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NORTH CAROLINA STATE BOARD OF HEALTH

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JANUARY, 1950

No. 1



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The State Board of Health publishes monthly THE HEALTH BULLETIN, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Sanitary Privies
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SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care.	Baby's Daily Schedule.
Prenatal Letters (series of nine monthly letters).	First Four Months.
The Expectant Mother.	Five and Six Months.
Infant Care.	Seven and Eight Months.
The Prevention of Infantile Diarrhea.	Nine Months to One Year.
Breast Feeding.	One to Two Years.
Table of Heights and Weights.	Two to Six Years.
	Instructions for North Carolina Midwives.

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Health Bulletin

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I. W. R. NORTON, M.D., M.P.H., State Health Officer

JOHN H. HAMILTON, M.D., Acting Editor

PARATHION

BY C. B. DAVIS, M.D.

State Board of Health, Raleigh, N. C.

It doesn't have to be a dirty color, or of an offensive odor to be dangerous! And it does Not have to go into your mouth to make you sick or to kill you! As recently as just a few years ago, we in medicine were inclined to think almost entirely in terms of germs and poisons being dangerous when introduced into the mouth. And the term filth, by association, was inevitably tied up with our conceptions of disease. But becoming more enlightened, we realize how inadequate were our conceptions of hazards to the public health. Nowadays we are beginning to realize the dangers of the most innocuous looking factors, and to find that many of our shining galahads in science can turn with sword upon us.

Many insects, the black ones, brown ones, green ones have for centuries been a foe of man, destroying his crops and often spreading disease and death. Much of man's history and his customs have been dictated by insects; the great famines due to hordes of grasshoppers, the great waves of bubonic plague through history, malaria, yellow fever, typhus, typhoid fever. Insects have spread such disease and had a profound effect on history. But constantly man has fought back, and with our recent era of rapid scientific progress, has forged powerful weapons of defense and aggression.

Winning a Nobel prize in 1948, the Swiss chemist Mueller made a brilliant advance in this fight with his discovery of DDT. This chemical, augmenting time honored nicotine insecticides, have spelled death for billions upon billions of harmful insects. Then, during World War II, behind the screens of wartime secrecy, German scientists discovered other insecticides completely overshadowing even DDT. These deadly chemicals stayed upon laboratory shelves, in the shining flasks of their birth, until war was over. And now they have been thrown into the battle, as the paratroopers of the insecticides. The most dangerous of these are Chlordane, Toxaphene, Benzene Hexachloride, and last, but not at all least, Parathion.

Unfortunately, the dangers of these chemicals are not effective just against the normal life expectancy of an insect: with a fine disrespect for their creators, they are equally dangerous to humans. And deaths have already resulted amongst those using these insecticides. These fine, white, shining, usually odorless crystals, so harmless looking in a closed flask, have brought quick and dramatic death to humans as well as multifarious insects.

Parathion was used for the first time this summer, principally against the tobacco worm. Its efficiency in killing the tobacco worm was little short of



miraculous, as extremely small amounts of it killed almost instantaneously any worm, insect or other lowly form of life it happened to contact. And Parathion used exactly according to its manufacturers directions is probably fairly safe. The word, though, is Exactly! In North Carolina this year there were two instances in which it was Not used Exactly. As a result, two people died swiftly, painfully, dramatically. Young, vigorous individuals, they succumbed with startling suddenness. And neither individual put the chemical into his mouth! That is important. Remember it.

This innocent looking white powder was dissolved in water for spraying on tobacco plants: a water clear solution resulted. In spraying the tobacco plants, some of this liquid dampened the clothing of the victims. Apparently it soaked through the clothing to come into contact with the victim's skin. Yes, normal, intact skin. Perhaps some of it may have gotten on the victim's hands and arms that were exposed. At any rate, within two or three hours symptoms suddenly began. A little headache and a feeling of fatigue were rapidly followed by stomach cramps, nausea. In rapid fire succession there were generalized muscular tremors, loss of consciousness, convulsions. Then death.

Physiologically, death is caused by this toxin, which is so powerful that it can penetrate normal skin, in a rather unusual manner. When any muscle in the body contracts, there is a very short

interval, during which an enzyme (or chemical), normally present in the body, "clears the deck" so to speak, in preparation for another muscular contraction. Parathion completely destroys this necessary enzyme. And thus a muscle derived of its "deck clearing" chemical can theoretically contract but one time. Muscles, you know, do our breathing for us, cause our heart to pump blood. So the rapid, tragic effects of such a situation are obvious. The only antidote is atropine, a drug that seems to work better in theory than in practice.

