in local hospitals where large numbers of poliomyelitis cases were in need of care.

The survey of crippled children was completed and an active file of all those individuals requiring medical supervision and follow-up is now available. The program of finding new cases continues; in a generalized program, the opportunity in the home and school and child welfare conferences offers excellent opportunities for finding cases early. The cases admitted and visited, have more than doubled in number.

A co-operative diagnostic clinic was organized at Little Company of Mary Hospital. Two clinics were conducted at which 120 cases were examined. The medical and other specialists were provided by the Division of Services for Crippled Children, the nursing and

volunteer staff, through the Cook County Public Health Unit.

Another co-operative program was a survey of speech cases in Cook County schools. About two-thirds of the school population showed 1,100 pupils with functional and pathological speech defects. The Division of Services for Crippled Children assisted in developing two speech clinics at which 160 children were examined. The ultimate goal is to secure speech correction facilities in the schools.

MORBIDITY

The cases of acutely or chronically ill persons have decreased. There have been definite efforts made to teach a member of the family to care for the patient and continue the supervision as long as necessary. Another approach to this program has been to teach classes in Home Nursing so that communities will be better prepared to care for the sick. Hospitals and clinics have increased the use of the nursing staff by referring those cases in need of nursing care or supervision.

COMMUNITY ORGANIZATION

Continued efforts have been made to stimulate the leadership and organization of Community Health Councils. The nurse has been an effective factor in the initiation or continued organization of these community health forces. The emphasis this past year has been placed on bringing together school and community health groups in order to plan more effectively for broader programs. There are still many communities where the organization or leadership needs further strengthening; only a recognition of their problems and a desire to act will bring about strong community programs.

In conclusion, the past year has shown the many health problems existing in each community and the continued need for the public health nurse to promote the program for the prevention of disease---promotion of health and care of the sick.

SCHOOL HEALTH PROGRAM

Following a concerted and untiring effort on the part of health officials, educators, and many lay and professional groups, the "Illinois Health and Physical Educational Law" was passed and became effective on July 1, 1944. A noteworthy part of this law is section IV which makes obligatory, a physical examination of each pupil upon entrance into the first grade and not less often than every fourth year thereafter.

The Cook County Public Health Unit had already developed its school health program to a point which required only slight modification to meet the requirements of this new law. During the past half year, many conferences were held with various school boards to discuss the provisions of the law and to outline a well-rounded program of school health activities.

Following an intensive study of the better school health programs throughout the country, including that of New York City and Los Angeles, and recognizing the needs of our own area, the schedule of services was set up so as to include a minimum of four visits by the Director of the School Health Program, who is a Public Health Physician and a member of the Unit staff, to all schools in which the Unit assisted with the promotion of the health program. During these visits, the first, fourth and seventh grade children were examined. Immunization procedures against diphtheria, smallpox, and typhoid fever were carried out. "Selected Children"

or those found to be in need of medical care and continuous follow-up, were re-examined upon each visit by the Director of School Health. Intensive work with this group of "selected children", which in many cases approximated 15 to 20% of the children examined in various schools, was continued and the maximum number of corrections obtainable became a reality.

During the past year, there has been a gratifying increase in the degree of participation by the parent and teacher in the physical examinations of the children. The number of immediate corrections increased in direct proportion to the number of parents present during the examination because the medical findings were carefully interpreted to both parent and child.

A special effort was made on the part of the Unit to provide the necessary school health service on a demonstration basis for the benefit of teachers, school boards, and parents in the areas of Robbins and Mannheim.

High schools required special programs to meet health problems; these consisted of special requests for physical examinations of third and fourth year classes, in addition to those students who participated in various athletics. Tuberculin testing and blood testing was also a part of the medical services extended to this age group when so desired. Consultation service was provided at all times.

PUBLIC HEALTH ENGINEERING PROGRAM

The staff of the public health engineering division was fortunate in securing for the second half of the fiscal year, the services of an additional public health engineer who was assigned by the United States Public Health Service to Cook County. The engineering staff for the second half of the year consisted of two public health engineers.

The responsibilities of the public health engineering division may be summarized as follows:

1. Inspections and investigations made at the request of the Illinois Department of Public Health in cases where authority is vested in that department.
2. Inspections and investigations made upon the request of local health officers who desire assistance with the correction or elimination of some public health problem. Advisory services furnished to official agencies such as the Federal Housing Administration and the Cook County Zoning Bureau are included in the classification.
3. Inspections and advisory service given directly to individuals or organizations in connection with their specific environmental sanitation problems.

