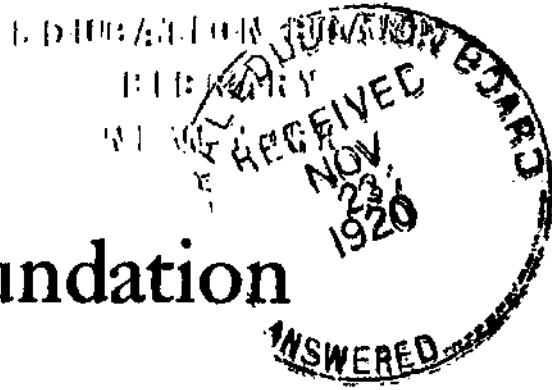


THE ROCKEFELLER FOUNDATION

The  
Rockefeller Foundation  
Annual Report



1919

The Rockefeller Foundation  
61 Broadway, New York

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**THE ROCKEFELLER FOUNDATION**

**Annual Report for 1919**



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**THE ROCKEFELLER FOUNDATION**  
**President's Review**



To the Members of the Rockefeller Foundation:  
Gentlemen:

I have the honor to transmit herewith a general review of the work of the Rockefeller Foundation for the period January 1, 1919, to December 31, 1919, together with the detailed reports of the Secretary and the Treasurer of the Foundation, the General Director of the International Health Board, and the General Director of the China Medical Board.

Respectfully yours,  
GEORGE E. VINCENT,  
President

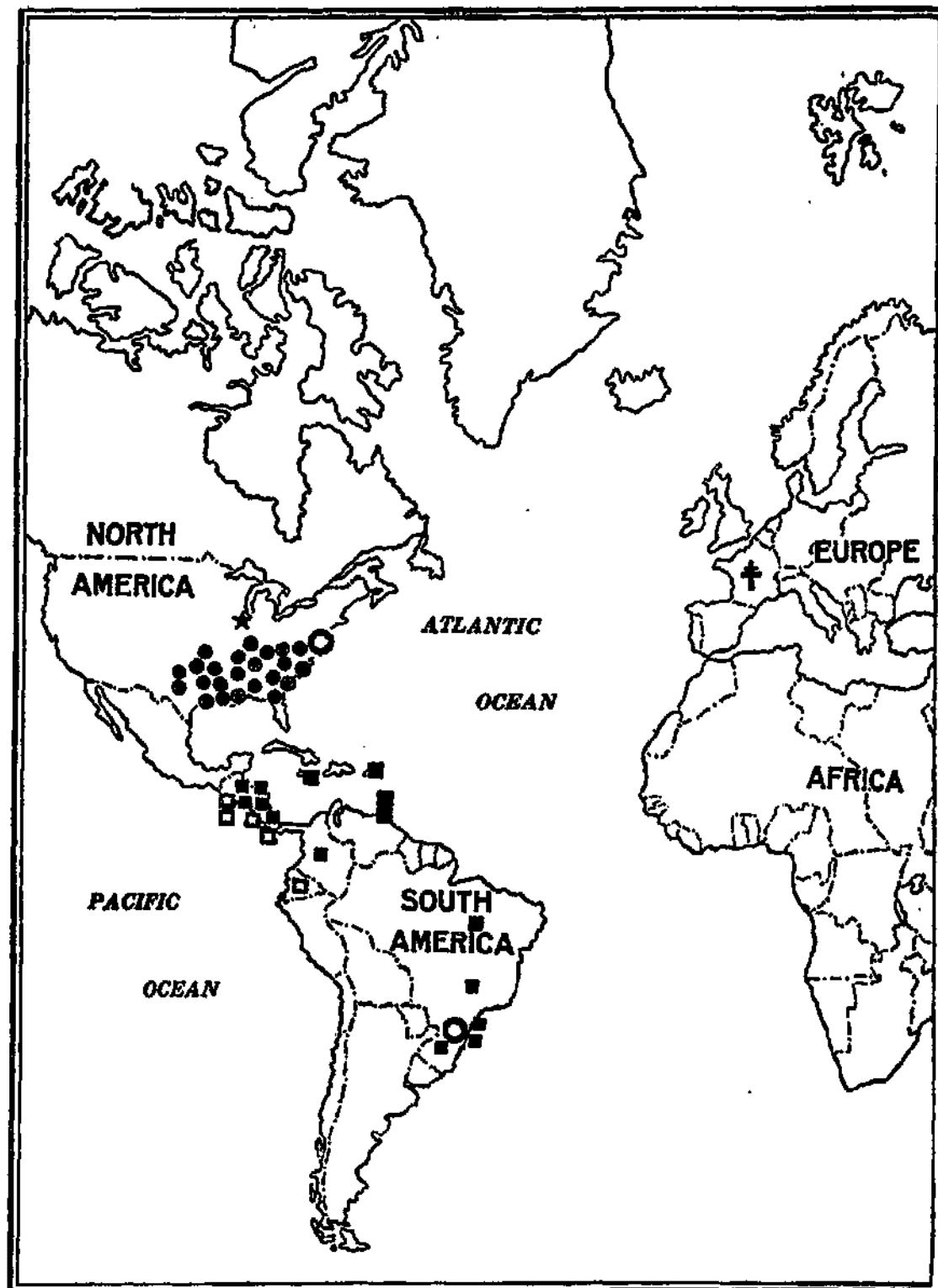
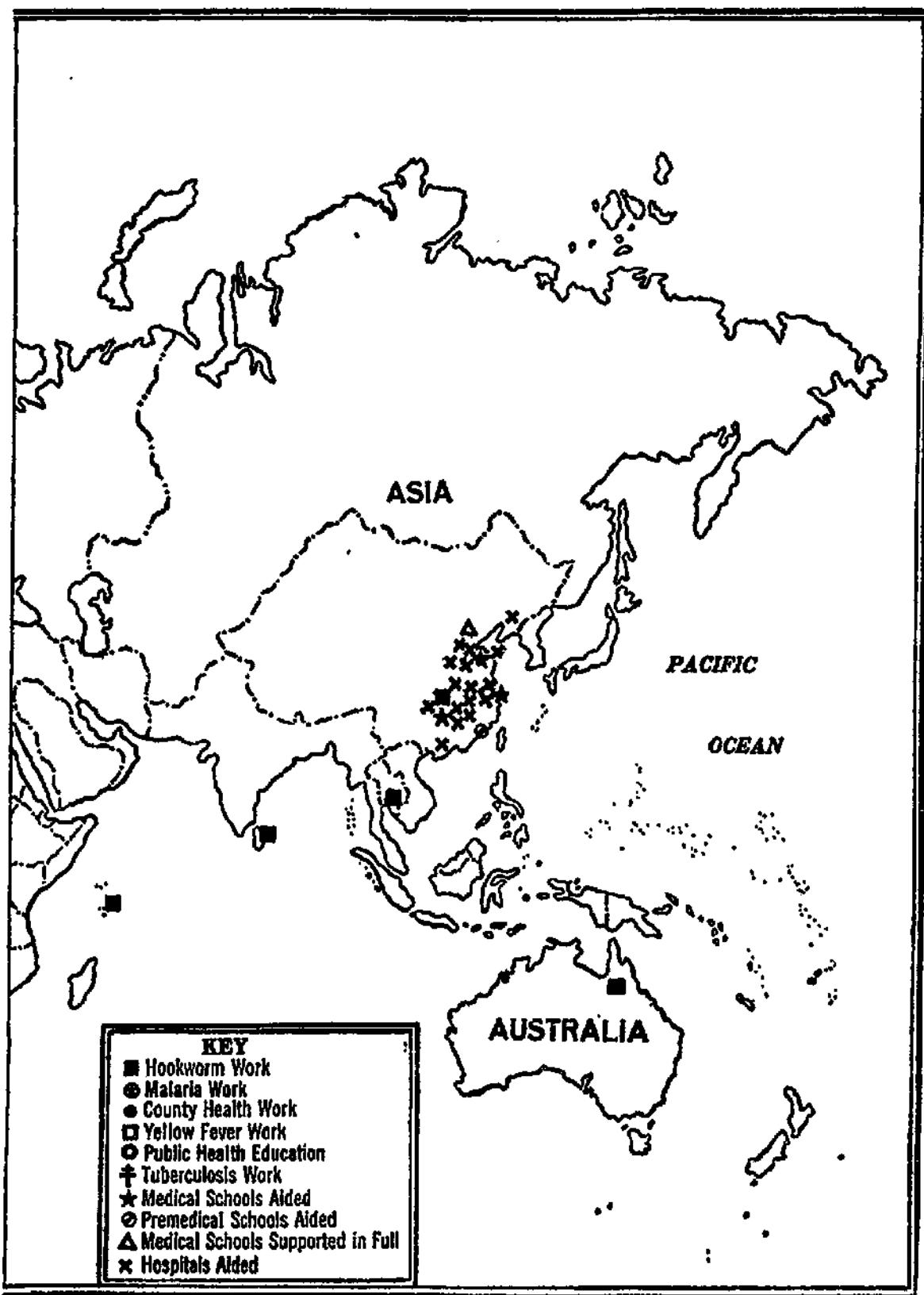


Fig. I.—World map of activities of



Rockefeller Foundation during 1919



## PRESIDENT'S REVIEW

### The Year in Brief

During the year 1919 the Rockefeller Foundation participated in activities of public health and medical education in thirty-nine different governmental areas. Yellow fever control was successfully extended in Ecuador, Nicaragua, Honduras, and Salvador. Public health progress through co-operative campaigns for the cure and prevention of hookworm disease was made in thirteen southern states of the American Union, in six of the states of Brazil, in five islands of the West Indies, in five countries of Central America, and in Ceylon, the Seychelles Islands, China, Queensland and Siam. Demonstrations in the control of malaria were continued in Arkansas and Mississippi, and arrangements were made for extending the program to eight other southern states. A systematic organization for combating tuberculosis in France was widened to include twenty-one departments. A modern medical school under Foundation auspices opened its doors in Peking; pre-medical schools were aided in Changsha, Shanghai, and Nanking; medical courses were supported in Tsinanfu; seventeen hospitals in various parts of China were aided. Co-operation was continued in the

maintenance of an Institute of Hygiene in São Paulo University in Brazil. A School of Hygiene and Public Health at Johns Hopkins University was entirely supported by Foundation funds. Fellowships in American University centers were granted to seventy-three students of medicine and public health from China, Brazil, Ceylon, Salvador, Czechoslovakia, and the United States. Continuing studies of public health and medical education, officers of the Foundation made special visits to the Far East, Europe, Canada, and South America.

