A Survey of the Public Health Situation

ATLANTA, GEORGIA

A Report to the

ATLANTA CHAMBER OF COMMERCE

Committee on Social Survey

By

FRANZ SCHNEIDER, Jr.

Sanitarian

DEPARTMENT OF SURVEYS AND EXHIBITS

RUSSELL SAGE FOUNDATION

130 East Twenty-Second Street

New York City

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A SURVEY OF THE PUBLIC HEALTH SITUATION IN
ATLANTA, GEORGIA

I. INTRODUCTORY

In round numbers, Atlanta has 175,000 inhabitants: of these each year three thousand die; three or four thousand more are born alive; while three hundred are born dead. These life and death figures, and the conditions which affect them, mark out the larger aspects of the local public health situation. They have, for our present purposes, four main lines of interest: first, what part of the three thousand deaths represent needless loss of life; second, what machinery exists to prevent such loss; third, what care is taken of the three or four thousand born; and fourth, what new public health machinery, if any, needs to be created?

The presence of unnecessary death implies, of course, the existence in the community of a vastly larger amount of unnecessary sickness; and in attacking the one we are at the same time striking at the other. It is chiefly the prevalence of such sickness and death, and the conditions influencing them, that occupy our attention in a survey of the public health situation. An entirely sufficient argument for the seriousness and importance of such an undertaking is the perfectly obvious and unquestioned relation between public health and public prosperity and happiness.

II. PREVENTABLE DEATHS IN ATLANTA

Let us consider first the three thousand Atlanta people who die each year; at what age do they perish, and by what causes? Are these deaths unavoidable or preventable? The figures below show the number of deaths which occurred at different age periods in 1910, and cast some light on these questions:
DEATHS BY AGE GROUPS—ATLANTA, 1910

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Number</th>
<th>Deaths</th>
<th>Per cent of all deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>521</td>
<td>89</td>
<td>17.7</td>
</tr>
<tr>
<td>Under 5</td>
<td>761</td>
<td>106</td>
<td>23.8</td>
</tr>
<tr>
<td>5 to 14</td>
<td>405</td>
<td>10</td>
<td>2.5</td>
</tr>
<tr>
<td>15 to 24</td>
<td>503</td>
<td>12</td>
<td>2.4</td>
</tr>
<tr>
<td>25 to 50</td>
<td>388</td>
<td>8</td>
<td>2.1</td>
</tr>
<tr>
<td>50 and over</td>
<td>871</td>
<td>13</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td>2938</td>
<td>106</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Especially notable is the large number of infants dying in their first year—521, or nearly one-fifth of the total mortality; the large number of persons dying between the ages of twenty-five and fifty (the active productive period of life)—896, or nearly one-third of the total; and that 2,067, or over 70 per cent of the deaths, were of persons who had not reached their fiftieth year. These figures show how far short the span of life in Atlanta falls of the ideal of longevity with death by old age; and as ordinarily a large proportion of the population has at fifty only gained the experience which is invaluable for the most efficient work, the figures indicate the seriousness of the economic loss involved.

Turning to the causes of these deaths, and selecting the figures for a number of well-known infectious diseases, we have the following array:

DEATHS FROM CERTAIN PREVENTABLE DISEASES

<table>
<thead>
<tr>
<th>Disease</th>
<th>Number</th>
<th>Deaths</th>
<th>Per cent of total mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typhoid fever</td>
<td>78</td>
<td>4</td>
<td>15.6%</td>
</tr>
<tr>
<td>Malaria</td>
<td>4</td>
<td>1</td>
<td>25.0%</td>
</tr>
<tr>
<td>Smallpox</td>
<td>14</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Measles</td>
<td>14</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis: Lungs</td>
<td>232</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>457 (15.6% of total mortality)</td>
</tr>
</tbody>
</table>

Diarrhoea (under 2) | 154 | | |
| Meningitis | 20 | | |
| Pneumonia | 375 | | |
| Puerperal fever | 36 | | |
| Total | 586 | 1042 (35.5% of total mortality) |

Notice that the first eight causes, all well-known infectious diseases the preventability of which is generally admitted, give a total of 457 victims, or nearly one-sixth of the year’s total mortality; and that adding the figures for the other four causes (infections probably preventable under ideal conditions) we have the astounding total of 1,042 persons—over one-third of the year’s entire mortality, dying from preventable diseases. Consider further that these figures represent several times as many persons suffering from non-fatal illness, consider the labor and expense required for their care, and the anguish and suffering caused to their friends and intimates; and it will be admitted that Atlanta offers a large field for public health work. A simple calculation would show that these losses justify large expenditures for preventive measures—expenditures far larger than any that will be advocated in this report.