PUBLIC WATER SUPPLIES

An inspection and advisory program of public water supplies has been formulated in cooperation with the Illinois Department of Public Health. Under this program routine inspections are to be made, either by our public health engineers or jointly with the engineers of the State Health Department. There are 76 incorporated communities and 5 subdivisions having public water supplies. Of these, 49 communities are supplied by Chicago or some other city in Cook County. Consequently, the only problems encountered in these localities are those of distribution. During the past year 17 of the public water supplies were routinely inspected and numerous visits were made to inspect many of the private sources of drinking water.

SCHOOLS

Through the co-operation of the County Superintendent of Schools, sanitary inspections of rural and urban schools have been made upon the request of the school, other public agencies, or interested individuals. Most of the schools having their own private water supplies have had this water analyzed during the school year. The results of these analyses when reported to our office were interpreted and sent directly to the school boards, together with recommendations for necessary sanitary improvements.

TOURIST AND TRAILER CAMPS

Inspections of the tourist and trailer camps in the County have been made when requests for such services were received by the public health engineering staff. The engineers also worked in co-operation with the Cook County Zoning Bureau in setting up standards for new camps opened in the unincorporated areas of Cook County.

PRIVATE HOME SANITATION

There are three methods through which the private home sanitation program is being conducted, namely:

(a) In co-operation with the Federal Housing Administration. In order for a prospective home owner to receive a loan insured by the F.H.A. to finance the construction or purchase of a home to be served by private water supply and/or sewage disposal facilities, it is necessary for him to secure approval of the same by the county public health engineers.

(b) By co-operation with the Cook County Zoning Bureau. The Cook County Zoning Ordinance specifies that all present and future homes or those materially altered which are located in the unincorporated portion of the county must have water supply and sewage disposal facilities which comply with the recommendations of the health department. Standards for these facilities have been formulated and supplied to the Zoning Bureau to serve as a

guide in the method of inspections for such installations, and the issuance of permits. Larger installations and those where some special problem is encountered are referred directly by the Zoning Bureau to our engineers for review and approval.

(c) Through furnishing an advisory inspection service to the individual home owners, and to the various local health officials who request such assistance.

RECREATIONAL AREAS

During the past year, water samples for bacteriological analyses were collected from 200 wells in the Cook County Forest Preserves. Results of these analyses were reported to our office, whereupon the same were interpreted in the light of previously accumulated information regarding the location and construction of the wells.

SWIMMING POOLS

The responsibility for the proper construction and operation of swimming pools in the State of Illinois is, by law, a function of the Illinois Department of Public Health; consequently, the county public health engineers have assisted with the inspection and sampling procedures at indoor and outdoor pools located in Cook County.

INSPECTIONS

Inspections are made at any private or public institution where a request for such is received. During the past year numerous sanitary inspections were made at the request of the State Division of Child Welfare at institutions receiving state aid from this agency.

Last spring, at the request of the United States Navy, a complete plumbing and cross-connection survey was made at Northwestern University, where navy trainees and personnel were stationed. This survey included the inspection of all the plumbing in the various university buildings, making a total of 83.

PUBLIC SEWAGE TREATMENT

There are 43 incorporated cities and

villages in the County which discharge their sewage to the treatment works maintained by the Chicago Sanitary District. This district, serving 412 square miles (212 of which are in Chicago) does not come under the jurisdiction of the State Sanitary Water Board. There are 12 cities and villages which maintain their own sewage treatment works, but the County engineers assist in the inspection and advisory program for these plants whenever requested by the Sanitary Water Board. Sewage treatment works to accommodate schools and other public and private buildings, which serve more than 15 persons, require a permit from the Sanitary Water Board. These plans are reviewed by our engineers in order to insure an acceptable design before their submission to the Sanitary Water Board.

NUISANCES AND GENERAL COMPLAINTS

While seldom of public health importance, numerous nuisance complaints and requests for abatement of same are received by the health unit. Responsibility for the abatement of such conditions is vested in the local city, village, or township officials or in the office of the States Attorney. However, every effort is made to assist the complainant and the officials in securing the elimination of the offending condition. Our engineers have, on many occasions, made inspections and later testified at conferences in the office of the States Attorney.