#### A Sequel to Cuba and Panama

The sanitary conquest of Havana and of the Canal Zone by American medical officers was the first brilliant victory in a campaign for the gradual restriction and control of yellow fever. For a century and a half this disease had been continuously present in Havana, where at times it had destroyed entire crews of visiting vessels. The disease almost exterminated a French army in Haiti. In 1842 half the population of Guayaquil (Ecuador) was carried off. New Orleans was often infected; the epidemic of 1878 took a toll of 13,000 lives in the Mississippi Valley.

When the United States forces occupied Cuba, a group of army medical officers, headed by Dr. Walter Reed, was sent to the island to find out

the means by which yellow fever is transmitted. In 1881 Dr. Carlos Finlay of Havana had suggested that the infection might be traced to the bite of a mosquito. To the lay mind this theory was palpably preposterous; even medical opinion did not take it seriously. The belief generally held was that the disease was spread by contact either with a person who had yellow fever, or with rooms, bedding, or clothing which he had contaminated.

Following the discovery by Ross that malaria is transmitted by the mosquito, the American officers undertook ingenious experiments with yellow fever. Volunteers were asked to submit themselves to a variety of tests, such as living in a screened building filled with bedding and apparel which had been used by fever patients, receiving injections of blood taken from infected persons, and exposure to the bites of mosquitoes which had access to fever hospitals. The response of officers and enlisted men to this challenge was a fine example of calm, high-minded courage. Dr. Lazear sacrificed his life in the interest of science and humanity.

The experiments were completely successful; they proved conclusively that yellow fever is carried from one person to another by a female mosquito of the species known as *Stegomyia*. This insect is thoroughly domestic in its habits

and almost invariably breeds in artificial, or man-made, containers. It prefers rain barrels, cisterns, cans, bottles, and similar receptacles which contain clean water. It seldom flies more than 200 yards and usually bites during the daylight hours. The female Stegomyia which bites a person who has yellow fever during the first three days of illness, can after twelve days and up to a limit of twenty days transmit the infection to a healthy individual, who will develop the fever within three to six days after infection.

The discovery of these facts gave a firm basis for sanitary procedures. By depriving the Stegomyia of breeding facilities and by screening the houses against adult mosquitoes, General William C. Gorgas, first in Havana and later in the Panama Zone, achieved a notable control both of yellow fever and of another mosquito-borne infection, malaria. Inspired by these triumphs, Dr. Oswaldo Cruz succeeded in ridding Rio de Janeiro of yellow fever, a feat soon emulated by Dr. Liceaga at Vera Cruz.

During the past fifteen years measurable progress has been made in controlling epidemics and in gradually restricting yellow fever to a few seed-beds of infection in which the disease has continuously persisted. Up to 1918 the chief of these endemic centers were Guayaquil in Ecuador, Merida in Yucatan, and suspected areas in

Venezuela, along the coast of Brazil, and possibly along the West Coast of Africa. To eradicate yellow fever from these seed-beds and thus to rid the world of the disease, is the high adventure upon which the Rockefeller Foundation embarked in 1918 under the leadership of General Gorgas. The results so far have been substantial and encouraging.

### On the Trail of the Yellow Fever Germ

Until recently, attempts to discover the organism which incites yellow fever had failed. How the Stegomyia mosquito goes about her work was fully understood, but just what she injects into her victims remained a mystery. Obviously, knowledge of the specific germ would be of the greatest service in making a final attack upon the seed-beds. Yellow fever looks so much like certain other diseases, especially infectious jaundice, that a means of identification would be immensely useful. Again, if the germ were isolated there would be a chance of preparing a serum which would both cure and protect. So it was deemed best to make further investigations into this phase of the problem before the practical field work was begun.

Guayaquil was selected as the most favorable center for research. There, cases of yellow

fever were always available, and experienced physicians skilful in detecting them were at hand. The one man peculiarly fitted by natural abilities, training, and experience to pursue the elusive organism was the eminent bacteriologist of the Rockefeller Institute, Dr. Hideyo Noguchi, who had made a special study of its near relative, the germ of infectious jaundice. The government of Ecuador and the city of Guayaquil extended courteous invitations, the Rockefeller Institute for Medical Research was ready to co-operate, Noguchi welcomed the opportunity. In 1918 a Commission headed by Dr. A. I. Kendall of Northwestern University set sail for South America.

The Commission was hospitably received by the authorities and the medical profession of Guayaquil, so that Noguchi was able to begin his investigations promptly. His Ecuadorean collaborators were able to show him indisputable cases of yellow fever. With the blood of patients who were in the early stages of the disease Noguchi infected guinea pigs. These fell ill, showing symptoms which resembled those of men suffering from yellow fever. The blood of the first group of guinea pigs was used to inoculate another group, in which the same manifestations of disease duly appeared. Dogs and monkeys proved to be susceptible in a

similar way. Attempts to transfer the infection from one animal to another by means of Stegomyia mosquitoes were successful. Finally Noguchi was able to cultivate from the blood a minute, delicate, thread-like, spiral organism—half-way between a microscopic animal (microbe) and a microscopic plant (bacterium). To this he gave the name *Leptospira icteroides*, "slim spiral, the jaundice maker."

Although Noguchi did not assert that he had discovered the inciting germ of yellow fever, and was careful to state that he wished to test his results at Guayaquil by further investigations in other places, especially in Merida, Yucatan, there is no doubt that he has made an enormously valuable contribution to the knowledge of the disease. Furthermore, his discovery of the slim, spiral jaundice-maker enabled him to prepare a serum. This has been administered in a number of cases with apparently favorable effect. The number of trials is of course too small to decide the actual value of the serum. The patients might have recovered without it. All that can be said at present is that it seems more than likely that a means of identifying yellow fever has been found, and that the chances are good of substantially reducing the mortality of the disease, which now ranges between 40 and 85 per cent, and furthermore that a vaccine can be

made which apparently protects non-immunes against infection.

### Mobilizing to Fight the Fever in Its Stronghold

The average number of cases of yellow fever annually reported in Guayaquil for the years 1912-1918, inclusive, was 259. In 1918 the total reached 460. It was in November, 1918, that a representative of the International Health Board of the Rockefeller Foundation arrived in Guayaquil to organize a campaign of eradication. He came upon the scene when the disease was at its height. In December, eighty-eight new cases were recorded. The attack was undertaken on the invitation of the authorities both of Ecuador and of Guayaquil, who left nothing undone to insure success. Officials were delegated to co-operate in the program. Special municipal ordinances were enacted and rigidly enforced to compel compliance with the measures which were recommended. The editors of the city pledged themselves to support the undertaking and to refrain from premature criticism of methods or results.

Only one American was sent to Guayaquil to organize the staff, which was made up of Ecuadorians many of whom were experienced in yellow fever work. Within a short time more than a hundred men were recruited and assigned

to their tasks. In order that the members of the group might work intelligently, they were frequently assembled for instruction and conference. Lectures were given and bulletins published. In this way a sense of team-work was fostered; each man saw his own task in relation to the whole program. The resulting enthusiasm and loyalty to the cause were most gratifying. The education of the public was not neglected. By means of addresses, pamphlets, bulletins, and press articles the plan was described to the citizens, and the reasons for the measures employed were explained.

For the prosecution of the work the city was divided into districts, to each of which was assigned a sanitary squad of four or five men. A corps of inspectors supervised the operations as a whole. A spot map of Guayaquil was prepared. This showed the location of each case of fever that had originated in the city. The density of the spots indicated the areas in which intensive measures ought first to be applied. The campaign aimed at two things: (1) the earliest possible discovery of cases of yellow fever, which were to be promptly isolated and screened from mosquitoes; and (2) the elimination of the Stegomyia by denying the females access to water in which to deposit their eggs. It was the peculiar condition of the public water

supply which presented the chief problem. The hydrants of Guayaquil flow only an hour and a half in twenty-four. The well-to-do have tanks on the upper floors of their houses; the less fortunate store water in barrels, cans, and other containers. These conditions were ideal for the breeding of the Stegomyia. It was not difficult to screen the tanks, or to protect barrels with wooden covers. Water could be poured through screened holes. It could be drawn off through spigots inserted near the bottom of the barrels.