III. EXISTING PREVENTIVE MEASURES

The question now arises as to what machinery is already provided by the city to meet this situation; and whether or not this machinery is equal to the problem at hand.

At present the city entrusts its health work to a Board of Health of ten members; this in turn directs the work of two separate organizations—the Division of Sanitary Inspection, and the Health Department proper. It is with the latter that we are here principally concerned. The Division of Sanitary Inspection is occupied with the collection and disposal of garbage, refuse, and night soil, and with the cleaning of streets and the flushing of sewers: in short, with the engineering aspects of matters relating essentially to public cleanliness and decency. The relation of this division to the Health Department, and its proper position in the municipal organization, will be discussed later; it is sufficient for our present purpose to point out that from the public health standpoint, the most important duty that the Division now performs, is the supervision of privies and the collection of night soil.

The Health Department

Turning to the Health Department, which carries on the city’s real disease prevention work, we find it in charge of a Health Officer hired and directed by the Board; we find also
that it maintains a laboratory, a detention hospital for contagious diseases, and a tuberculosis sanatorium; and that it is engaged in the following branches of work,—registration of vital statistics, control of communicable diseases, milk and dairy inspection, meat and market inspection, mosquito reduction, plumbing inspection, and medical relief to the poor. Aside from its hospital staff, the department employs twenty-two persons, and has at its command about $80,000 yearly—a sum which is divided equally between the tuberculosis sanatorium and the department's other work. Omitting from consideration the sum devoted to the sanatorium, the city's health department expenditure is less than twenty-three cents per inhabitant per year—a figure which, it must be understood, is considerably below the minimum requirement for a modern, well-rounded, and effective department.

Vital Statistics

Considering the department's work in detail, let us examine first the registration of vital statistics,—the city's system of human bookkeeping. Returns of all marriages, births and deaths must by ordinance be made to the Board of Health; all physicians, accoucheurs, and midwives must register with it; and burial permits must be obtained from it. Birth must be registered within six days; deaths before removal or burial of the body. These two sets of figures (births and deaths) are those of special hygienic significance; births should be reported promptly if any baby-saving work is to be attempted, and deaths should be reported not only promptly but with accurate and adequate information as to cause and circumstance—as is required in Atlanta by law. The existing six-day limit for birth returns is too lenient, but even this is not enforced. If the excuse be offered that the department makes no use of birth returns, it may be replied that the excuse is simply a confession of neglected opportunity. We have already seen that each year over five hundred Atlanta babies die in their first year of life: in view of the opinions of the best authorities on the preventability of infant deaths, it is entirely probable that a fourth or a third of them could be readily saved. Prompt birth reporting is the essential first step.

The certification of the causes of death is likewise far from satisfactory. An examination of 349 certificates filed during May, 1913, showed the statement of cause to be satisfactory on only 181, while on the remaining 168, or 48 per cent, it was incorrect, incomplete, or indefinite. The statement of occupation of the deceased was stated satisfactorily in 129 instances, was excusably absent in 121 instances; but was unsatisfactorily stated in 99 instances. Statements of the duration of the fatal illness were also commonly lacking. Such certification is not only in violation of the law, but is a testimonial of ignorance and carelessness such as is a serious reproach to the local medical profession. When we find certificates on which the cause of death is merely "Injury during birth," or "Dropsy," or "Membranous croup (1 day)," or "Cholera Inflammation" or "Acute milk infection (2 months)" with "General Debility (3 months)" as a contributory cause, it is difficult to escape the conclusion that the certifying doctor is still in the dark ages of medicine, and has never even troubled himself to read the directions on the certificate blank. And these defects are by no means limited to Negro doctors. It will be said that the Health Department should refuse to accept such certificates; and it should: but under the present arrangement the certificate is presented by the undertaker, and the health office is usually forced into the unhappy position of holding up a waiting funeral by refusal to accept. The problem should be attacked from both angles; the doctors, as a matter of professional pride and public duty, should seek to improve their certification, while the Health Department should take a firmer attitude in enforcing the provisions of the law. At all events, the problem certainly should be solved, for vital statistics must be the measure of the effectiveness of hygienic endeavor and the guiding index for future developments. Vital statistics should be to the health officer what the balance sheet is to the banker or business man.