MILK

The engineers serve in an inspection and advisory capacity whenever requests are received from local health officials or other individuals. At the present time the engineers are not conducting a routine milk inspection program. All milk producers electing to label their products "Pasteurized" or "Grade A" come under the jurisdiction of the State Department of Public Health which enforces the State laws governing these practices.

Upon every opportunity the public health engineers endeavor to promote the passage of the Model Grade A Milk Ordinance in the various cities and villages in the County.

HEALTH EDUCATION

On October 1, 1943 a Director of Health Education was appointed as a staff member of the Cook County Public Health Unit, whose duties and functions were patterned after those approved by the Committee of Professional Education of the American Public Health Association.

Under the administrative leadership and direction of the Health Officer of the Cook County Public Health Unit, in addition to the assistance provided by all staff members, a long-term educational program was initiated. There was an evaluation made of the existing program before any attempt was made to broaden its scope. During the year, the results of various surveys revealed the need of a more intensive and all inclusive health education program in the home, school, and community at large.

Community health resources were appraised and utilized in a co-ordinated effort toward the solution of recognized health problems in local areas. More publicity was directed toward the available health services of the Unit.

As is indicated by the records of the various divisions which constitute the Cook County Public Health Unit, there was a co-ordinated effort on the part of the entire staff to not only assist the school authorities and general public in recognizing the various health problems, but guidance and assistance was provided for the solution of them. A definite program of health promotion, disease prevention and control was more fully developed. Closer co-operative working relationships were established between official and non-official agencies in many instances.

In-service training programs in accordance with the policies of the Unit were developed to a much greater extent than heretofore. Educational opportunities were provided for the entire staff through conferences; also special meetings were particularly designed for that purpose. Specialists, representative of the various branches of public

health, were invited to address the staff at which time discussions of current problems were held.

Pre-service training programs including field experience were conducted for Public health nurses and medical students. Consultative services and guidance was offered to school administrators, teachers, groups such as Parent-Teacher Associations, and others, to assist in the development of their health education activities. Considerable emphasis was not only placed upon adult education, but the needs of the younger age groups came in for their share of attention. Film showings and interpretative talks were presented by staff members at community meetings and within the schools. Home visits by the public health nurses and the nutritionists, also the various activities of the sanitary engineers provided innumerable opportunities for educational measures.

The medical examinations within the schools with the parent present (and upon certain occasions, the teacher) offered the Director of the School Health Program further means of adult and child education. The subject of dental health was likewise discussed with the parent and child by the staff dentist while dental examinations were in progress.

Classes in home nursing were continued throughout the year. In addition, nutrition classes were conducted and various types of study clubs were organized. A definite attempt was made to integrate sound health teaching and methods of disease prevention into the curricula of the various schools.

The Director and Other members of the medical staff were invited to speak before medical and other professional groups in addition to lay organizations. A series of lectures on the various phases of public health were presented to student nurses in several hospitals by staff members of the health unit.

Informational service was available

to provide answers to inquiries, written or otherwise. Consultative assistance was available from the division wherein the responsibility rested.

The preparation, selection and distribution of health education material accompanied by an interpretation of the same, was a service which rapidly developed and expanded. Literature and visual aids, including motion pictures, posters and exhibits compelled the in-

terest of a large portion of the rural and suburban population.

As the result of informal meetings, special conferences or individual contacts, an appraisal of the value of the various educational procedures and teaching techniques was made possible and was of inestimable assistance in the evaluation of the success of the entire health education program.

DENTAL PROGRAM

The Preschool and Maternity Mothers Clinics, which were inaugurated and began functioning in 1942 through funds procured from the Children's Bureau of the United States Department of Labor, and allocated to the Cook County Public Health Unit through the State Department of Public Health, were continued during the past year.

A dentist participation plan was followed for these clinics. Several practicing dentists of Cook County were selected by the Chicago Dental Society on the basis of their interest in dentistry for children. Evidence of the community need for such service to maternity mothers and preschool children served as a guide for the location of the clinics.

Dentists conducted the clinics in their own offices, furnished all materials, and were paid on an hourly basis for each clinic, which was not to exceed three hours on one day.

Specifically, the Preschool and Maternity Mothers Dental Program is for the adequate dental care of underprivileged preschool children (age 3-6 years) in addition to expectant mothers or those whose last-born child is not beyond the age of 9 months.

A similar dental remedial service also provided by community dentists for school children of the same economic level.

