

**PROCEEDINGS OF THE SIXTH  
ANNUAL CONFERENCE OF  
STATE, COUNTY AND  
MUNICIPAL HEALTH OFFICIALS**

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Proceedings of the Sixth Annual Conference of State, County and Municipal Health Officials by  
Various

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**VARIOUS**

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STATE, COUNTY AND  
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CALIFORNIA STATE BOARD OF HEALTH

Proceedings

OF THE

Sixth Annual Conference

OF

State, County and Municipal  
Health Officials

Held at

Del Monte, California,

October 13th to 16th,  
1914



CALIFORNIA  
STATE PRINTING OFFICE  
1915

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### REGISTER OF DELEGATES.

Albany.....	Dr. F. Reeve Woolsey, Health Officer.
Alhambra.....	Dr. F. E. Corey, Health Officer.
Berkeley.....	Dr. J. J. Benton, Health Officer.
Clovis.....	Dr. M. S. McMurtry, Health Officer.
Daly City.....	Dr. George L. Marion, Health Officer.
Fresno.....	Dr. L. R. Willson, Health Officer.
Hayward.....	Dr. F. W. Browning, Health Officer.
Inglewood.....	Dr. H. A. Putnam, Health Officer.
Irvington.....	Dr. H. Anderson, Health Officer.
Long Beach.....	Dr. Ralph L. Taylor, Health Officer.
Los Angeles.....	Dr. L. M. Powers, Health Commissioner; Dr. E. O. Sawyer, County Health Officer.
Marin County.....	Dr. J. H. Kuser, Health Officer.
Monterey.....	R. L. Anderson, Health Officer.
Napa.....	Alex Hull, Health Officer.
Oakland.....	Dr. Allen F. Gillihan, Health Commissioner.
Oakdale.....	Dr. Fred W. McKibbin, Health Officer.
Orange County.....	Dr. John Wehrly, Health Officer.
Pacific Grove.....	Dr. W. V. Grimes, Health Officer; Dr. D. L. Deaf, President Health Board.
Palo Alto.....	Harold F. Gray, Health Officer.
Pasadena.....	Dr. Stanley P. Black, Health Officer.
Placer County.....	Dr. Theodore Snynn, Health Officer.
Richmond.....	Dr. Charles R. Blake, Health Officer.
Riverside County.....	Dr. George E. Tucker, Health Officer.
Sacramento.....	Dr. Norman E. Williamson, Health Officer. Dr. Donald H. Currie, Secretary State Board of Health. Dr. James H. Parkinson, vice-president, State Board of Health.
San Francisco.....	Dr. Wm. C. Hassler, Chief Sanitary Inspector. Dr. Edward F. Glaser, member State Board of Health.
San Gabriel.....	Dr. Ruth Purcell, Health Officer.
San Leandro.....	Dr. L. Michael, Health Officer.
San Luis Obispo.....	Dr. H. M. Cox, Health Officer.
San Mateo.....	G. A. Kertell, Secretary Board of Health.
San Rafael.....	Dr. W. J. Stone, Health Officer.
Santa Clara County.....	Dr. William Simpson, Health Officer.
Sonoma County.....	Dr. S. S. Bogle, Health Officer.
South San Francisco.....	Dr. Ivan W. Keith, Health Officer.
Ventura County.....	Dr. A. A. Maulhardt, Health Officer.

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Conference of health officers, Del Monte, California, October 12 to 16, 1914.

## THE SIXTH ANNUAL CONFERENCE OF STATE, COUNTY AND MUNICIPAL HEALTH OFFICIALS

Held at Hotel Del Monte, California,  
October 13 to 16, 1914.

The conference was called to order by the secretary of the State Board of Health, Donald H. Currie, M. D., at 10:00 a. m., Tuesday, October 13, 1914.

### ADDRESS OF THE SECRETARY, STATE BOARD OF HEALTH.

It has been the custom in this State for the past four years to hold, in conjunction with the meeting of the League of California Municipalities, an annual conference of the several county and city health officers to confer with representatives of the State Board of Health, to discuss the various health problems that we have to meet. I need not say that this custom is a most excellent one, for you who have attended previous meetings know better than I the valuable ideas that have been thus developed. Meetings of this character, by bringing about a better cooperation and an exchange of ideas lessen somewhat the difficulties of your work, but even with such aid and the aid the State Board can give you, your duties as health officers are difficult enough—duties filled with petty and often annoying details, involving great responsibilities and compensated for with little or no pay and only too often much abuse.