Control of Communicable Diseases

The Health Department now requires the reporting of diphtheria, scarlet fever, smallpox, cerebro-spinal meningitis, tuberculosis and typhoid fever; and attempts to prevent their spread. Measles, whooping cough, erysipelas, chicken pox, typhus fever
and pellagra were formerly reportable, but were dropped in 1911 at the suggestion of the Fulton County Medical Society. It is difficult to see why all communicable diseases should not be reported to the department. In that direction lies the possibility of applying the known measures to prevent their immediate spread, and the hope of discovering more successful methods of management for the future. The mere signing of a printed post card furnished by the department should certainly be no great hardship to the doctor.

Of the reportable diseases, diphtheria, scarlet fever, smallpox, and cerebro-spinal meningitis are reported to the satisfaction of the department; typhoid fever and tuberculosis are reported in only about half the cases. The laxity with regard to these last two diseases is unfortunate, as they are much more contagious than is usually believed, and as there are a number of very useful things a Health Department can do in the individual cases to prevent the spread of the infection. The department has the authority to prosecute doctors for failures to report these diseases, but hesitates to exercise it.

The department installs quarantine in diphtheria, scarlet fever, and cerebro-spinal meningitis, and sends smallpox to the detention hospital. Only a few of the cases of typhoid are visited, and no steps are taken to follow up tuberculosis; here again the omission is regrettable. The regulation for quarantine are in the main satisfactory; and its supervision is as good as can be expected with the small force of two inspectors. Diphtheria is now released ten days after the disappearance of clinical symptoms, although it is generally considered better practice to release only after two successive negative cultures from both throat and nose.

It should be noted that while this branch of the work is in competent hands, it suffers from lack of an adequate staff. With more quarantine inspectors more diseases could be investigated and supervised, and more effective isolation could be maintained. Similarly, the isolation hospital is too small, offering accommodations for only thirty persons, and for only two diseases—scarlet fever and diphtheria. No provision is made for cases of measles or erysipelas, or syphilis; nor are there any facilities whatever for negro cases. Laboratory diagnosis in tuberculosis and diphtheria is offered by the department, but again the work is hampered by lack of funds. We are dealing here with preventable diseases at their sources, and many of the essentials are lacking. The city thus neglects a definite opportunity to purchase public health. The question of tuberculosis and the venereal diseases will be discussed at greater length later in the report.

Milk and Dairy Inspection

The department's program for the improvement of its milk supply is founded on a comprehensive ordinance regulating the condition of dairy farms, depots, etc., and prescribing certain standards for the milk itself, viz.: maximum temperature of 55°F., minima of 3.6 per cent and 12 per cent of fats and solids respectively, and a bacterial maximum of 100,000 per cubic centimeter. To carry out the provisions of this law the department has available two dairy inspectors and part of the time of one bacteriologist and an assistant. The effort may be commended as a step in the right direction; but the force is too small to attempt to exercise any real control over the situation. The city now consumes approximately six thousand gallons of milk a day, coming from some seven hundred farms, and handled in the city by 235 dealers and forty-one dairies. As in 1912 only 108 samples were analyzed for bacteria, and only 617 dairies were inspected, it will be seen that the city's milk supply is under nothing like continuous supervision. The strength of inspection lies in re-inspection.

As far as the results go, they indicate that the milk supply is in no more than fair condition. The average score of all dairies in 1912 was 50 per cent—a by-no-means too encouraging figure,—while the bacteriological counts, though usually in excess of the legal minimum of 100,000, compared favorably with those of the average city. Under these circumstances the Health Officer's statement that he could use two more dairy inspectors to advantage is unquestionably true and moderate; so also is the appeal of the bacteriologist for more assistance. Before leaving the milk situation it should be noted that while the
above measures of inspection, if thoroughly carried out, will go a great way toward making the city's milk clean, proper pasteurization is indispensable to safety.