Dental remedial services were extended to school children by the staff dentist of the Cook County Public Health Unit at the Wheeling Elementary School Clinic and also at the clinic located at Central School of DesPlaines.

Film showings and talks on dental health were presented to Parent-Teacher Associations, to school children, and other interested groups upon request.

NUTRITION PROGRAM

The ultimate aim of the nutrition program is the maintenance of good health for all citizens of Cook County. It was said some years ago that, "The sound nutrition of the individual in the community, is the foundation of public health." It's just as true today, for research in nutrition has given us the tools which enable us to plan for adequate nutrition on a sound foundation.

The United States Public Health Service, through its contributions to the state and local departments of health, has enabled many cities and counties to carry out measures for improving the health of the individual. Nutrition and food education is a relatively new responsibility for these health departments. The Cook County Public Health Unit, however, has assumed a share in the National Nutrition Program and for the past two and a half years has assigned to its staff a full time nutritionist.

Many reports are available on the inadequate diets and nutritional deficiencies of our American population. Cook County is not different from other sections of the country in this respect, but the Health Unit is doing something about it now and planning for the post-war activity in this field, as suggested in the following paragraphs.

A wide range of activities was introduced into the nutritional program throughout Cook County including nutrition classes conducted for the homemaker in co-operation with the Red Cross Chapter, and extending to exhibits and individual consultations at the Child Health Conferences for the young mother and her new family. Participation of the Nutritionist in the Summer Round-Up programs of the Parent-Teacher Association has offered nutritional advice for the parent of the preschool child. Exhibits that appeal to a child have been set up through the use of food models and actual food displays, such as the packaged whole grain cereals.

Assistance given in the promotion,

stimulation and management of the school lunch program in public and parochial schools has resulted in bringing a hot noon lunch to many children. The lunch hour at school can be a silent teacher in better food habits for the children. Teacher conferences have been conducted for discussion and guidance of the teacher to enable her to weave into the school day's activity, nutrition and food education. Demonstrations in teaching have been conducted as requested by the nurse or teacher.

Further assistance in the planning and serving of adequate meals in the Volunteer Farm Work Camps has reached the adolescent youth, so vital in our life today and for the future welfare of our nation.

The Nutritionist had participated in the Orthopedic Clinics for the handicapped child, conducted by the State Department of Health in this area.

Co-operation was established with the University of Illinois, in addition to that previously maintained with Loyolo University through the conduct of classes for medical students and public health nurses regarding problems of applied nutrition.

Other community groups, civic, and social, have been reached through talks, conferences, exhibits, or participation in program planning. Every opportunity to present the advantages to the nation's health (especially in time of war) of an adequate breakfast and a good lunch with other meals build around the seven basic food groups, has been encouraged for school children and war workers particularly. Much emphasis was also placed upon conservation of food.

The Nutritionist has served on two state committees, as a member of the joint committee for the School Health Study and the Executive Committee of the Illinois Dietetic Association, also as a participating member of the local nutrition committee.

COOK COUNTY PUBLIC HEALTH UNIT
737 So. Wolcott Avenue
Chicago, Illinois

TABULATION OF HEALTH UNIT SERVICE FOR THE YEAR
July 1st, 1943 - June 30th, 1944 A/

	Total Last Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total This Year
A. COMMUNICABLE DISEASE CONTROL						
1. Admissions to service	1,346	439	254	755	488	1,935
2. Consultations with physicians	374	628	58	84	90	860
Field Visits						
3. Diphtheria	13	-	11	-	2	13
4. Typhoid fever and paratyphoid	157	27	-	2	7	56
5. Scarlet Fever	131	4	85	261	170	521
6. Smallpox	9	16	-	-	-	16
7. Measles	530	21	10	75	156	262
8. Whooping Cough	183	70	53	34	-	157
9. Other						
Mumps	87	3	35	51	23	112
Chickenpox	477	11	100	252	198	561
Adult Chickenpox	10	-	-	-	-	-
Pneumonia	47	-	-	-	-	-
Meningitis	28	13	15	15	21	64
Poliomyelitis	623	1,130	254	107	41	1,532
Bacillary Dysentery	191	9	-	2	6	17
Amebiasis	17	6	2	1	4	13
Undulant Fever	2	10	2	-	-	12
Strep Throat	-	1	4	-	-	5
Rocky Mt. Spotted Fever	2	1	-	-	-	1
Ophthalmia Neonatorum	-	-	-	-	-	-
Leprosy	2	2	-	-	-	2
Encephalitis	20	3	3	1	-	7
Keratoconjunctivitis	6	2	-	-	-	2
Malaria	-	-	4	-	-	4
Food Poisoning	-	-	2	-	-	2
Immunizations (Persons immunized)						
15. Small pox	5,233	451	1,007	1,528	15,826	18,822
16. Diphtheria, Under 1 year	248	52	45	63	75	233
17. Diphtheria, 1 - 4 years	808	237	81	202	148	663
18. Diphtheria, 5 years and over	2,699	455	967	2,377	1,292	5,091
19. Typhoid Fever	2,260	90	-	3	539	632
20. Other						
Whooping Cough	836	115	34	272	119	540