### Fish Versus Mosquitoes

There remained a good many open receptacles which it was hard to protect. Resort was had to the experiment of recruiting fish to live in these containers and to eat the mosquito eggs as fast as they were deposited. The first kind of fish tried was a disappointment. It was nervous, easily frightened, and short-lived. A hardy fish was next drafted, but this turned out to be so vigorous that it was always jumping out of the water. Finally a satisfactory fish was discovered. It ate larvae glutonously and darted to the bottom of the barrel whenever the surface of the water was disturbed. Thus, by a variety of attacks—drainage, filling, oiling, screening, and the mobilizing of minnows, the Stegomyia was baffled.

By early January, 1919, the control work was far advanced. In spite of warnings and explanations the public expected immediate results. In November, 1918, eighty-one cases had been reported. Although the control measures had not been started until the last week in November, the people confidently believed that there would be a sharp reduction in the cases in December. When eighty-eight cases were reported for that month there was general disappointment. The American director made a plea for suspension of judgment, and the control measures were vigilantly and rigorously continued. Here are the figures for successive months: January, eighty-five; February, forty-three; March, seventeen; April, three; May, two; June, none. Since June, 1919, no case has been reported.

It is too early to affirm that yellow fever has been completely eradicated from Guayaquil. Vigilance will not be relaxed for a year at least. During the wet season of 1920 cases may recur. Nevertheless the possibilities of control have been convincingly demonstrated. Guayaquil, the chief seed-bed of yellow fever, has been free from the disease for months. The public has proclaimed its deliverance from a menace which had never been absent since 1842. General Gorgas's ambition to write "The Last Chapter of Yellow Fever" seems no Utopian dream.

### A League of Central American Nations

While the seed-bed in Guayaquil was being successfully sterilized, an epidemic in Central America also demanded attention. In June, 1918, an outbreak in Guatemala had been reported. This increased alarmingly week by week. At last, on the invitation of Government, an expert sanitarian was sent to organize an attack upon the disease. By quarantine, isolation of cases, and anti-mosquito measures the epidemic was brought under control before the end of the year. The sources of the infection were believed to be the city of Merida, Yucatan, and possibly other points in southern Mexico. The continuance in 1919 of approved precautions protected Guatemala against a recurrence of the fever. Later the disease appeared in Honduras, Salvador, and Nicaragua.

Offers of assistance were warmly welcomed by the governments of these countries, and the Foundation promptly dispatched a group of experts headed by General Gorgas. In each country a special government commission was created to take charge of control measures. The body was composed of local physicians and sanitarians, with one representative of the International Health Board of the Rockefeller Foundation. Each country provided at least a part of

the cost of control. The Foundation contributed the services of its expert staff members, and made additional appropriations toward the common budgets. These several commissions co-operated in an international program for the protection of all the areas concerned. It was a practical League of Nations on a small scale and for a specific object. The plan was carried out energetically and thoroughly, to such purpose that by the middle of November yellow fever had been practically banished from Central America. Although the epidemic was not severe, so far as the number of cases went, these cases were scattered over a rather wide area and if prompt measures had not been taken they might easily have led to a serious situation.

The commissions are being continued in authority, and concerted efforts will be made during 1920 to guard against another outbreak. The governments of Nicaragua, Salvador, Guatemala, and Honduras have agreed to control Stegomyia mosquito breeding in all ports, to require daily inspection of ships which touch at Pacific points, to discover whether there are Stegomyia breeding places on board, and to maintain a six-day quarantine against all travelers from southern Mexico until yellow fever has been eliminated from that country.

With Guayaquil free from fever, and with Central America protected, a good start has been made upon the world-wide project of extirpation. Plans for the early future include the sending of commissions to Peru, where yellow fever appeared early in 1919; and, with the active co-operation of the British Government, to the suspected area on the west coast of Africa. It is hoped also that a way will be found to banish yellow fever from southern Mexico. The League is widening its membership and is going confidently forward.

#### Diversified Attacks on Malaria

At the same time that the Stegomyia was being thwarted in Ecuador and Central America, her cousin, the Anopheles mosquito, which specializes in malaria, was being baffled in Mississippi and in Arkansas, where experiments in the control of "chills and fever" were continued in six towns and started in four others. The contrast between the striking symptoms and swift mortality of yellow fever and the less obtrusive but more protracted effects of malaria may easily conceal from the uninformed the real menace of the latter malady. Malaria is a crippling and deadly disease which attacks or threatens the 800,000,000 people who live within the zone of its influence. In India alone it is estimated that

1,300,000 die annually from its effects. The southern part of the United States, the whole of Mexico, and Central America, the West Indies, and the northern countries of South America, lie within the malaria belt, which practically coincides with the tropical and semi-tropical regions of the earth.

The scientific basis for malaria control is firmly established. The infection can be communicated only by the *Anopheles* mosquito, which differs from the *Stegomyia* in being a rural or suburban insect, easily detected by its habit of standing on its head when at rest. Unlike its yellow fever colleague it prefers water containing grass or other plants in which to breed. Quinine has long been successfully employed to destroy malaria parasites in the blood and thus free the sufferers from their infection. The practical measures for fighting malaria, then, are clearly indicated: (1) to eliminate *Anopheles* by preventing their breeding; (2) to screen the houses against this mosquito; (3) to sterilize by quinine the blood of human malaria carriers. In a given demonstration one or all of these methods may be used, according to local conditions. Anti-mosquito measures were relied upon almost wholly in the four Arkansas towns in which experiments were carried on during 1919. A reduction of 67 per cent in the prevalence of malaria

was secured at a per capita cost of sixty cents, exclusive of the overhead expense of supervision.

The object of these demonstrations was to show that methods of control which have been successful in large towns and cities are applicable to villages at an expense which the communities can and will assume. The results have fully confirmed the expectations of the Board. Continued supervision of control projects which have been in progress for four years in six Arkansas towns affords convincing proof that it costs a community approximately a four-fold greater sum to harbor malaria than to banish it. As a consequence of these demonstrations public funds for malaria control operations are now being appropriated faster than sanitarians can be found to do the work.

Other anti-malaria experiments were undertaken or continued during 1919. In Hinds county, Mississippi, a rural area of thirty-six square miles, with a population of 830 people, was selected for one of the experiments. Encouraging progress was made, but it was not possible by the end of the year to reach conclusive results. The method of sterilizing malaria carriers was continued in Sunflower county, Mississippi, after an experiment which in 1918 seemed to indicate that in an area of about one hundred square miles with a population

of 9,000, an area which represented typical plantation conditions in the Mississippi delta, reasonable control could be secured at a per capita cost of a little more than one dollar. In 1919 the experiment was extended, with encouraging prospects of success, to a considerably larger area.

Still further tests will be made during 1920 by screening isolated farm houses and cabins in places where large-scale anti-mosquito operations are economically impracticable, and by concentrating scattered plantation dwellings in order more easily to protect their occupants by means of screening and of mosquito control. A significant feature of the 1919 campaign was the use of top minnows to consume the eggs of the Anopheles. This proved a cheap and effective measure, especially in the case of stock ponds which were used for watering cattle and horses, and which could not be drained or covered with a film of oil.

### A Co-Operative Anti-Malaria Campaign

From the outset of its health work the Foundation's International Health Board has entered an area only at the invitation of the government concerned. All of its work has been based upon at least three primary considerations: (1) co-operation with the authorities; (2) the community's assumption of some part of the expense; and (3) an agreement that if the experiment is

successful, the government will take over the enterprise as a part of its official machinery. Thus, in the Arkansas and Mississippi malaria demonstrations, work was begun in co-operation with the local and state authorities and with the United States Public Health Service. The United States Public Health Service did notable work during the war in malaria control in the areas which surrounded the large army camps, and as a consequence trained a group of sanitarians to be expert in anti-mosquito measures.

In June, 1919, a conference was held to plan a concerted campaign against malaria in the Southern States. Representatives of the United States Public Health Service, of the state departments of health, and of the International Health Board of the Rockefeller Foundation were present. After full discussion these men worked out a program which was subsequently approved and adopted in ten states. It is proposed to carry on simultaneously in at least four communities in each of these states a systematic anti-malaria campaign. The object is two-fold: first, to test the measures of control by applying them under a wide range of varying conditions; and second, to educate a larger public with the hope of arousing sufficient sentiment for the support of a comprehensive effort to eliminate malaria from the whole South.

In the execution of the plan the Federal authorities, the state boards, the International Health Board, and local governments will contribute either personnel or funds or both, in accordance with a program sufficiently flexible to meet varying conditions. The whole enterprise is based upon two principles: (1) whole-hearted co-operation without duplication of effort; and (2) assumption by governmental agencies of responsibility for administration and expense. This concrete example of team-work in preventive medicine will be watched with interest. There is reason to hope that its success will insure a concerted and persistent attempt throughout the South to shake off the burden which malaria imposes upon that region.

### **Hookworm Control in Many Lands**

First in point of time among the diseases to be dealt with by the International Health Board, hookworm disease still remains its chief concern so far as areas covered, personnel employed, and funds expended are concerned. The disease is widely prevalent in tropical and semi-tropical regions. In parts of Porto Rico, in the low-lying districts of Colombia, on many of the plantations of Ceylon and Dutch Guiana, and in the mines of China, an infection rate of about 90 per cent is found. The hookworms, lodged in the

intestinal tract, impoverish the victim's blood and produce an anemia which impairs bodily and mental vigor. The malady is easily curable, but the campaigns are not of permanent value unless proper sanitation is introduced to protect the soil from pollution and the population from re-infection. For this reason the Board is declining more and more to undertake control measures until governments have actually seen fit to enforce the necessary sanitary provisions.