**Meat and Market Inspection**

The department employs two market inspectors to supervise the condition of markets and perishable foods, and two abattoir inspectors to supervise the slaughtering of cattle. Markets must be licensed and must be screened, the latter requirement prevailing for grocery stores and restaurants, while fruit stores must be screened or have suitable fans. The present market and food inspection does not concern itself with the detection of the more subtle adulterations such as require chemical examination, the department not being equipped to undertake the latter. It is probable also that the present force of two inspectors could be enlarged with advantage.

The work of the two abattoir inspectors is limited to the supervision of killing in three slaughter-houses. The animals are looked over on the hoof and counted; the carcasses are later examined and stamped. It is obvious that when all three houses are killing at the same time, some animals will escape inspection. A very considerable amount of meat is slaughtered in the city—in 1912 close to 70,000 animals, including cattle, calves, hogs, and sheep, and no provision for the inspection of this meat is made beyond the city's partial provision as already described.

**Mosquito Reduction**

Between May and September the department carries on a campaign against mosquitoes, employing two inspectors who seek out stagnant water in out-of-the-way places—such as water tanks on buildings, fire buckets and barrels; and four wagon-men who oil the more obvious bodies of water. The Health Officer states that the work has been effective, and believes that providing more men would be money well spent—a conclusion entirely probable when we consider that malaria, from which eight deaths were certified in 1912, is spread only by the mosquito.

**Plumbing Inspection**

Nearly a sixth of the department's already scanty appropriation is expended on plumbing inspection, a matter now considered to have very slight hygienic significance. The modern tendency is to place this work with the building department, as the function of the inspector is largely to see that the plumber does an honest job. The inspection protects the citizen's pocket-book rather than his health. Accordingly we may leave this branch of the work with the remark that it is unfortunate that the department must spend for plumbing inspection twice as much as it may spend for the control of communicable diseases.

**Medical Relief**

Two city physicians are in the employ of the Health Department, devoting their entire time to the care of the sick poor. If we may judge by their reports there is abundant demand for their services. Here again we may commend the arrangement as a step in the right direction; the ultimate development, however, is a Health Department dispensary, a proposition which will be discussed later in this report.

IV. **DEFECTS IN THE PRESENT ORGANIZATION**

**Form of Organization**

Let us bring together and consider the various defects in the city's organization for health work which have already been hinted at. The first of these relates to the Board of Health,—its size, composition, and duties. The Board is now composed of ten members selected by Council one from each ward, the mayor and chairman of the sanitary committee of Council being members ex-officio. The ward system must be condemned; hygienic procedures must be formulated in accord with science, and not political division or political party. Again, such has been the progress of preventive medicine since the inception of the science of bacteriology and the development of the germ theory of disease, that it is difficult or impossible to obtain as many as ten men in a city of Atlanta's size (or materially larger for that matter) who are competent to formulate and direct the policy of a modern health department.

The board system of health department control is a relic of days in which health work was largely a matter of nuisance abatement and emergency steps in the face of epidemics of small-pox and the like—days when the known procedures were few
and simple and when the opinion of a man of general good sense was as valuable in these matters as that of any other. Emphatically those days have now passed; public health work has become intricate and technical; and to leave the responsibility for the progress and administration of a modern health department in the hands of a lay board is about as reasonable as to intrust a similar body with the design and operation of an aeroplane or a submarine. It is now considered wiser to hire a competent specialist in public health work, intrust him with responsibility for the department, and if a board be considered necessary to advise and check him, to have it as small and carefully chosen as possible.

**Other Defects**

We have already seen that the local Board of Health directs the work of two separate organizations: the Sanitary Division—occupied with the engineering problems of refuse disposal and street cleaning, and the Health Department proper. This form of organization operates to the distinct disadvantage of the Health Department. The Sanitary Division carries on work which calls for large expenditures of money; and it is but natural that it should hold the attention of the Board to the disadvantage of the comparatively inexpensive Health Department. Still the latter directs the city’s actual disease prevention work. The operations of the Sanitary Division, having to do with carts and horses and questions of business efficiency—matters of relatively less technical nature and with which its members have had personal experience, is the natural object of interest for the Board, and gives an opportunity for its useful service. The Health Department, on the other hand, with obscure problems of disease and statistics, is beyond the field of experience of the members of the Board. Their control over it must almost inevitably act as a dispiriting handicap.