A/ Conforming to United States Public Health Service Tabulation of Health Department Services, reprint No. 1768. Omitted items are those activities in which this Unit did not participate during the reporting period.

	Total Last Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total This Year
Shick Tested	3,773	47	43	427	3	520
Tetanus	250	-	-	-	-	-
Scarlet Fever	-	-	2	17	-	19
Dick Tests	-	-	-	667	-	667
21. Public Lectures & Talks	116	7	44	27	43	124
22. Attendance	13,159	365	4,523	2,840	4,665	12,393
Film Showings	135	7	50	21	45	103
Attendance	17,394	365	1,630	1,064	4,452	7,511
B. VENEREAL DISEASE CONTROL						
1. Admissions to Medical Service	1,170	140	70	76	70	356
3. Clinic Visits	20,978	5,197	4,646	5,325	3,349	16,517
4. Field Visits	3,369	1,380	1,685	1,310	1,859	6,734
5. Other Service						
Sal. Service Bloods drawn	17,105	736	2,451	62	-	3,249
Marriage Permits Issued	36	17	8	19	8	52
6. Public Lectures & Talks	10	2	-	4	2	8
7. Attendance	600	42	-	154	64	260
Film Showings	17	-	3	3	2	10
Attendance	382	-	100	176	64	340
C. TUBERCULOSIS CONTROL						
1. Individuals admitted to Medical Service	83	31	20	48	72	171
2. Individuals admitted to Nursing Service	405	79	70	68	94	311
3. Physical Examinations in Clinics	196	60	28	-	13	101
4. X-ray Examinations	198	74	20	167	151	412
5. Clinic Visits	274	39	76	11	-	126
6. Visits to Private Physicians	32	3	1	-	-	4
7. Field Nursing Visits	946	243	252	284	387	1,171
8. Office Nursing Visits	57	59	13	25	76	158
9. Admissions to Sanatoria	13	1	-	-	-	1
10. Other Service						
Epidemiologic Investigation Visits	714	3	374	452	437	1,266
Tuberculin Tests	2,170	25	73	2,044	125	2,267
11. Public Lectures & Talks	1	-	-	12	-	-
12. Attendance	20	-	-	307	-	307
Film Showings	12	-	-	8	-	8
D. MATERNITY SERVICE						
2. Cases admitted to antepartum Nursing Service	353	44	84	58	91	277
3. Visits by antepartum cases to Medical Conferences	31	1	-	-	-	1

	Total This Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total This Year
4. Visits by Antepartum cases to Private Physicians	45	280	-	-	-	280
5. Field Nursing Visits to Antepartum Cases	644	47	223	164	194	628
6. Office Nursing Visits by Antepartum Cases	60	1	5	4	25	35
7. Cases Given Nursing Service at Delivery	1	-	-	-	-	-
8. Cases given Post-Partum Medical Examination	8	-	-	-	-	-
10. Cases Admitted to Post-Partum Nursing Service	212	84	63	62	56	265
11. Nursing Visits to Post-Partum Cases	525	172	139	114	97	522
E. INFANT AND PRESCHOOL HYGIENE						
INFANTS						
1. Individuals admitted to Medical Service	975	149	162	316	176	803
2. Individuals admitted to Nursing Service	886	235	202	280	205	922
Newborn Infants Included in E2	302	46	14	41	48	149
3. Visits to Medical Conferences	3,653	775	771	650	737	2,931
4. Visits to Private Physicians	33	13	2	1	-	16
5. Field Visits to and in behalf of infants	2,177	576	451	294	247	1,570
a. Field visits to newborn infants included in E5	421	50	11	40	53	134
6. Office Nursing visits	218	2	23	14	-	39
Preschool						
8. Individuals admitted to Medical Service	1,344	109	93	412	732	1,346
9. Individuals admitted to Nursing Service	1,314	197	89	331	416	1,023
10. Visits to Medical Conferences	3,483	677	783	865	1,023	3,348
11. Visits to private physicians	60	17	-	-	-	17
12. Field Nursing Visits	1,670	331	242	233	354	1,165
13. Office Nursing Visits	197	49	43	10	12	114
14. Inspections by Dentists or Dental Hygienists	266	-	-	-	-	-
F. SCHOOL HYGIENE						
1. Inspections by Physicians or nurses	10,402	2,915	10,522	10,724	6,476	30,637
2. Examinations by Physician	9,356	1,559	1,651	1,095	692	4,997