How, then, can we handle such a powerful killer? It can be used, perhaps safely, with the proper precautions. These precautions, however, make it impractical for any but the largest and best equipped commercial growers to use. Trained, intelligent men must use rubber gloves to prevent its contact with hands and arms; a toxic dust type, Bureau of Mines approved respirator must be used to avoid accidentally inhaling the powder when it is being mixed; care must be exercised that clothing is not contaminated by the liquid or powder. And last, but not least, clothing should be changed, and a complete soap and water bath taken every few hours by individuals handling it. These are elaborate steps to follow in using so commonplace a thing as an insecticide. But this powerful two edged sword must be handled with utmost respect in our battle against the insect world.

JOIN THE FIGHT AGAINST TUBERCULOSIS

BY WILLIAM J. SENTER, M.D.

226 Hillsboro St., Raleigh, North Carolina

*"To guard is better than to heal,—
the shield is better than the spear."*
(Oliver Wendell Holmes, 1860)

The availability of the 70 millimeter chest x-ray units in hospitals, schools and health departments has offered a new and sound approach to better

case finding in tuberculosis. There has been much criticism from patients and physicians against the use of the screen test x-rays. I believe so many of these have been ill advised and that no real criticism from patients nor physicians is necessary.

Whatever the individual criticism,

there appears abundant evidence to indicate that control depends on finding the patient with tuberculosis early and isolating or educating him. Only by early case finding, education of the population, especially the tuberculosis and their contacts, and by further research can we hope to rid ourselves of the most tenacious of the contagious diseases.

Those of the medical profession realize that the education of the patients and their families is as much a part of the responsibility of the doctor as the diagnosis and treatment of the disease. The role of the doctor should be concentrated on prevention of spread, since the tools for prevention are more accurate than the tools for treatment. It was the medical profession that showed the way in conquering the epidemics of the Middle Ages. With complete co-operation between the medical profession and the people, means are at hand to control tuberculosis in North Carolina. No group working alone could ever control tuberculosis but complete co-operation between the doctors and patients could reduce our rate by a wide margin in a decade.

The science of medicine has no reason to fear not being needed, since many fields of medicine are developing that were never considered in the realm of the practitioner before. One has only to look at atomic science, emotional and personal problems, industrial medicine, and the spread of modern medicine throughout the world to see vast unexplored opportunities. The income of the medical profession was not seriously affected by the control of rabies, typhoid nor smallpox. There is little reason to believe that it will be affected by the control of tuberculosis.

The 70 millimeter films have been proven a useful tool in case finding by public health groups, private groups, industry, and by the Army and Navy. All agree that the 70 millimeter chest x-rays are not as good as the life size (14 x 17 inch) films. Nevertheless, the 70 millimeter films are cheap. They

can be used as a screen test to cover a larger group, more adequately and more often, than would be practical with the 14 x 17 inch films.

The General Assembly of 1949 appropriated the money to increase the beds operated for the tuberculars by the State of North Carolina from 1100 to more than 1950. The citizens of North Carolina can look forward to the early treatment of those unfortunate enough to develop tuberculosis when the present program has been completed. In a short while no waiting list for sanatorium care will be necessary and hospitalization may be accomplished on the day of diagnosis. The facilities for handling the cases will remove from the public sources of further spread and eventually control the disease. The isolation of the contagious will no longer be a problem when the physical equipment, personnel, rehabilitation, and recreation facilities have been made more adequate. The adoption of full time recreationists and other personnel capable of turning bed rest into a useful and worthwhile period will enhance the morale of the sick. The radio, moving picture, and the coming of television has made chronic illness far more acceptable.

Case finding remains the most important factor in the control of tuberculosis. It has often been said that tuberculosis is not spread by the "tuberculous" but by the "non-tuberculous." If we are in contact with the tuberculous, we take control measures instinctively. However, control measures are not taken unless we are forewarned or suspicious of the possibility of tuberculosis. Often we allow ourselves to become over-exposed due to lack of fear of the disease or because we do not consider the other fellow a possible carrier. Only by early case finding can we make our homes, hospitals, and schools safer for us all. We can screen out the patients with contagious disease by every citizen working in co-operation with his doctor and public health department. The medical profession and public health departments know how

tuberculosis can be prevented, recognized, and cured.

Experiments have shown that exposure to tuberculous people or animals and their products are the only methods of spread of tuberculosis. Classroom studies carried out in the Scandinavian countries have shown that the closer and longer a non-tubercular is in contact with a tubercular, the greater the incidence of exposure and the more severe the infection. In order to break the chain of spread, we must find the cases and educate them and their contacts so that both will be alert to the dangers.

Tuberculosis is on the decline in North Carolina. Our death rate from tuberculosis has gone from 156.4 in 1915 to 23.9 per 100,000 population. Authorities agree that our death rate will continue to go down until sooner or later a leveling off figure may be reached. The death rate may go up again if we allow our tuberculous sensitive people to become exposed to the contagious few in our population. As our carrier rate decreases, our population will become less resistant and control will require our continued vigilance.