In 1919 hookworm control measures were continued in twenty-five different states and countries; surveys or campaigns were inaugurated in eight new areas; and work was suspended in two countries. While varying degrees of success were attained in different fields, the general tendency has been steadily toward a reduction in the prevalence and intensity of the infection, more efficient and more widespread sanitation, an increase in the financial burden assumed by governments, and an education of communities in the possibilities of general public health policies. From the beginning the last named object has been kept steadily in mind by the Board. Hookworm control has proved a most successful means of convincing communities that health is a purchasable thing. Brazil and Australia afford striking examples of the way in which hookworm cam-

paigns widen into comprehensive public health programs. In the former country a million dollars has been appropriated for rural sanitation, chiefly as a result of the hookworm work begun in co-operation with the International Health Board.

Lee county, Mississippi, under the leadership of the Department of Rural Sanitation of the State Board of Health, has expanded a hookworm project into a health program which is arousing the enthusiasm of the entire population. Local pride has been stimulated. "The County De Soto was seeking" is one of its health slogans, 4,000 of which were produced by the school children in a county-wide prize competition. "Chew your food; you have no gizzard" won the first prize. Fifteen hundred health slogans greet the traveler from mile-posts which enterprising merchants have installed on the county highways. At the county fair the health exhibit attracted chief attention. The campaign began in July, 1919. During the first three months 2,712 homes were surveyed, 8,907 individuals given physical examinations, 200 vaccinated against typhoid, 1,100 school children medically inspected, an epidemic of scarlet fever was controlled, 30,000 pieces of literature were distributed, and 52 public meetings held. It is said that the establishment of a permanent county health department is assured for the early future.

A feature of the hookworm work of the Board has been the preparation of a bibliography which deals with this disease. The compilation of this material has been in progress for a considerable length of time. It is hoped the completed work, which will be exhaustive in scope, will be published some time in the near future.

### No Armistice with Tuberculosis in France

The control of yellow fever, malaria, or hookworm is a relatively simple undertaking compared with the attempt to arrest and prevent the insidious and well-nigh universal ravages of tuberculosis. Only in France—and there as a war measure—has the International Health Board undertaken to aid in combating the white plague, against which so many vigorous agencies, public and private, are enlisted. A campaign begun there in the summer of 1917 aimed, not at an impertinent importation of scientific knowledge into the land of Louis Pasteur, but at the following definite objects: (1) the setting up in typical urban and provincial areas of standard demonstrations of systematic control methods; (2) the training of public health nurses, clinicians, lecturers, and organizers; (3) the arousing of communities to the need of creating local agencies, governmental and voluntary;

(4) the educating of the public in the causes, treatment, and prevention of tuberculosis; (5) the gradual transfer of responsibility to French agencies, and the organization of these agencies on a national basis.

During 1919 appreciable progress was made toward each of these goals. The demonstrations in the 19th arrondissement of Paris and in the department of Eure-et-Loir showed increased efficiency through the consolidation of dispensary service in the urban district and the operation of twenty-two dispensaries scattered throughout the towns, villages, and rural areas. In six nurse-training schools administered by the French, 205 women who held American scholarships were registered. Fifty-one graduated; seventy-six nurses were assigned to various departments. A graduate course on the theory and practice of treating tuberculosis was worked out in co-operation with the Paris Faculty of Medicine and with physicians of the Paris hospitals. A six-weeks' course for physicians on the diagnosis and treatment of tuberculosis was attended by a group of French doctors, twenty-two of whom received scholarships from the Commission of the Foundation.

As a result of extension work, dispensaries were opened in three of the departments in the devastated region. Preliminary surveys in

anticipation of work to be undertaken were made in five others. It is worth noting that the Commission reports a more hearty and effective response from the people of this region than from communities in other parts of France. In fourteen departments new committees were organized, and in twelve others preliminary arrangements were made. Forty-two new dispensaries were built, thirty-six were in process of construction, and plans for fifty-two more had been made. The program of popular health education with special reference to tuberculosis is described in a subsequent paragraph.

#### **The French Assuming Responsibility**

The process of transferring responsibility to French communities and agencies has gone forward steadily. The personnel in charge of the dispensaries is now almost wholly French. In the Paris demonstration, for example, there is not one American on the staff. During the war the American Red Cross provided on a generous scale hospital and sanitarium facilities for the tuberculous. This service has been taken over and extended by municipalities and departments. The central government has passed a law under which each department will be compelled within five years either to build a sanitarium of its own or to send its patients to that of another depart-

ment. The cost of construction is to be shared equally by the central and the departmental governments. In the departments in which the Commission organized new dispensaries in 1919, the funds provided by government councils amounted to \$713,000. The Eure-et-Loir agreed to assume all local dispensary costs for 1920. Not only have departmental committees been formed throughout France, but a National Committee which originally concerned itself only with tuberculous soldiers has been reorganized and henceforth will be known as the National Committee of Defense Against Tuberculosis. This body has agreed to supervise and direct the entire national anti-tuberculosis campaign.

A significant feature of the Commission's activities has been the development of community spirit as a result of the formation of committees to carry on the tuberculosis work. All over France, individuals and groups formerly sharply divided by social distinctions, religious differences, and political partisanship have been drawn together in loyalty to a common cause, and have come to understand and respect one another. In a town where animosity had been bitter and the prospects of co-operation seemed remote, the American representative, by tact, patience, and persistence, finally brought about

a large measure of concord and good will. Some time later a leading citizen of the town wrote this gracious sentence: "You have taught us that not only tuberculosis is contagious."

### A Prophylactic Punch and Judy

One of the most serious obstacles encountered in France is the almost superstitious popular dread of tuberculosis. The word itself has been avoided. The disease has been regarded as incurable. Disgrace and despair have been associated with it. People have been reluctant to go to dispensaries lest they might be declared tuberculous or suspected of harboring the dreaded infection. This combination of traditional dread and ignorance had to be attacked boldly and with every resource. Exhibits and groups of lecturers were sent out to visit cities, towns, and villages. Mass meetings with addresses, slides, and motion pictures were organized. Attractively written and whimsically illustrated pamphlets were widely distributed. Striking posters called from walls and boardings. Series of articles were syndicated through the newspapers. Simple textbooks were put in the hands of school children, together with ingenious health games and amusing picture post-cards.

To its educational devices, the Commission added in 1919 the *Guignol*, the French Punch

and Judy, which was seen by 67,000 children. A writer in *L'Avenir* for January 12, 1920, gives this vivacious account of the experiment:

"Aunt Clotilde, don't make the microbes fly about. You must dampen the floor before sweeping."

"If you bring home cakes, don't buy those which are outside. You know that the tuberculosis microbes are walking around on them."

These two phrases were spoken, one by a *child* of six, the other by a little girl of seven. The mistress of their school heard them and repeated them to me. And this advice to Aunt Clotilde and this warning to the big brother who is going to buy cakes came from two children who, some days before, had seen in their school the Punch and Judy show of the American mission.

The "Commission Américaine de Préservation contre la Tuberculose en France" has had a little Punch and Judy built like the ones of the Champs-Elysées. M. Henri de Gressigny has written a piece for the wooden actors, and himself works the puppets and makes the conversation of the heroes of his little drama. A few days ago the Punch and Judy was at Paris, in a school of the 19th arrondissement. At present it is at Lyons. The piece has been played in thirty departments. Thousands and thousands of children have heard it. The plot does not pretend to equal that of King Lear. The psychology does not attempt that of "L'Ame en Folie." A little boy on his way to school meets a little girl in the street. The boy starts to talk of hygiene. "Do you know what a microbe is?" he asks the little girl. "Yes, it is a big animal," she answers. Then the boy explains how microbes are spread, by dust, by dirt, by overheated air, etc. He also tells how to avoid them. A soldier appears who teaches them how to keep

the house clean, how to air it, etc. While he is speaking a drunken man reels in, who shocks the children. The soldier scolds the drunkard; "You mustn't drink alcohol." At this moment the drunkard falls down. "See what becomes of a man who drinks!" says the little girl with great scorn. "We must not imitate him, we must take care of ourselves, for we are necessary to France." With these noble and generous words the curtain falls!

During the year 1919 the Commission's exhibits visited, in twenty-eight departments, 293 towns with a combined population of 3,000,000. Of this total population, 700,000 persons were reached directly. More than 1,400 talks were given in public schools. Many facts and pictures were inserted in 900,000 almanacs. Three million pieces of literature were distributed. A good beginning has been made in directing the attention of the French people to the importance of health, and especially to the menace of tuberculosis.

#### A West Point for Health Officers

Convinced by its own experience that there is a lack of trained men and women for health work, the Foundation offered in 1916 to establish at Johns Hopkins University a School of Hygiene and Public Health. Two years later the school opened with a faculty of thirty and with eighteen students. In 1919 these numbers rose to thirty-six and eighty-two, respectively. The courses

vary in length from two years for the degree of Doctor of Public Health, to a period of six weeks for officials in active service and for physicians who expect to enter part-time public health work. During the year the school not only gave instruction and encouraged research in a wide range of fundamental sciences, but also established relationships with the community and the field. A course of public addresses was given by a number of men eminent in preventive medicine. A series of lectures on Problems of Motherhood was offered in co-operation with the Maryland Division of the National Congress of Mothers. The Department of Public Health Administration of the school arranged to give students practical experience in the health departments of Baltimore and of the state of Maryland. Co-operation of the United States Public Health Service was secured. Significant demonstrations in nutrition were conducted in connection with an orphan asylum and in the public schools of Baltimore. The Department of Vital Statistics was asked by the United States authorities to make a statistical analysis of the influenza epidemic of 1918. The same division also undertook an intensive study of tuberculosis in a limited group at the request of the National Tuberculosis Association. The new school already has made measurable progress in its three

chosen fields: professional training, scientific research, and popular education.