	Total Last Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total This Year
3. Examinations by Physicians with Parents Present	943	259	906	780	450	2,395
5. Field Nursing visits	4,904	735	1,028	937	723	3,423
6. Office Nursing visits	5,122	720	1,547	1,022	512	3,801
9. Other Service						
Parent consultations	5,245	344	715	572	446	2,077
Teacher consultations	10,171	752	2,668	3,031	1,324	7,775
Vision Tests	10,321	1,660	5,899	4,667	2,058	14,274
Hearing Tests	5,333	1,005	3,856	3,852	3,445	12,158
Weighing and Measuring	13,016	1,103	-	-	-	1,103
10. Public Lectures and talks	19	6	13	58	-	77
11. Attendance	1,593	582	1,071	3,873	-	5,526
12. Classroom Health Talks	1,011	144	400	420	198	1,162
13. Attendance	32,400	4,769	9,852	10,385	6,197	30,203
H. MORBIDITY SERVICE						
2. Admissions to nursing service	2,081	74	166	220	113	573
5. Field Nursing Visits	4,289	700	790	431	350	2,271
6. Office Nursing Visits	307	22	14	19	11	66
I. CRIPPLED CHILDREN SERVICE						
4. Individuals admitted to Nursing Service	162	21	26	126	49	222
6. Field Nursing Visits	304	176	187	262	206	831
7. Other Service						
Office Nursing Visits	12	-	-	-	-	-
J. GENERAL SANITATION						
1. Approved individual water supplies installed	64	7	2	-	-	9
3. New Septic Tanks Installed	132	7	2	3	-	12
Field Visits or Inspections						
4. Private Premises	107	37	54	18	23	152
5. Camp Sites	79	5	5	-	1	11
6. Swimming Pools	1	-	-	-	-	-
8. Schools	19	2	4	11	-	17
9. Public Water Supplies	29	6	2	3	6	17
10. Sewage Plants	2	1	1	-	-	2
11. Other						
Institutions	34	-	-	9	2	11
Institutions-Hospitals	11	-	-	-	-	-
F.H.A. subdivisions	1	1	-	-	-	1
Other subdivisions	13	6	-	1	-	7
Recreational areas	8	5	-	-	-	5
Food Handling Establishments	5	-	-	-	-	-
Industrial Plants	5	-	-	-	-	-
Defense Industrial Plants	16	2	-	1	5	8
National Defense Areas	2	-	-	-	-	-

	Total Last Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total This Year
Country Clubs-Golf Courses	1	-	-	-	-	-
Incorporated Communities	6	-	-	-	-	-
16. Other Service						
Local Nuisance investi- gations	47	38	2	1	8	49
Stream pollution	1	1	1	-	2	4
Conferences or meetings regarding any of the above	537	92	82	65	197	436
F.H.A. forms reviewed	141	10	2	3	-	15
Samples Collected	106	40	13	30	27	110
17. Public lectures and talks	38	-	4	-	2	6
18. Attendance	2,116	-	122	-	70	192
Film Showing	12	-	2	3	2	7
Attendance	718	-	35	162	70	268