It should be noted also that the Sanitary Division now carries on a branch of the work which belongs more properly to the Health Department, viz: certain phases of sanitary inspection. The work in question is the supervision of privies and dry closets—work of distinct hygienic importance. Under the Sanitary Division this work is likely to be merely an inspection of the efficiency of the scavenging corps; under the Health Department it should be an important part of the campaign against typhoid fever and the diarrhoeal diseases, and should go hand in hand with work for the inspection of private wells—a service now entirely omitted.

The other chief defects in the present Health Department relate to the inadequacy of its staff and the omissions from its program. Both of these spring from the meagerness of the present appropriation. The extraneous nature of plumbing inspection has already been pointed out. Any reorganization of the general form and external relations as suggested above will, of course, imply certain changes in the internal relations of the department; these would tend toward a clearer definition of the lines of responsibility and authority, such as would bring the entire organization under the constant supervision and direction of the health officer, while at the same time releasing him from matters of routine detail.

V. NEGLLECTED OPPORTUNITIES

**Infant Mortality**

We have already noted that 521 Atlanta infants died during 1910 in their first year of life, and that this number represents over 15 per cent of the total mortality. It is the experience of other cities that a very large part of this fearful loss is easily preventable, being due in large part to improper care and improper feeding on the part of poor or ignorant mothers. In these cities the problem has been attacked by requiring prompt birth reporting, whereupon health department nurses are sent to visit the mother and advise and instruct in the care of the infant. Midwives are examined and regulated, infant welfare stations are established in congested districts, and pure milk and cheap ice are distributed. The results have been most gratifying, and the value of the work is fully established. Sanitarians are now agreed that this is one of the most fruitful branches of work that a health department can undertake: the return on a given expenditure is here among the largest it is now possible to secure.

Yet the Atlanta health department has not, thus far, taken any of the steps outlined above. The Health Officer appreciates the opportunity, and would like to have nurses with which to start the work; but nothing has been done. A number of pri-
vate organizations have been carrying on this work on a limited scale; but the time is assuredly ripe for a health department division of infant hygiene. Although a considerable reduction in infant mortality in Atlanta has taken place in the last ten years, it should be noted that it has been a change only from a condition tremendously bad to one ordinarily bad.

**Tuberculosis**

The restriction of tuberculosis is assuredly another of the largest opportunities of a Health Department. This disease is widely known as one of the biggest single “killers”: it is an infectious germ disease, and to a considerable degree, is preventable and curable. In Atlanta it carries off about three hundred persons each year, a mortality which represents a group of several thousand cases. The practical measures for the control of tuberculosis are well understood; they comprise early recognition of the disease, instruction of the patient in personal hygiene, precautions that the infectious discharges from the sufferer do not reach new victims, and hospital or sanatorium treatment in one form or another. To these ends a progressive health department program includes compulsory reporting of cases, free laboratory diagnosis, investigation and instruction of cases with nurses or medical inspectors, the maintenance of free clinics, the provision of sanatorium treatment for all sufferers who need it, and the disinfection of infected premises after the removal and termination of a case.

In Atlanta many of the elements of such a well-rounded program are at hand, but need to be brought together and augmented. The health department receives reports of cases—though with only partial completeness, maintains a sanatorium, and disinfects; the Anti-Tuberculosis Society maintains a clinic, investigates cases, and furnishes nursing facilities. In effect, the health department has the beginning and end of a program, while the Anti-Tuberculosis Society has the middle. As the cooperation between the two is not close, and as the effort of neither wholly meets its part of the situation, the arrangement leaves much to be desired. Eventually the work probably will be unified; and as the Health Department is the organization legally endowed with power to require reporting and to regulate cases, and as the work corresponds with its objects and duties, it is not unreasonable to expect a Health Department division of tuberculosis.

Such a division would require the reporting of all cases of the disease, would maintain an up-to-date register of cases, and take over the work now carried on by the Anti-Tuberculosis Society on a materially enlarged scale. As very little aid can be obtained from the state sanatorium, the present facilities at Battle Hill need immediate and radical enlargement—the present white capacity of seventy-five requiring at least to be doubled. The sanatorium now has a permanent waiting list, and the majority of the inmates are in the advanced stage of the disease. It is obvious that an adequate program would aim to get light cases to the sanatorium while cure is still possible, and would see that these sanatorium facilities were adequate. Again we can confidently recommend to the city an investment that will be profitable, to say nothing of humanitarian results,—this time in the form of an up-to-date tuberculosis program.