### Western Medicine in China

In the introduction of the theory and practice of modern medicine among the Chinese, Japanese influence has been direct and important. For the most part the government and provincial medical schools have been staffed by Japanese-trained Chinese, together with considerable numbers of Japanese teachers. A large majority of the native physicians who profess to practice Western medicine have been trained in Japan. Unfortunately, with few exceptions these Chinese medical students have resorted to special schools which are not fully recognized by the Japanese Government. It is even asserted that the tests applied to Chinese graduates have been lenient. The Chinese medical schools and hospitals suffer from lack of well-trained staffs, absence of adequate laboratory and hospital facilities, the intrusion of political and social influences, and the generally disturbed condition of the country. In a few cases there are hospitals under Chinese control which approach average Western standards.

An appreciable educative effect upon Chinese public opinion has been exerted by a Japanese medical school in Moukden, by what was until recently a German-manned school in Shanghai,

by a British medical school in the University of Hongkong, by groups of European and American physicians in the chief Treaty ports, by hospitals supported by local town councils or voluntary societies in foreign concessions, and by military and naval hospitals maintained by various foreign governments. The influence of Chinese physicians who have been trained in the medical schools of the United States and of Europe has also been significant and of increasing weight.

Missionary societies have played a leading part in introducing a knowledge of modern medicine into communities scattered throughout the entire Republic. Dispensaries, begun as adjuncts of evangelistic work, have in many cases developed into small hospitals, in a few instances in larger centers into institutions comparable with the average of those in the West. In 1919 the Protestant missions in China supported 317 hospitals. Catholic orders and societies maintain hospitals and dispensaries in large ports, such as Shanghai and Hankow, and in several smaller places.

The need for Chinese assistants in these missionary hospitals led to the opening of pioneer medical schools, which, through the devotion of the teachers, were able to give a preliminary training of practical use in the routine of the

hospital. Some of the students of exceptional ability made considerable progress. A few were sent to Western schools to complete their training. Of late, missionary medical education has been concentrated in a few schools.

The Chinese National Medical Association, composed of Chinese with modern training, and the China Medical Missionary Association, are professional organizations which seek to advance the interests of dispensary and hospital service, of medical training and research, of professional standards, and of public health policies in China. The latter society has rendered substantial aid to medical missions by fixing a minimum standard of personnel equipment, and so forth, for a missionary medical school, by its advice concerning the number and distribution of such schools, by co-operating in the translation of medical works into Chinese, by a survey of missionary hospitals, and in various other ways.

#### A Modern Medical Center in Peking

The China Medical Board of the Foundation seeks to aid the agencies which represent Western medicine in China to make steady progress toward higher standards and more efficient service. In fulfilling its purpose to promote modern medical education in the Republic the Board recognizes the following essentials:

(1) pre-medical education; (2) undergraduate courses for physicians; (3) graduate study for investigators, laboratory workers, teachers, and clinical specialists; (4) short courses for private practitioners and missionary doctors, both foreign and Chinese; (5) medical research, especially with reference to the problems peculiar to the Far East; (6) standardized hospitals as training centers for internes, as models for imitation by the Chinese, as headquarters for practicing physicians, and as a means of popular education; (7) organized efforts to diffuse among the Chinese a knowledge of modern medicine and public health; and (8) the fostering of professional ethics through the development of character and idealism.

The chief agency by which it is hoped to further these aims is the Peking Union Medical College, which has recently been opened in the Chinese capital. Controlled by a Board of Trustees who are chosen by the Rockefeller Foundation and by six co-operating missionary societies, American and British, the Peking institution is being built and maintained by Foundation funds. The completed plant will include laboratories for anatomy, physiology, and chemistry, a pathology building, a 250-bed hospital with provision for about thirty private rooms, a large out-patient department,

a hospital administration unit with quarters for resident physicians and internes, a nurses' home, an animal house, and plants which will supply water, heat, electric light and power, and fuel gas. The faculty residences, with a few exceptions grouped in two walled areas or compounds, are of brick and concrete with slate roofs, and are supplied with every convenience of Western life. The medical and hospital buildings, which are fire-proof, embody certain characteristic features of Chinese architecture. The roofs are covered with glazed green tiles made in one of the factories which once supplied tiles for the imperial palaces. Eaves and porticoes are embellished with conventional Chinese decorations in red, blue, green, and gold, painted by native artizans. Three of the teaching buildings were occupied in October, 1919. It is expected that the entire plant will be completed by January 1, 1921.

During the autumn of 1919, sixty-one students were registered: thirty-two in the pre-medical school, seven in the first year of the undergraduate medical course, and twenty-two as graduate students and internes. Of the faculty of forty, thirty were in Peking, and the remainder, chiefly representatives of the clinical branches, were completing special graduate studies in the United States. A superinten-

dent of nurses and eight nurses were in Peking preparing for the opening of a thorough course for the training of young Chinese women as hospital and public health nurses. Women are admitted to both the pre-medical school and the medical courses on equal terms with men. Chinese are appointed to the teaching staff, which is expected to include steadily increasing numbers of native teachers and investigators. Graduate students are welcomed, and with the opening of the new hospital will be offered excellent opportunities to pursue both laboratory and clinical studies under well-trained and enthusiastic teachers. Special efforts will be made to put the resources of the school and hospital at the service of medical missionaries and other doctors who wish to keep abreast of progress in medicine and surgery, or to undertake specific investigations. Short courses of six weeks or more will be given in the summer, and possibly during the Chinese New Year season.

### **Helping Pre-Medical Schools and Hospitals**

Until a sufficient number of secondary or "middle" schools in North China can give satisfactory training in the pre-medical sciences of physics, chemistry, and biology, as well as in English and French or German, the Peking Union Medical College will continue to offer this pre-

liminary training. In central and southern China it has been deemed best to assist certain well-established institutions which are offering pre-medical courses, by appropriations toward laboratories, equipment, and maintenance. During 1919 such aid was given to two institutions: St. John's University, Shanghai, and Fukien Christian University, Foochow. Appropriations were also made toward the current support of medical schools in Shantung Christian University, Tsinan-fu, and in the Hunan-Yale College, Changsha.

Appropriations were made during the year to nineteen hospitals conducted under the auspices of missionary societies. In each case the amount given by the China Medical Board was supplemented by mission funds and was used to increase the staff, or to provide additional buildings or equipment. In December, 1919, the Board, in the light of five years' experience in co-operating with hospitals, adopted a somewhat revised policy for the future. This includes concentration upon a small number of hospitals of the better type, which by reason of location, staff, and equipment are in a position to promote directly the cause of medical education.

Although the instruction in the Peking Union Medical College is conducted in the English language, the Board recognizes the importance

of translating standard medical works into Chinese, for use in Chinese medical schools and in missionary schools which teach in the Mandarin. An annual appropriation is made to the Publication Committee of the China Medical Missionary Association, which supervises translation work.

A further form of assistance to Chinese medical education has been the granting of fellowships and scholarships to Chinese to enable them to study medicine in the United States, and to missionary doctors who, during their furloughs at home, wish to pursue graduate courses or attend special clinics. When the college in Peking is fully under way the need for the first type of fellowships will largely disappear. To a considerable degree, also, medical missionaries will resort to Peking for opportunities which heretofore they have been able to secure only when at home on leave.

#### **Aid to Canadian and Other Medical Schools**

In transmitting his gift of December, 1919, the Founder made the following statement:

My attention has been recently called to the needs of some of the medical schools in Canada, but as the activities of the General Education Board are by its charter limited to the United States I understand that no part of that gift may be used for the Canadian schools. The Canadian people are our near neighbors. They are closely

bound to us by ties of race, language, and international friendship; and they have without stint sacrificed themselves—their youth and their resources—to the end that democracy might be saved and extended. For these reasons, if your Board should see fit to use any part of this new gift in promoting medical education in Canada, such action would meet with my very cordial approval.

At a subsequent meeting of the Foundation, the sum of \$5,000,000 was set aside for use in Canada. The officers were instructed to make a careful study and to confer with Canadian medical school authorities, government officials, and other citizens with a view to making recommendations as to the distribution of this appropriation.

In order to provide expert direction for the growing work of the Foundation, the Board created a Division of Medical Education and appointed as Director, Dr. Richard M. Pearce, Professor of Experimental Medicine in the University of Pennsylvania Medical School. Dr. Pearce in 1919 made his third trip to South America under Foundation auspices to survey medical schools. It was in connection with an earlier visit that he arranged for the co-operative establishment of a Department of Public Health in the Medical School of the University of São Paulo, Brazil. In a similar way a Department of Pathology in the Oswaldo Cruz Institute is being aided. In December, the new Director of the

Division of Medical Education and the Director of the International Health Board sailed for England and Belgium to study certain phases of medical education and public health administration.