One of the greatest surprises to me, when I first assumed office, was the total inadequacy of the compensation of our health officers. For example: There are not more than fifteen health officers in this State who receive \$100 per month; about twelve receive \$50 per month; and about the same number receive \$25 per month; thirty-two of our health officers receive \$10 per month; while with the exception of two or three who receive only fees, the remaining 250 serve without any pay whatever. Not only is this compensation insufficient, but very often the funds of the health officer are too limited to meet the expenses which he knows should be incurred, if sanitation and health are to be maintained. To procure these necessary funds he must go before his council or supervisors, describe conditions which confront him and request more funds. The members of the council or supervisors are usually of the mercantile class. They know and understand the need for streets, paving, electric lighting for their city, or, if a county, the needs of the business or ranching interests, but they do not know or understand their health problems and either must accept their health officer's statement of them, or reject the proposal made—very often they do the latter, or compromise by cutting down the health officer's request until the funds received fall far short of covering the measures he had hoped for.

In spite of these differences and discouragements, I consider it truly marvelous the amount of energy and time our health officers devote to the performance of their duty and the results which they accomplish, and this constitutes, in my opinion, another indication of the unselfish character of the work of the majority of our profession.

When the local health officer finds the situation which confronts him is too great to be met by the means he is furnished, he very properly



refers the matter to the State Board of Health, and it has been our endeavor to answer all such appeals to the best of our ability. Sometimes, no doubt, it appears to the local health officer that the support we afford him is inadequate, but he should remember that several things have to be considered by us before extending our aid; thus, for example, we must have authority in law and the conditions must be of sufficient relative importance to allow us to expend our limited funds; we sometimes receive requests that would involve the expenditure of \$50 or more in travel, and the abandonment of the executive work of the secretary in Sacramento for three or four days in order to inspect someone's dirty pigpen or decide a disputed diagnosis of a single case of smallpox. Such requests cannot be complied with when our small force is considered, and even if our force were larger some of the requests, if complied with, would be mere waste of public money. If the pigpen is dirty and is a nuisance, we will accept the local health officer's opinion, just as quickly as we would our own and, if he reports it to us, we will back him in abating it just as thoroughly as if we were there. Again, if the health officer says it is smallpox, we do not care how many other physicians say it is chickenpox, for he is our legal agent there and, furthermore, we prefer to accept, for reasons of safety, the graver diagnosis, and we will support him and his diagnosis just as though we had made it ourselves.

Other conditions arise, however—extensive outbreaks of dangerous, communicable diseases, such as the Hanford typhoid outbreak and the Mendocino-Humboldt smallpox epidemic—where we recognize the situation is too difficult for the locality, in which it has occurred, to handle it in a proper manner. In cases such as these, we tax our utmost resources to furnish such assistance as is necessary.

Owing to the area of this State and the limitations of our present force and funds, we often have conditions of a character intermediate between the above mentioned extremes which we desire to furnish more direct and material aid, but are unable to do so.

After considering many ways and means for bringing about a more effective public health machine for cooperating with the local health officer, it appears to me that a plan, similar to one recently adopted by Florida, would be desirable, *i. e.*, to divide this State into several districts (I would divide it into six or seven districts), and appoint as a representative of the State Board of Health, a full time district health officer to each of these districts, with authority to employ one or more assistants if conditions demanded. His duties would be advisory in character to the health officers in his district, and in case of need to use the powers of the State law to cooperate with the local health officers in meeting the conditions as they arise. These district health officers would visit Sacramento, if they deemed necessary, at the time of the regular meetings of the State Board of Health, to make their reports on their respective districts. Such appointments should be made on a merit system, the tenure in office to be indefinite and dependent on efficiency and good behavior, and the position to carry a sufficient compensation, not less than \$3,000 a year. I believe this, or some similar addition to our force, would be of the greatest benefit to the health officers and sanitation of this State.

Next to a proper organization, the most important essential to the maintenance of public health is that the health officers of the State

or community should be empowered by law to perform necessary acts looking to better sanitation and the control of communicable diseases. There are several state laws, some of which were passed at the last session of the legislature, which are of special interest to the local health officer, as he is often called upon to enforce them in his locality. I hope that these laws will receive discussion at this meeting and would appreciate it if anyone present who might have had experience in their enforcement will state how effective they are in actual practice, and make any suggestions as to alterations, additions, or repeals of the law or parts thereof.

