

**SECOND ANNUAL REPORT  
OF THE DEPARTMENT OF  
PUBLIC HEALTH. JULY 1,  
1918 TO JUNE 30, 1919**

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Various

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**VARIOUS**

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STATE OF ILLINOIS  
THE DEPARTMENT OF PUBLIC HEALTH

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C. ST. CLAIR DRAKE, M. D., *Director*  
GEORGE T. PALMER, M. D., *Assistant Director*

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DIVISION OF COMMUNICABLE DISEASES  
JOHN J. MCSHANE, M. D., DR. P. H., *Chief*

DIVISION OF TUBERCULOSIS  
GEORGE T. PALMER, M. D., *Acting Chief*

DIVISION OF SANITATION  
PAUL HANSEN, *Chief Sanitary Engineer*

DIVISION OF VITAL STATISTICS  
SHELDON L. HOWARD, *Registrar of Vital Statistics*

DIVISION OF CHILD HYGIENE AND PUBLIC HEALTH NURSING  
C. W. EAST, M. D., *Acting Chief*

DIVISION OF SURVEYS AND RURAL HYGIENE  
PAUL L. SKOOG, *Supervisor of Surveys*

DIVISION OF DIAGNOSTIC LABORATORIES  
MARTIN DUPRAY, *Chief Bacteriologist*

DIVISION OF HOTEL AND LODGING HOUSE INSPECTION  
W. W. McCULLOUGH, *Superintendent*

DIVISION OF PUBLIC HEALTH INSTRUCTION  
SAMUEL W. KESSINGER, *Acting Chief*

DIVISION OF SOCIAL HYGIENE  
G. G. TAYLOR, M. D., *Chief*

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses and income. The document provides a detailed list of items that should be tracked, such as inventory levels, customer orders, and supplier invoices. It also outlines the procedures for recording these transactions, including the use of standardized forms and the importance of double-checking entries for accuracy.

The second part of the document focuses on the analysis of the recorded data. It describes various methods for identifying trends and anomalies in the financial records. This includes comparing current performance with historical data and industry benchmarks. The document also discusses the importance of regular audits to verify the accuracy of the records and to detect any potential fraud or errors. It provides a step-by-step guide for conducting these audits, from the selection of samples to the final reporting of findings.

The final part of the document addresses the reporting and communication of the financial information. It outlines the format and content of the reports that should be generated, including the balance sheet, income statement, and cash flow statement. It also discusses the importance of clear and concise communication when presenting this information to stakeholders, such as management, investors, and regulatory bodies. The document provides examples of report formats and offers tips for effectively conveying complex financial data in a way that is easy to understand.

## THE DEPARTMENT OF PUBLIC HEALTH

C. ST. CLAIR DRAKE, M. D., *Director.*

During the fiscal year July 1, 1918 to June 30, 1919, the activities of the State Department of Public Health have been directed upon the following important lines:

(a) The completion of the organization of the department under the provisions of the Civil Administrative Code, which had been delayed by war-time conditions.

(b) The completion of the war-time program including supervision of sanitary zones around military cantonments, special surveys and unusual activities in dealing with the war-time tuberculosis and venereal disease problems in conjunction with the Federal Government, the American Red Cross and other extra-governmental agencies.

(c) The readjustment after war-time conditions and the resumption of normal peace-time activities.

(d) Meeting and combatting the influenza-pneumonia epidemic of the fall and winter of 1918-19, recognized as the most serious epidemic the State and Nation had ever experienced.

(e) The development of new health activities whose value had been demonstrated by the war and by the influenza-pneumonia epidemic.

### I. COMPLETION OF DEPARTMENTAL ORGANIZATION

With the adoption of the Civil Administrative Code, on July 1, 1917, the Department of Public Health was organized with eleven divisions, devoted to the various phases of public health activity and each division under the supervision of a competent and experienced chief. The appropriations made by the Fiftieth General Assembly were not sufficient for the development of all of these divisions upon a permanent working basis, but it was found possible to develop the more important or fundamental divisions to a point where all ordinary conditions could be met and to create at least a skeleton organization of the other divisions.

Aside from the insufficiency of appropriations, serving to limit the complete development of the department, difficulty was also encountered in securing an adequate personnel, particularly in the more technical scientific lines on account of the heavy demands that were made for such service by the Federal Government in connection with war-time activities. In addition to this insurmountable difficulty in securing new heads for the more recently appointed divisions, two of the division chiefs, the Chief of the Division of Sanitation and the Chief of the Division of



Diagnostic Laboratories, together with a considerable number of older employees, were enlisted in the army, leaving many important activities in the hands of new, and, at times, relatively inexperienced persons.

The Fifty-first General Assembly made appropriations through which it was possible to increase the personnel of all divisions on a practical working basis and the signing of the Armistice and the disbanding of the national army not only brought back the older employees of the department, but made it less difficult to obtain new employees of broad, specialized experience.