### International Fellowships and Scholarships

During the year 1919 the Foundation provided fellowships and scholarships for eighty-five persons who were in residence in universities in the United States. Fifty-seven came from China, twelve being Chinese doctors, eight Chinese medical students, seven Chinese nurses, twenty-six medical missionaries on furlough, and four prospective appointees to the Board's teaching staff in China. Five doctors from Brazil, one from Salvador, and four from Czechoslovakia pursued courses in public health. Five American physicians held fellowships in the same field. The Foundation also supported thirteen research fellows in physics and chemistry, who were selected and supervised by a special committee of the National Research Council. The obvious fact that the successful extension of scientific research, medical education, and public health work is dependent upon discovering exceptional individuals and giving them the best available training makes this plan of granting fellowships clearly a sound and funda-

mental policy. The Foundation does not create inflexible fellowship systems, but is guided solely by the possibility of finding unusual persons who give distinct promise of promoting the end in view. The international implications and consequences of sending students from one country to another for purposes of study and research need not be amplified.

### The Post-War Situation in Europe

Aside from its anti-tuberculosis work in France and its final payments on war work appropriations made in 1918, the Foundation had no direct part in relief and reconstruction activities in Europe in 1919. The American Relief Administration, the American Red Cross, the League of National Red Cross Societies, the Near East Relief, the Jewish Joint Distribution Committee, and many other societies have been engaged in direct relief in various parts of Europe and the Near East. The officers of the Foundation were throughout the year in constant communication with these agencies; they received reports from the chief European centers; and they conferred frequently with returned officials and with other first-hand observers. Two members of the central staff were sent abroad on a special mission. The constant aim was to gather information and to be ready to co-operate as soon as conditions

permitted the undertaking of work of the kind in which the Foundation feels especially fitted to participate.

### Sundry Items of Aid and Service

From time to time the Foundation provides funds to standing or special committees for surveys or studies. Under the auspices of the Public Health Committee of the New York Academy of Medicine a study was made of the dispensaries of New York City. This brought to light many significant facts. Serious defects with which the medical profession and social workers have in a general way been familiar were displayed statistically and clearly. A special committee on the training of public health nurses was organized from a group of persons especially interested in the problem. With the aid of an appropriation from the Foundation, this Committee is making a survey and will report recommendations. During 1919 the Foundation continued to support studies carried on under the auspices of the National Committee for Mental Hygiene. Members of the Foundation staff assisted in the formulation of a health center program for Halifax, participated in a study of public health administration in Massachusetts, conferred with health officials in all parts of the country, conducted a large correspondence of information and suggestion, gave

addresses before a wide range of audiences, and in many other ways made contributions within the special fields of Foundation work.

### Finances for 1919

The table on page 49 presents a summary of receipts and expenditures for the fiscal year 1919.

The income from invested funds was approximately \$7,000,000. The balance of \$5,000,000 carried over from 1918 was largely mortgaged by pledges made in that year but not payable until 1919. This applies also to the balance of \$4,500,000 carried forward into 1920, of which over \$3,000,000 had been pledged but was not due. Tables on pages 59, 60, and 61 give a complete list of the expenditures made during 1919 for all purposes, while the Treasurer's report, pages 345 to 406, contains a full statement with all details as to investments, other property, income, and expenditures of the Foundation.

On Christmas Day, 1919, announcement was made of a new gift of \$50,000,000 from Mr. John D. Rockefeller, who wrote: "I am greatly interested in the work which is being done throughout the world in combating disease through the improvement of medical education, public health administration, and scientific research." This addition to the Foundation's resources will enable it more adequately to meet the

TABLE I: RECEIPTS AND DISBURSEMENTS IN 1919

RECEIPTS	EXPENDITURES
BALANCE FROM 1918..... \$5,212,643 (Including refunds on 1918 accounts)	PUBLIC HEALTH..... \$1,467,713
Income during 1919..... 7,090,983	MEDICAL EDUCATION AND RE- SEARCH..... 3,248,547
	WAR WORK—FINAL PAYMENTS 2,772,847
	MISCELLANEOUS..... 119,332
	ADMINISTRATION..... 151,916
	<hr/> \$7,760,355
	Balance carried forward (\$3,278,856 of which has been pledged but is not yet due).... 4,543,271
<hr/> \$12,303,626	<hr/> \$12,303,626

large demands of a world-wide program which already reaches twenty-five foreign countries.

### The Health of the Nations

The war against disease is a world war. Commerce carries dangerous infections, as well as goods and ideas. The health problems of the remotest land concern all peoples. More and more, nations are coming to recognize their inter-dependence in health as in industry, government, science, and culture. There are even now foreshadowings of world-wide co-operation in combating the maladies which have long threatened humanity. For this new campaign, leaders are needed to extend the frontiers of medical science, to teach, to organize, to administer. Demonstrations are required to convince communities and nations that diseases can be controlled and even eradicated. The Rockefeller Foundation, enlisted for this world-wide campaign against disease, is co-operating with many agencies in five continents, is fostering the growth of international confidence and good will, and is seeking the fulfillment of its chartered purpose—"to promote the well-being of mankind throughout the world."

**THE ROCKEFELLER FOUNDATION**

**Report of the Secretary**



To the President of the Rockefeller Foundation:

Sir:

I have the honor to submit herewith my report on the activities of the Rockefeller Foundation for the period January 1, 1919, to December 31, 1919.

Respectfully yours,  
EDWIN R. EMBREE,  
Secretary.



## SECRETARY'S REPORT

The review by the President outlines the policies by which the Rockefeller Foundation is being guided in its work, sketches its present program, and describes the results aimed at and accomplished during the year 1919. The following report depicts the organization and the agencies through which these results were reached, and outlines the methods by which the programs of the several departments were carried out.

### Organization and Agencies

The following are the members and the principal officers of the Rockefeller Foundation:

#### MEMBERS

John G. Agar	Starr J. Murphy
Wallace Buttrick	John D. Rockefeller
Harry E. Fosdick	John D. Rockefeller, Jr.
Simon Flexner	Wickliffe Rose
Frederick T. Gates	Julius Rosenwald
A. Barton Hepburn	Martin A. Ryerson
Charles E. Hughes	Frederick Strauss
Harry Pratt Judson	George E. Vincent

#### EXECUTIVE COMMITTEE

George E. Vincent, <i>Chairman</i>	
Wallace Buttrick	Starr J. Murphy
Simon Flexner	Wickliffe Rose
Edwin R. Embree, <i>Secretary</i>	

## OFFICERS

John D. Rockefeller, Jr.	<i>Chairman of the Trustees</i>
George E. Vincent	<i>President</i>
Edwin R. Embree	<i>Secretary</i>
Richard M. Pearce	<i>Director of the Division of Medical Education</i>
L. G. Myers	<i>Treasurer</i>
Robert H. Kirk	<i>Comptroller</i>

The Foundation holds regular meetings in February, May, and December. The Executive Committee meets frequently during the intervals to execute programs within general policies approved by the Trustees.

## Departmental Boards

The Foundation accomplishes its work largely through its subsidiary or departmental organizations, which are devoted to special functions, and which depend upon the Foundation for funds. These with their officers and members are:

## INTERNATIONAL HEALTH BOARD

George E. Vincent, <i>Chairman</i>	
Hermann M. Biggs	Starr J. Murphy
Wallace Buttrick	John D. Rockefeller, Jr.
Simon Flexner	Wickliffe Rose
Frederick T. Gates	William T. Sedgwick
William C. Gorgas	Victor C. Vaughan
Edwin O. Jordan	William H. Welch
Edwin R. Embree, <i>Secretary</i>	
Wickliffe Rose	<i>General Director</i>
John A. Ferrell, M.D.	<i>Director for the United States</i>
Victor G. Heiser, M.D.	<i>Director for the East</i>
H. H. Howard, M.D.	<i>Director for the West Indies</i>
Linsly R. Williams, M.D.	<i>Director of the Commission for the Prevention of Tuberculosis in France</i>
Ernst C. Meyer	<i>Director of the Department of Surveys and Exhibits</i>

## CHINA MEDICAL BOARD

George E. Vincent, *Chairman and General Director*  
Roger S. Greene, *Resident Director in China*  
Wallace Buttrick                           Starr J. Murphy  
Simon Flexner                           Francis W. Peabody  
Frederick L. Gates                       John D. Rockefeller, Jr.  
Frank J. Goodnow                       Wickliffe Rose  
Harry Pratt Judson                      William H. Welch  
   John R. Mott  
Edwin R. Embree, *Secretary*  
Margery K. Eggleston, *Assistant Secretary*

## Assistance to Other Agencies

In addition to the work carried out through the departmental organizations described above, the Rockefeller Foundation has contributed during the year to the accomplishment of work undertaken by other and unaffiliated organizations.

The work of the year, whether through its own agencies or by assistance to unaffiliated organizations, has been chiefly within three fields: war work, public health, and medical education.

On pages 59 to 62 will be found a summary of payments made by the Rockefeller Foundation for all purposes during the year 1919. This tabular summary outlines, in terms of expenditures, the work described in terms of aims and results in the President's review. In many instances these payments involved sums expended on account of appropriations made in former

years. On the other hand, they represent in some instances but partial payments on many of the appropriations, made during 1919, which will provide for continuing work during succeeding years. For a full statement of the finances of the Foundation, see the Report of the Treasurer, pages 345 to 406.