**Venereal Diseases**

The extent of the venereal diseases and their preventability is just coming to relatively full public realization. Not only are these diseases common, serious, and dangerous to the innocent, but they leave many after-effects upon the sufferers, and are responsible for much premature death in later life. At the same time marked progress is being made in their treatment, and effective preventive measures are at hand. This field, in short, now promises valuable opportunities for health department service. While complete programs are not yet clear, certain procedures can be recommended,—the compulsory reporting of cases (by number instead of name if so desired), free laboratory diagnosis, free clinics for the poor, the isolation of virulent infective cases, and campaigns of publicity and education. Undoubtedly there are in Atlanta several thousand cases of gonorrhoea and syphilis; the infection is allowed to spread unhindered, and is a menace to the innocent. Consequently, it is only reasonable to expect the local department to now take the field against these diseases.

**Dispensary Service**

That poverty and disease go hand in hand is well known. Which is cause and which effect, or whether both are not acting
together in a vicious cycle, is often debated. The undisputable fact stands out, however, that much sickness exists among the poor, and that the community finds itself compelled from time to time to step in and give free medical aid. Otherwise the indigent and ignorant are often a burden on the regular practitioner; and even at best, are likely to receive insufficient attention. In Atlanta this form of poor relief is supplied by the city physician, for whose services there appears to be ample and warranted demand.

In considering the most effective administration of medical relief, it should be borne in mind that a considerable part of the sickness among the poor is of the communicable and preventable variety; and that, if untreated, there is danger that the afflicted families may serve as reservoirs, or even as incubators of infection. Purely as a matter of economy, if nothing else, it is desirable to locate and cure these cases, and the question naturally arises—Why not combine and co-ordinate this effort with the preventive work of the Health Department? The most effective way in which this can be done seems to be through a free health department dispensary.

The special advantage of the dispensary is that it becomes a recognized center, not only for medical treatment, but for the dissemination of all kinds of sanitary knowledge. General and special clinics—as for tuberculosis, infant mortality, and the venereal diseases, are held; and the dispensary nurses are sent out into the homes of the poor—caring for those who cannot come for treatment, discovering new cases, and investigating the circumstances of applicants. The important thing is to locate the cases; and the sick poor will show the minimum of hesitation in taking advantage of a high-grade municipal service that is eager for opportunities to prevent disease. The contrast in the results obtainable from such a service and the old-fashioned get-rid-of-them-as-soon-as-possible and hold-the-amount-down-to-a-minimum methods of poor-relief must be apparent to everyone. Where the old was repressive and blindly neglectful, the new is constructive and tends to eliminate the evil dealt with. The dispensary system has been tried in a number of cities with encouraging results, and its desirability for Atlanta is worthy of the city's serious consideration.

Housing

A good housing law is desirable for the well-being of any city; for a large and rapidly growing city and one with a large negro population, like Atlanta, it is especially essential. One has but to glance at local conditions to be convinced that the need in Atlanta is great. The large negro districts are shocking examples of what unrestricted building will accomplish: hovels without windows, of one or two rooms, and with no decent or sanitary means of disposing of household wastes. Such congested living conditions make the spread of infectious diseases like tuberculosis easy, and tend to the generation of the reservoirs of infection to which allusion has already been made.

A housing ordinance, with a proper system of housing inspection, would do a great deal to eliminate such conditions. It would also produce great improvements in the housing of the better classes, eliminating dark rooms, insuring proper sanitary arrangements, and doing a real service to the city in preventing the growth of conditions which will be at a later date unhealthy eyesores—and then difficult and expensive to eliminate. Prevention is here certainly far better than cure, and much cheaper. Atlanta will certainly do wisely to hasten to the passing of a comprehensive housing law.

Health Publicity and Education

The large part education and publicity have come to play in modern public health work must have been evident throughout the above discussions. The modern department undertakes this work to secure the necessary co-operation from the public and the medical profession, and to disseminate that part of personal hygiene on which there is a general agreement. Bulletins may be published, circulars distributed, the newspapers utilized, lectures given, and exhibits held. The Atlanta department has published an occasional circular and has done some creditable work of this kind against the fly and tuberculosis; but it has ceased to publish an annual report, and has yet to make a systematic effort at educational publicity.