The Department of Public Health as organized at the time these pages are written, for the fiscal year beginning July 1, 1919, is as follows:

1. *Executive Division*, consisting of the Director, the Assistant Director, the Chief Clerk and clerical staff.
2. *Division of Communicable Diseases*, consisting of a chief of the division, Supervisor of Field Service, an Assistant Epidemiologist, eight full-time district health officers and clerical staff.
3. *Division of Tuberculosis*, with the Assistant Director of the department serving as acting chief, with one field nurse and clerical staff.
4. *Division of Sanitation*, with a chief of the division, assistant engineers, laboratory technicians, a farm sanitation adviser and clerical staff.
5. *Division of Vital Statistics*, with the chief or registrar and assistant chief of the division, statisticians, field inspectors, and clerical force.
6. *Division of Child Hygiene and Public Health Nursing*, with a chief of the division, a supervisor of nursing service, a medical assistant, field nurses and clerical staff.
7. *Division of Diagnostic Laboratories*, with a chief of the division, bacteriologist, laboratory helpers and general staff.
8. *Division of Biological and Research Laboratories*, with provision for a chief of the division and laboratory staff. The duties of this division are being performed by the Division of Diagnostic Laboratories, pending more complete organization.
9. *Division of Surveys and Rural Sanitation*, with a chief of the division, field workers and clerical staff.
10. *Division of Public Health Instruction*, with a chief of the division, librarian and clerical staff.
11. *Division of Social Hygiene*, with a chief of the division, and a staff of field workers, lecturers and clinicians.
12. *Division of Lodging House Inspection*, with superintendent, field staff and clerical force.

Within the department, the divisional organization is quite similar to the departmental organization of the State Government under the

provisions of the Civil Administrative Code, the division chiefs being assigned to special activities, but being in constant conference and working at all times in closest cooperation.

#### II. COMPLETION OF WAR-TIME PROGRAM

At the beginning of the fiscal year, the Department of Public Health was engaged in numerous activities incidental to war-time conditions. These consisted principally of the control and supervision of the sanitary zones surrounding the several large military camps located within the State; the surveys of these zones and of towns and cities whose normal conditions were radically changed by their close proximity to military cantonments; service in connection with returned tuberculous soldiers for physical examination and provision for their medical care and treatment; close supervision of territory surrounding military camps for the detection and suppression of communicable diseases; special work in conjunction with the United States Public Health Service in the diagnosis, treatment, control and suppression of venereal diseases.

All of these projects, demanding, from time to time, the services of practically all of the divisions of the department, were continued until the signing of the Armistice in November at which time it became possible to discontinue most of these war activities. The work among returned tuberculous soldiers, however, and the cooperative work with the United States Public Health Service, in the control of venereal diseases, have not been discontinued, but on the contrary, have been generally expanded and will continue to demand the attention of the department for a number of years to come.

#### III. RESUMPTION OF PEACE-TIME ACTIVITIES

During the war, the protection of the military population was the public health problem of paramount importance and, on this account, many of the ordinary activities of the department, which were not pressing in character, were given secondary place. On account of the government restrictions limiting building and construction during the period of the war to those things which were imperatively needed, a large number of municipalities which had contemplated the installation of water works, sewer systems, sewage and garbage disposal plants, and other sanitary installations, were compelled to abandon their projects until peace was declared.

With the signing of the Armistice, the construction of sanitary public utilities has been resumed and the Division of Sanitation, within the past few months, has been engaged in exceptionally large numbers of public enterprises, investigating the sources of new public water supplies, outlining plans for sewage and waste disposal and advising communities on the rehabilitation of plants which had ceased to function effectively. The Division of Surveys has been called upon to make sanitary studies of a number of Illinois cities whose civic conditions

had been radically altered by the development of large industries and by greatly increased population due to war-time activities.

In addition to these demands for sanitary service, it must be recognized that the entire subject of public health administration has been subjected to considerable change on account of the unusual opportunity for observation made possible in dealing with large numbers of men under control during the war; by the wide experience which a large number of physicians have had in sanitary work in military service; by the new activities which governmental agencies have assumed particularly in the control of venereal diseases and tuberculosis which were given great impetus by the seriousness of these diseases during the war and, particularly, by the lessons that were impressed upon health authorities as to the needs for better developed local health departments in the tragic epidemic of influenza and pneumonia during the fall and winter of 1918 and 1919.

In the entire reorganization of health administration in Illinois, made possible by the Civil Administrative Code, the State is indeed fortunate that at the time of departmental reconstruction it has had available the great mass of new public health experience of the past few years. This epoch-making experience renders it possible for the department to be established on thoroughly modern lines and in harmony with the teachings of "the new public health."

#### IV. DEVELOPMENT OF NEW ACTIVITIES

The revelations of the exemption boards and of military and medical officers as to the previously unrecognized prevalence of venereal diseases and tuberculosis, caused special emphasis to be placed on these diseases by both Federal and State authorities during the war, and the knowledge attained makes it incumbent upon efficient State health organizations to continue venereal disease and tuberculosis work in the future as they have never been carried out in the past.

During the war, the Department of Public Health promulgated rules and regulations for the control of venereal diseases and tuberculosis, imposing upon local health authorities a definite responsibility and the Division of Social Hygiene and the Division of Tuberculosis will be charged with coordinating local activities and with the enforcement of these necessary rules and regulations during the years to come. The Division of Tuberculosis in many of its educational activities has worked and will continue to work in close cooperation with the Illinois Tuberculosis Association. For the uses of the Division of Social Hygiene, the Fifty-first General Assembly appropriated the sum of \$50,000 annually and a like amount was received from the Federal Government under the provisions of the Chamberlain-Kahn bill.

One of the fundamental necessities in a successful attack upon either venereal diseases or tuberculosis is the establishment of means