**TABLE 2: EXPENDITURES OF THE ROCKEFELLER FOUNDATION FOR THE YEAR 1919**

**I. PUBLIC HEALTH**

A. International Health Board		
1. Hookworm, Malaria, and Yellow Fever Control	\$694,380	
2. Tuberculosis in France .....	442,281	
3. Fellowships and Public Health Education.....	22,874	
4. Administration .....	78,307	
B. Studies and Demonstrations		
1. Mental Hygiene .....	33,354	
2. After-Care of Infantile Paralysis.....	6,543	
3. Committee for Study of Public Health Nursing.	4,064	
4. National Organization for Public Health Nursing (Payment on two-year pledge made in 1917)	10,000	
5. Committee for Survey of Conditions and Possible Co-operation in Care of Crippled Children in New York.....	482	
(Payment on pledge of \$7,500 toward a fund of \$10,000)		
6. Public Health Committee of New York Academy of Medicine.....	9,833	
(For a study of dispensary service of New York City)		
C. School of Hygiene and Public Health of Johns Hop- kins University .....	165,595	
		<hr/>
		\$1,467,713

**II. MEDICAL EDUCATION AND RESEARCH**

A. China Medical Board		
1. Peking Union Medical College		
(a) Land and Buildings.....	2,453,458	
(b) Operation .....	355,166	
2. Other Medical and Pre-medical Schools .....	119,617	
3. Hospitals.....	131,352	
4. Fellowships and Scholarships.....	39,569	
5. Miscellaneous.....	7,142	
6. Administration .....	65,550	
B. Rockefeller Institute for Medical Research, Current Expenses.....	30,598	
C. University of Chicago, Interest on Pledge .....	35,394	
D. Study of Medical Education in South America....	10,701	
		<hr/>
		\$3,248,547

## III. WAR WORK

(Payments on previous pledges)	
<b>A. Camp and Community Welfare</b>	
1. United War Work Fund.....	\$2,500,000
(Seven co-operating agencies)	
2. American Social Hygiene Association.....	115,866
3. Commission on Training Camp Activities.....	10,000
(Auxiliary fund)	
	—————
	\$2,625,866
<b>B. Medical Research and Relief</b>	
1. National Committee for Mental Hygiene.....	18,916
2. National Research Council—Division of Medicine and Related Sciences.....	6,313
3. Rockefeller Institute for Medical Research.....	70,752
(War Demonstration Hospital and Medical Research)	
	—————
	95,981
<b>C. Humanitarian Aid</b>	
1. American Red Cross.....	51,000
(Care of Belgian Children in Switzerland)	
	—————
	51,000
Total War Work.....	\$2,772,847

## IV. MISCELLANEOUS

(Chiefly payments on previous pledges)	
<b>A. American Academy in Rome.....</b>	
(Payment on ten-year pledge made in 1914)	10,000
<b>B. Bureau of Municipal Research.....</b>	
(Payment on five-year pledge made in 1915)	25,000
<b>C. Committee of Reference and Counsel of Annual Foreign Missions Conference of North America.....</b>	
(Payment on ten-year pledge made in 1914 for correlating educational work in foreign fields)	45,000
<b>D. National Research Council.....</b>	
(For Fellowships in Physics and Chemistry)	13,698

E. New York Association for Improving the Condition of the Poor.....	\$25,000
(Payment on ten-year pledge made in 1914 for demonstration of social relief measures)	
F. Grand Chenier Bird Refuge—taxes and expenses.....	634
(Purchased in 1914 and supervised by Louisiana Department of Con- servation)	
	<hr/>
	\$119,332

## V. ADMINISTRATION

A. Maintenance of Executive Offices and Treasurer's Office .....	145,056
B. Books and Furniture .....	6,860
	<hr/>
	151,916
	<hr/>
	\$7,760,355

## Funds and Property

The book values of the principal funds of the Foundation, which were invested in stocks and bonds, as of December 31, 1919, were:

General Fund..... \$171,204,624

### Other Funds:

Estate of Laura S. Rockefeller Fund.....	152,733
Reserve (including balance for 1919 and gain on securities, set aside to meet future possible losses)	2,712,671

### Special Designated Funds:

Gift of John D. Rockefeller.....	\$37,000
Gift of Laura S. Rockefeller.....	49,300
Henry Sturgis Grew Memorial Fund.....	25,000
Arthur Theodore Lyman Endowment....	5,500
	<hr/>
	116,800
	<hr/>
	\$174,186,828

The value of the Foundation's lands, buildings, and equipment, as of December 31, 1919, was:

In China: Medical School Lands, Buildings, and Equipment.....	\$4,733,521
In Louisiana: Land for Bird Refuge purchased and now held as a Preserve under State Conservation Commission.....	243,999
In New York: Furniture and Equipment of Offices...	16,945
	<hr/>
	\$4,994,465

Undisbursed income held on December 31, 1919, was:

Balance payable on previous appropriations.....	3,278,856
<b>Special Accounts:</b>	
Estate of Laura S. Rockefeller Fund Income.....	\$49,763
Henry Sturgis Grew Memorial Fund Income.....	1,885
Arthur Theodore Lyman Endowment....	217
	<hr/>
	51,862
	<hr/>
	\$3,330,718

**INTERNATIONAL HEALTH BOARD**  
**Report of the General Director**



## **INTERNATIONAL HEALTH BOARD**

### **Report of the General Director**

**To the President of the Rockefeller Foundation:  
Sir:—**

I have the honor to submit herewith my report as General Director of the International Health Board for the period January 1, 1919, to December 31, 1919.

Respectfully yours,  
**WICKLIFFE ROSE,**  
**General Director.**

## INTERNATIONAL HEALTH BOARD

### OFFICERS AND MEMBERS

GEORGE E. VINCENT, *Chairman*  
WICKLIFFE ROSE, *General Director*  
HERMANN M. BIGGS  
WALLACE BUTTRICK  
SIMON FLEXNER  
FREDERICK T. GATES  
WILLIAM C. GORGAS<sup>1</sup>  
STARR J. MURPHY  
JOHN D. ROCKEFELLER, JR.  
WILLIAM T. SEDGWICK  
VICTOR C. VAUGHAN  
WILLIAM H. WELCH

---

EDWIN R. EMBREE, *Secretary*

---

<sup>1</sup> Deceased July 4, 1920

# PERSONNEL OF STAFFS DURING 1919†

## ADMINISTRATIVE STAFF

WICKLIFFE ROSE, *General Director*  
JOHN A. FERRELL, M.D., *Director for the United States*  
VICTOR G. HEISER, M.D., *Director for the East*  
HECTOR H. HOWARD, M.D., *Director for the West Indies*  
W. PERRIN NORRIS,\* M.D., *Associate Director for the East*  
L. W. HACKETT, M.D., *Associate Regional Director (for Brazil)*  
ERNST C. MEYER, *Director of Surveys and Exhibits*

## FIELD STAFF

### HOOKWORM

AUSTRALIA	W. A. Sawyer G. P. Paul S. M. Lambert*
BRAZIL	L. W. Hackett J. L. Hydrick Alan Gregg
BRITISH GUIANA	F. W. Dershimer
CEYLON	W. Perrin Norris* W. P. Jacocks S. A. Winsor*
CHINA	F. C. Yen* J. B. Grant
COSTA RICA	L. Schapiro
GUATEMALA	J. L. Rice W. T. Burres E. I. Vaughn*
JAMAICA	P. B. Gardner
KENTUCKY	P. W. Covington
NICARAGUA	D. M. Molloy
NORTH CAROLINA	B. E. Washburn
PANAMA	F. A. Miller

†Personnel employed by Government in co-operative work not listed

\*Special Staff Member

SALVADOR  
SEYCHELLES  
SIAM  
TRINIDAD

C. A. Bailey  
J. F. Kendrick  
M. E. Barnes  
G. C. Payne  
R. B. Hill

### MALARIA

ALABAMA  
ARKANSAS

E. B. Johnson\*  
W. H. Bryce-Delaney\*  
A. E. Gorman\*  
H. W. Green\*  
L. D. Mars\*  
H. A. Taylor  
M. E. Connor  
H. N. Old\*  
C. C. Bass\*  
R. D. Dedwylder\*  
H. H. Howard  
E. H. Magoon\*

ECUADOR  
GEORGIA  
MISSISSIPPI

TEXAS

### YELLOW FEVER

#### YELLOW FEVER COMMISSION

W. C. Gorgas, \* *Chairman*  
T. C. Lyster\*  
W. Pareja\*  
Hideyo Noguchi\*  
Israel Kligler\*  
W. D. Wrightson\*

ECUADOR  
SALVADOR  
GUATEMALA

M. E. Connor  
C. A. Bailey  
E. I. Vaughn\*

### TUBERCULOSIS

#### TUBERCULOSIS IN FRANCE

Linsly R. Williams, \* *Director*  
B. L. Wyatt\*  
Selskar M. Gunn\*  
Alexandre Bruno\*  
F. Elizabeth Crowell\*

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\*Special Staff Member

**SPECIAL**

SCHOOL OF HYGIENE AND PUBLIC HEALTH, SÃO PAULO

S. T. Darling,\* *Professor of Hygiene and Public Health*

W. G. Smillie, *Associate Professor of Hygiene and Public Health*

ADVISER IN MEDICAL EDUCATION

R. M. Pearce\*

**IN TRAINING**

F. C. Caldwell

J. H. Hamilton

W. C. Hausheer

J. W. Visher

C. H. Yeager

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\*Special Staff Member



## INTERNATIONAL HEALTH BOARD

The work of the International Health Board began in the year 1914 with the extension into foreign lands of the measures for the control of hookworm disease which had been under way for a number of years in the Southern States of the American Union. The first of these foreign countries was British Guiana. Each succeeding year has been marked by a steadily widening range of operations. Governments in all parts of the world have invited the Board to enter with them into crusades for better health. In response to these requests, hookworm demonstration campaigns have been organized in Central and South America, in Europe, Asia, and Australia, and in the West Indian and South Sea Islands. Meanwhile the work in the United States has been continued and expanded.