DENTAL PUBLIC HEALTH SERVICES A/

	Total Last Year	First Quarter	Second Quarter	Third Quarter B/	Total This Year
DENTAL PUBLIC HEALTH ADMINISTRATION					
Professional Contacts:					
Dentist	731	99	43	59	201
Physicians	85	21	12	10	43
Nurses	375	60	45	41	146
Lay or Civic Officials	98	49	46	34	131
School Officials					
City	10	7	17	2	26
County	5	-	-	-	-
Board of Education	32	17	28	41	86
City Officials	3	-	-	1	1
Township Officials	3	-	-	-	-
County Health Personnel	53	-	-	-	-
COMMUNITY EDUCATION					
Lectures	9	-	3	5	8
Attendance	315	-	150	271	421
SCHOOL HEALTH DENTAL PROGRAM					
Consultations	461	53	13	2	68
Talks at school	10	7	4	6	17
Attendance	-	2,300	220	250	2,980
Dental examinations by staff dentists without parents present	695	-	422	873	1,295
Dental examinations by staff dentist with parents present	-	-	62	95	157
Dental examinations by local dentist	5,543	193	1,624	-	2,019
Supervisory visits to school dental remedial programs	20	-	-	-	-
Follow-up visits	3	-	-	-	-
P. T. A. Summer Roundup Children examin- ed parents present	82	12	-	-	12
School Remedial Program					
Visits to school remedial program	43	2	-	5	7
Lectures to teachers or school officials	-	-	1	1	2
Attendance	-	-	22	35	57
PROFESSIONAL SCHOOLS					
Lectures to student nurses	5	-	4	3	7
Attendance	-	-	190	115	305
Lectures to dental students	1	-	-	-	-

A/ Conforming to Illinois Department of Public Health, Division of Dental Health Education, tabulations of Dental Public Health Service.

B/ No data for Fourth quarter - Dental Health Officer left for the Arm Services.

	Total Last Year	First Quarter	Second Quarter	Third Quarter	Total This Year
Lectures to dental students	1	-	-	-	-
PRESCHOOL AND MATERNITY MOTHERS PROGRAM					
Visits to preschool and maternity remedial programs	6	-	-	-	-
Dental or lay conferences	28	5	-	2	7
VENEREAL DISEASE PROGRAM					
Conferences					
Dentists	26	6	-	3	9
Physicians	-	5	-	-	5
Nurses	-	18	-	-	18
MISCELLANEOUS					
Supervisory visits to local dental care program	1	-	-	-	-
Health Department conferences	55	-	-	-	-
Division conferences	20	4	5	-	9
Health Official conferences	1	-	6	-	6
Meetings (Professional)	36	-	8	9	17
Civilian Defense					
Professional Contacts (dentists)	3	-	-	-	-
Selective Service System					
Dental Conferences	24	-	-	-	-
Dental Industrial Hygiene					
Dental Conferences	5	2	-	-	2

SCHOOL REMEDIAL SERVICE PROGRAM
STAFF AND LOCAL DENTISTS PARTICIPATING A/

	Total Last Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total This Year
Clinics Conducted	120	30	11	28	16	85
Clinic Hours	343	144	39	56	24½	243½
Admissions to Service	271	86	36	71	5	198
Sittings	552	222	71	171	30	494
Completed	206	59	13	65	2	139
Examinations	233	104	36	71	5	216
Prophylaxis	220	104	36	71	5	216
Fillings, total	779	154	99	227	31	511
Silver fillings:						
One-surface	468	62	51	138	2	253
Two-surface	153	65	32	62	9	161
Three-surface	2	15	2	1	6	24
Cement	5	5	-	-	1	6
Synthetic Porcelain	123	1	2	17	13	33
Other	24	6	5	3	-	14
Cement bases	12	22	3	3	1	29
Extractions, total	337	95	16	43	11	165
Deciduous	213	92	14	42	9	157
Permanent	124	3	2	1	2	8

Root Canal operations, total	Total Last Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total This Year
Root Canal operations, total	4	7	2	1	-	10
Deciduous	3	-	-	-	-	-
Permanent	1	7	2	1	-	10
Local Anesthetics	249	95	7	12	5	119
Silver Nitrate treatments	13	14	5	10	-	29
Radiographs - Patients	86	-	-	-	-	-
Films	169	-	-	-	-	-
Miscellaneous treatments	33	6	5	10	-	21