I am especially anxious to hear about the vaccination law and how the several health officers find that it is operated in their own particular district. I fear from my observations, so far, that sometimes through its enforcement we succeed in impoverishing schools, thereby preventing both vaccinated and unvaccinated children from receiving education during an outbreak of smallpox, and at the same time accomplishing very little in forcing parents who are opposed to the procedure to have their children vaccinated.

Also, while discussing these laws, I would like to hear the experiences of certain health officers in securing cooperation, either in the enforcement of muzzling ordinances, to prevent the spread of rabies, or in the few quarantined sections of the State where quarantine of rabies has been instituted, the difficulties they met with in enforcing this measure, and in securing the cooperation of the peace officers in this work.

As you all know, there is a law on the statute books which makes it the duty of the State Board to prepare and distribute anti-rabic virus and the law is a most excellent one. As I have interpreted it, it is the intent of this act that we should distribute the virus to any person, through his physician, that is unable to pay commercial firms for the product, but we have found that in order to carry out the law strictly, and in the way it should be and was intended to be carried out, the expenditure would be far greater than the funds allowed us for the enforcement of this act, so we have had to content ourselves with the establishment of several branch laboratories throughout the State to administer this treatment, instead of distributing it to the physicians treating the cases, in the manner that commercial firms do. We hope the next legislature will grant us sufficient funds to perform this duty in the latter manner.

I think that those who have followed the work of the State Board will agree with me in my statement that of all the departments of our state health organization, the State Hygienic Laboratory is one of the most important, and I believe that the work we have performed there has been of the greatest value to the health officers and general public of this State, but the force of that institution is entirely too small to conduct the work in the manner we should like, and many requests that are received have to be curtailed. This is especially true of the examination of water, a work that requires a great deal of labor and which is not of a very definite value unless we can support it by having bacteriologists from the laboratory visit the water sheds; the laboratory findings alone being but one link in the chain of evidence, the condition of the water shed being even of greater importance in allowing one to

reach accurate conclusions. I hope the next legislature will, therefore, allow us at least one more medical officer and one more assistant bacteriologist for this division.

The last legislature, as you know, established a tuberculosis division and owing to the influx of cases of this character from eastern states, as well as our own cases, there is certainly great need for work along this line. I believe that we have done as much as has been possible with the extremely small sum allotted for the Division (\$7,500). We hope that what we have accomplished with this small sum will inspire the legislature to put sufficient confidence in that bureau to allot it a much greater sum for meeting the expenses of the work in the next two years.

One of the most important duties of the local health officer is to see that the data of vital statistics are collected. There exist laws requiring the reporting of certain diseases, the reporting of deaths and of births. It would seem that deaths are always reported, but the other data are not as complete as they should be. We are informed, for example, by private societies that have investigated this matter that not more than 73 per cent of the births of the State are reported. We know that such failure to report is not usually wilfulness, but often due to the carelessness of the busy attending physician, but it is too important a duty to excuse one from it, and we wish to urge that health officers be more stringent in enforcing the law relating to this subject.

As you know there is a law for the prevention of the contamination of streams that are used for drinking purposes and this office has been doing all in its power looking to the enforcement of this act, but in spite of our best efforts, as the community becomes more thickly populated, the surface stream, safeguard it as you may, becomes less and less safe as a source of drinking water, unless the water is treated by some of the well known methods before it is served to the consumer. It might, for example, be a theoretical possibility to prevent well defined communities from contaminating streams, but when we consider the topography of this State, with its ranches dotted over its surface, many of them near the banks of the stream, the porous character of the soil in some localities, and the precipitous nature of the water sheds, it is obvious that any disposition that the individual rancher may be able to make of his refuse can not assure that the nearby stream will not be directly or indirectly contaminated, either from surface waters or through ground-water supply. While I would urge health officers to be diligent in reporting all contaminations of surface water that may be used for drinking purposes, I venture to state that sooner or later our communities must realize that untreated water can not be considered safe for consumption unless it comes from high mountains or deep underground strata.

In the above brief outline, it is only my intention to open up certain questions in the hope that the health officers may discuss them freely to our mutual benefit.

In closing I wish to express my appreciation for the hearty cooperation of the health officers of this State during the short months I have held my present position. It is also a satisfaction for me to be able to state that I have received the support of every state official that my work has brought me in contact with, not only from the members of the State Board of Health, but from every department of the state government.