The Negro

Before leaving neglected opportunities we should give consideration to the Negro. In a sense he may be regarded as a
hygienic liability, as his death rate is in general higher than that of the white man and as he is oftener afflicted with tuberculosis and certain other communicable diseases. At the same time he represents, from a practical standpoint, a hygienic opportunity, because properly directed work among his kind promises a great reduction of the community's stock of infectious diseases. Certainly we cannot look for the permanent elimination of preventable disease from the Whites until measures are taken to control it among the Blacks. At present in Atlanta practically no attention is paid to contagious diseases among the Negroes, and no isolation hospital facilities are open to them. Still, the same microbes that produce disease in them will produce it in white people; the modes of infection from Blacks to Whites are the same as from Whites to Whites; and the common opportunities for the transmission of infection from one race to the other will continue to exist. Accordingly it is evident that Atlanta will have to face the problem of disease prevention among Negroes, not only from considerations of humanity and justice, but because she cannot afford to tolerate the presence of infection in her midst.

VI. RECOMMENDATIONS TO MEET THE PRESENT SITUATION

To secure to the city an up-to-date health department—one that shall be able to grapple successfully with the existing opportunities, the following recommendations are made:

1. That the city's health work be reorganized with the elimination of the present large Board, the dissociation of the Health Department from its co-relation with the Sanitary Division, and a relative increase in the responsibility and authority of the Health Officer. A small carefully chosen Public Health Council may be retained to pass necessary additions to the Sanitary code; but aside from this its function should be purely advisory to the Health Officer and its meetings should be held at the latter's call.

2. That the Health Department be made responsible for the condition of privy vaults, dry closets, and private wells; and be furnished with sanitary inspectors to carry on this work.

3. That the Health Department create a division of infant hygiene, with nurses, and infant welfare stations, and with the assurance of prompt birth reporting and the examination and certification of midwives.

4. That the Health Department create a division of tuberculosis: requiring the reporting of all cases, maintaining a register, and investigating and supervising cases of the disease in a manner similar to that of the Anti-Tuberculosis Society.

5. That the present sanatorium accommodations at Battle Hill be radically enlarged, to accommodate at least twice the present number of white persons, and with a view to increasing the attractiveness of the colored quarters.

6. That the venereal diseases be added to the list of other reportable infectious diseases (by number instead of name if so desired); and that the Health Department offer free laboratory facilities for their diagnosis, offer free medical treatment to the indigent afflicted with these diseases (with a view toward discovering and eliminating the sources of this infection), and that it consider such other steps as tend toward the solution of this problem.

7. That the city seriously consider the establishment of a Health Department dispensary with general and special clinics, and with social service investigation and extension home nursing.

8. That the present efforts for laboratory work, milk inspection, and the control of communicable diseases be materially extended, and that the present isolation hospital be enlarged to care for a greater number of diseases and for patients of both colors.

9. That the city recognize the importance of controlling communicable diseases among negroes, and that due allowance therefor be made in the health department's program.

10. That the city adopt a comprehensive housing law and establish a system of housing inspection.

11. That the Health Department create a division of publicity and education, to give force to its efforts as outlined above.
12. That the appropriation of the health department be increased to reasonable proportions, and that in view of any such changes as outlined above, the Health Officers' salary be increased to a figure compatible with his increased responsibility.

13. That such changes be made in the sanitary code as are consistent with these recommendations.

VII. CONCLUSION

We have now seen that there is in Atlanta ample opportunity and need for modern public health work; that there are serious defects in the city's present organization; that several of the largest hygienic opportunities are neglected; and that radical reorganization and enlargement will be necessary to take adequate advantage of the situation. These facts may be surprising to many citizens and may shock their sense of conviction of the healthfulness of their city. For the benefit of such persons we may say that Atlanta probably is intrinsically a healthy city; but that many of its people are, through no fault of their own, subject to disease unnecessarily and that many of them die needlessly. These conditions arise partly from the fact that Atlanta is busily engaged in rapidly becoming larger and more prosperous, and partly from the fact that great advances have been taken place in public health science in very recent years. The opportunity now confronts the city to put its hygienic house in order; the expenditures required are fortunately not large; and the best authorities tell us that the step will pay a handsome profit.