There is not a one among us who can afford to relax our control since this is a disease that affects the young in their most productive years. The man years lost due to tuberculosis is greater because the young and otherwise

healthy are most often affected. The highest death rate occurs from 15 to 44 years of age. Cancer and coronary heart disease by comparison affects an older age group and thereby produce less man years lost per patient. The cost for hospitalization of a tuberculous patient is greater than for any of the degenerative diseases of man. The measures for control are quite effective if applied to every human being early in the disease.

We should rid ourselves of the fear of early case finding. Many people are afraid to be x-rayed for fear of having tuberculosis. These people have all to gain and nothing to lose by early diagnosis. Patients recognized late have a greater chance of infecting their families and lose their best chance of recovery. Actually early case finding can offer a patient with tuberculosis a longer life span than he would have had otherwise. Some patients have adopted a way of life that turned the liability of tuberculosis into the asset of longevity.

It should be the responsibility of every citizen to do his share in co-operating against the further spread of tuberculosis. Each family head, each public school teacher, each private physician, and each public health employee should set the example by having himself x-rayed now and at regular intervals. Together, we can beat tuberculosis!

NORTH CAROLINA HOSPITALS BOARD OF CONTROL ALCOHOLIC REHABILITATION PROGRAM

By JOHN S. RUGGLES
Southern Pines, North Carolina

On July 19, 1949, at the first meeting of the North Carolina Hospitals Board of Control during the present biennium, to which three hundred thousand dollars has been appropriated for an alcoholic rehabilitation program under HB. 623, the Chairman of the Board appointed an Alcoholic Committee for the alcoholic program, and authorized visits to alcoholic rehabilitation centers in other states, and the appointment

of an Alcoholic Advisory Committee.

Following visits at alcoholic rehabilitation centers in Virginia, New York, and Connecticut, the report of the Alcoholic Committee Chairman was submitted to the North Carolina Hospitals Board of Control September 16, 1949, containing the following recommendations:

"That the Alcoholic Committee be authorized, with approval of the Chair-

man of the Hospitals Board, to immediately employ a full time Executive Director for the Alcoholic Committee, and such other personnel as may be required. The Executive Director must be of such caliber that he can deal successfully with top level business and professional men. He must be thoroughly grounded in the problem of alcoholism, visiting and studying the facilities for the care and treatment of alcoholics in various states.

"That we then proceed as follows:

"FIRST, that we provide an intensive educational program on alcoholism throughout the state, through various means, as previously tested in numerous other states.

SECOND, that we authorize a study and survey of North Carolina's Alcoholic Problem.

THIRD, that we establish by delegation of operation, small alcoholic facilities in various local hospitals, with the cooperation of local medical groups, Civic and Welfare Agencies, Alcoholics Anonymous, and others.

FOURTH, that we establish a separate Alcoholic Rehabilitation Center at Camp Butner, for the care and treatment of those requiring additional care."

The Alcoholic Advisory Committee, appointed by the Chairman of the North Carolina Hospitals Board of Control, consisting of fifteen members, all recovered alcoholics and workers in their AA groups, met October 14, 1949, and gave their full endorsement to the report of the Alcoholic Committee Chairman and agreed that the choice of an Executive Director, and his employment as soon as possible, was the most important feature.

The problem of alcoholism was next presented before the Medical Advisory Committee of the Hospitals Board, consisting of twenty-four members and including some of the most eminent doctors of the State, meeting at Raleigh October 27, 1949. After considerable discussion, the following resolution was approved by the Medical Advisory Committee:

"That the Committee is assembled for

the advice of the Board and, that first, be it resolved that it is our suggestion that Dr. David A. Young, the General Superintendent under the General Board, improve the administration as far as possible at Dix Hill and second, that an example, perhaps a small unit or units, be developed elsewhere in the state and three, an educational program be developed as would expend this money in informing the people of North Carolina of the dangers of alcoholism, to the end that the three hundred thousand dollars be expended for a good purpose, and that they all be under the State Hospitals Board of Control. That he use Alcoholics Anonymous, religion, any good business executive that he might be able to get and separate the alcoholics from the stigmata of the State Hospital, if he thinks this is right."

At a meeting of the North Carolina Hospitals Board of Control November 4, 1949, the following motion was unanimously adopted:

"The Executive Committee, upon recommendation of the Alcoholic Committee and General Superintendent be, and hereby is, authorized, with the approval of the Chairman of the Hospitals Board, to employ an Executive Director for the Alcoholic Committee, and such other personnel as may be required.

"That the General Superintendent make a report on his visit to Alcoholic Centers and present general recommendations as to the program.

"That the Alcoholic Advisory Committee and the Medical Advisory Committee be requested to make recommendations for the Executive Director.

"That the said Executive Director, under the direction of the Alcoholic Committee and the General Superintendent shall initiate, develop and carry out the program for persons suffering from alcoholism as authorized by H. B. 623.

"That the General Superintendent shall be responsible for the custody, care, and treatment of inebriates who are charges of the State."

The report of Dr. David A. Young,