4/ Program started December, 1942

PRESCHOOL AND MATERNITY MOTHERS REMEDIAL SERVICE PROGRAM
LOCAL DENTISTS PARTICIPATING

REMEDIAL SERVICE	Total Last Year		First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Total This Year	
	Child- ren	Adults	Child- ren	Adults	Child- ren	Adults	Child- ren	Adults	Child- ren	Adults	Child- ren	Adults
Clinics Conducted	38	-	6	-	8	-	-	12	-	13	14	25
Clinic Hours	119	-	18	-	20	-	-	25	-	35	38	58
Admissions to Service	59	9	8	3	-	4	1	5	2	4	11	16
Sittings	197	37	17	9	2	15	1	24	6	43	38	91
Completed	40	2	7	1	1	4	1	3	2	5	11	13
Examinations	46	8	5	1	-	4	1	5	2	3	8	13
Prophylaxis	45	11	5	1	-	6	1	5	2	8	8	20
Treatments of periodontal diseases	-	10	-	5	-	2	-	17	-	3	-	27
Fillings, total	200	30	26	6	3	31	-	30	7	34	36	101
Silver fillings:												
One-surface	108	9	19	3	2	17	-	19	3	25	24	62
Two-surface	61	6	4	-	1	2	-	7	-	4	5	13
Three-surface	6	2	2	2	-	-	-	1	-	2	2	5
Cement	4	-	-	-	-	3	-	-	4	5	4	8
Synthetic porcelain	18	13	1	-	-	8	-	3	-	-	1	11
Other	2	-	-	1	-	1	-	-	-	-	-	2
Cement bases	-	5	-	1	-	1	-	3	-	3	-	8
Extractions, total	27	8	-	3	1	2	-	1	3	23	4	29
Deciduous	29	-	-	-	1	-	-	-	3	-	4	-
Permanent	-	8	-	3	-	2	-	1	-	23	-	29
Postoperative treatment	-	4	-	-	-	-	-	-	-	4	-	4
Root Canal Operations, total	5	-	1	-	-	4	-	-	-	-	1	4
Deciduous	2	-	-	-	-	-	-	-	-	-	-	-
Permanent	3	-	1	-	-	4	-	-	-	-	1	4
Treatment for Vincent's infection	4	-	-	-	-	-	-	1	-	-	-	1
Local Anesthetics, total	16	8	-	3	1	2	-	-	2	8	3	13
Silver Nitrate treatments	8	-	1	1	-	-	-	-	1	-	2	1
Radiographs	1	-	-	-	-	-	-	1	-	-	-	1
Miscellaneous treatments	13	4	3	1	1	10	-	6	-	5	4	22

NUTRITION SERVICES		Total Last Year	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total This Year
Contacts:							
Health Staff: Superintendent		29	5	7	2	2	16
" " Nurses		198	53	32	58	35	178
" " Others		71	21	14	17	18	70
Welfare Staff: Superintendent		11	-	5	-	-	5
" " Social Workers		9	10	7	-	-	17
Educational System: Superintendents and Principals		31	18	5	26	13	62
" " Home Economics Teachers		19	2	3	1	4	10
" " Other Teachers: Urban		37	10	4	7	2	23
" " " " Rural		104	8	17	82	12	119
" " Home Advisors		1	-	2	-	-	2
Industry: Nutritionists and Lunchroom Managers		5	4	-	3	-	7
" Others		19	-	-	-	-	-
Nutritionists, lunchroom managers (non-industrial)		23	-	6	8	5	19
Officers of Nutrition committees		14	8	6	5	1	20
Officers of Parent-Teacher Associations		41	4	16	5	9	64
Officers of other Groups		26	15	1	6	96	119
Other Individuals		171	120	9	-	5	134
Talks, Classes, and Group Conferences:							
Health Workers (Physicians and Nurses)		632	75	428	402	217	1,122
Social Workers		275	-	-	-	-	-
Educators		111	41	152	42	-	235
College or high school students		2,573	319	456	1,142	860	2,777
Parent-Teacher Associations		531	37	160	115	159	471
Nutrition Classes		-	-	253	104	-	357
Other Groups		2,909	325	127	1,537	406	2,495
Demonstrations to nurses: Home visits		21	-	-	-	-	-
" " " Other		234	51	33	90	118	292
Exhibits		972	171	68	219	185	643
STATE AND NATIONAL PLANNING:							
Other Groups		13	1	29	67	10	107
Other Divisions of Health Department		2	1	-	4	33	38
Other Departments of State Government		7	-	-	-	-	-
Nutrition Associations and Committees		7	6	348	-	30	384

"THE PUBLIC HEALTH
IS THE FOUNDATION UPON
WHICH RESTS THE HAPPINESS
OF THE PEOPLE AND THE
WELFARE OF THE NATION."

DISRAELI.