### Extension of Activities

The regular co-operative program of the Board was enlarged during the year 1919 to include the activities enumerated on pages 72, 73, and 74. During recent years, in addition, the Board has been more and more frequently called upon to participate in public health and related matters, and to furnish information bearing on these topics. Cities, towns, states, and countries, as

well as public or semi-public organizations and officials, are availing themselves of the facilities which the Board has to offer. Service of this kind is in keeping with the established policy of the Board: namely, to co-operate with governments throughout the world in demonstrating the feasibility and economic value of preventive measures against disease, and thus to aid in creating, in the various countries, popular interest in and support for public health work.

#### Main Features of the 1919 Work

All of the work during the year 1919, as in preceding years, was conducted in close association with governmental agencies. The activities enumerated below were the chief features of the program:

1. Demonstrations in malaria control through anti-mosquito measures were continued in ten towns in Arkansas.
2. A program was developed, surveys were made, and a staff was recruited for extending the Arkansas type of demonstrations in malaria control (through anti-mosquito measures) to nine additional southern states.
3. Further research into the problem of malaria control through anti-mosquito measures at scattered farm homes was conducted in Hinds county, Mississippi. Special studies were made of the top minnow as a means of preventing mosquito-breeding.

4. Investigation of the feasibility of controlling malaria through the treatment of carriers was continued, under slightly varying conditions, in Sunflower county, Mississippi.
5. Systematic efforts to eradicate yellow fever from Guayaquil, Ecuador, proved successful.
6. Outbreaks of yellow fever infection in Nicaragua, Honduras, and Salvador were suppressed.
7. The etiology of yellow fever was subjected to further scientific study.
8. Plans were matured for a comprehensive attack on yellow fever in its remaining endemic centers.
9. The campaign against tuberculosis in France was extended.
10. Measures were continued for the control of hookworm disease in twelve southern states and in sixteen foreign states or countries.
11. Anti-hookworm measures were begun in four new fields: the state of West Virginia, the island of Jamaica, and the states of Minas Geraes and Paraná in Brazil.
12. Operations under a new public health program were begun in Australia.
13. Preliminary hookworm infection surveys were completed in the states of Minas Geraes and Paraná (Brazil), and at the mines and shipping terminus of the Tayeh Iron and Steel Works in China.
14. Preliminary hookworm infection surveys were undertaken in the states of Maranhão and Santa Catharina (Brazil), in Porto Rico, and in Colombia, South America.
15. The work looking toward the control of hookworm infection at the Pinghsiang Colliery, as a means of

entering the public health field in China, was completed.

16. The Board's staff members at the Department of Hygiene of the Faculty of Medicine, University of São Paulo, Brazil, made valuable field studies in hookworm disease.
17. Studies in public health organization were made.
18. Participation in county health demonstrations in the Southern States was extended.
19. Staff members were lent for special service.
20. Public health fellowships were provided and an organization was developed for selecting persons qualified to receive the grants.

#### Betterment of Rural Health Conditions

The evolution of simple hookworm posts into effective agencies for conserving public health has been one of the gratifying developments in the Southern States. A county health service with a whole-time health officer at its head has been a goal that has been won for many communities. Demonstrations to show effective methods of relieving hookworm disease gave great impetus to appropriations for health work in general, and led indirectly to the strengthening of state and county health departments. The public began to see that even with modest expenditures of money, disease could actually be prevented.

**Plan of Work Pursued by County Health Departments**

At the present stage the work essentially provides: (1) an education for every citizen in the fundamentals of health preservation; (2) an accurate health survey of the county as a whole; (3) a health map locating every home, with symbols to show the diseases that have occurred at each home during the past five years; (4) the medical inspection of every school child, with treatment for those who require it; (5) examination for hookworm disease and treatment of the infected; (6) a fly-proof latrine at every home, to prevent soil pollution and its attendant diseases, such as hookworm disease, typhoid fever, diarrhea, and dysentery; (7) infant welfare work; (8) free typhoid and smallpox vaccination; and (9) the establishment of a permanent health department.

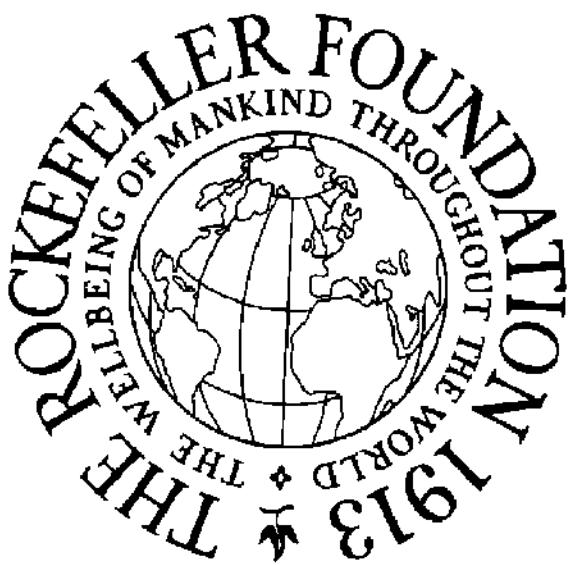
There are minor differences in the work which the county health departments conduct in the different states. In North Carolina, life extension work, which contemplates the early detection and treatment of diseases of adult life; the quarantine of infectious diseases; the prevention of tuberculosis; and free dental clinics, are included among the activities undertaken. In some of the states the various activities are not prosecuted simultaneously, but are taken up in

turn. Sometimes the health department centers its energies during the first year of its organization on the prevention of soil pollution, quarantine, and the medical inspection of school children. No rigid order is adhered to in carrying out the different features of the program, but each activity is stressed in turn and each is taken up when the time seems opportune and the conditions favorable for its success.

One of the most valuable features of the work in all the states is the county health survey. This gives the state and county health departments a record of all infections within the county and a clinical history of each individual. The survey includes particulars as to hookworm, malaria, typhoid fever, tuberculosis, and other communicable diseases. In each state the co-ordination of the separate county health departments is effected through a central bureau of county health work, which is located at the headquarters of the state board of health and forms an integral part of that body.

#### **Extent of County Health Work at Close of 1919**

North Carolina is among the leaders in county health work. Beginning there in June, 1917, with the organization of a department of health for the county of Wilson, the work has since grown and developed until at the end of 1919



Photograph Excised Here

Fig. 2.—Motor clinic used in rural health work, Lee county, Mississippi



Photograph Excised Here

Fig. 3.—Side view of rural motor clinic, Fig. 2

the state had twenty-four counties, embracing 38 per cent of its total population, under whole-time health officers. In fourteen of the counties health departments had been established. To stimulate the county health plan, especially during the formative period, the Board had co-operated with ten states by the end of 1919 in the development of their programs.

#### Benefits of County Health Work Appreciated

In the state of North Carolina the four most striking effects of the co-operative plan of county health work have been the decrease in the death rate from soil pollution diseases, the steady increase in the number of counties providing for whole-time county health officers or county health departments, the new and progressive health legislation enacted in 1919 by the General Assembly of the state, and the widespread recognition by state, county, and municipal officers, by business men, and by the public in general, of the value of the work. The genuine

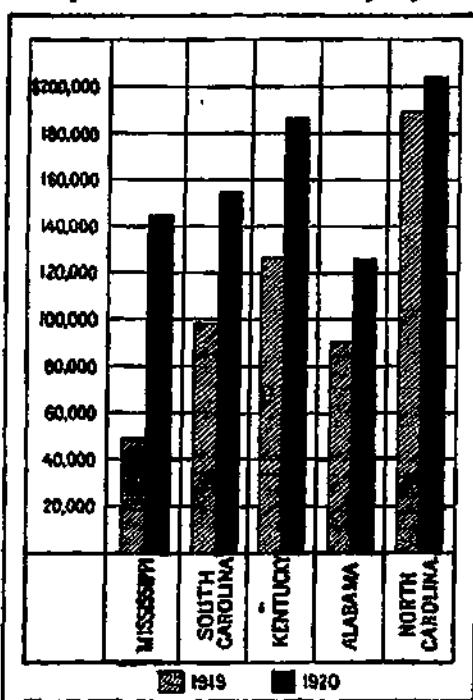


Fig. 5.—Appropriations of legislatures to State Boards of Health for health work exclusive of tuberculosis. Five southern states. 1919 compared with 1920



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Fig. 4.--Dental clinics at rural schools. A prominent feature of county health work  
in North Carolina

interest and confidence are further attested by the ever increasing amounts which the legislatures are appropriating for the work. As an instance may be cited the appropriations recently made by the states of Mississippi, South Carolina, Kentucky, Alabama, and North Carolina. Fig. 5 compares, for the five states, the appropriations for health work (exclusive of tuberculosis) for the years 1919 and 1920. The Kentucky legislature has created a special fund for continuing state aid to counties or districts which establish or maintain departments of health, and has authorized the state auditor to draw a warrant in favor of the state board of health for \$2,500 annually for each county which has established a health department.

#### Rural Sanitation in Brazil

In a number of other countries a similar evolution is taking place. Interest in rural public health work is becoming nation-wide in Brazil. From all parts of the country the Federal Government is being besieged with requests to increase its participation in rural health activities. As a result, it has matured plans for a comprehensive program providing for the organization, with government assistance, of rural sanitary services throughout the republic. During 1919 the states of Rio de Janeiro and Santa Catharina



## Photograph Excised Here

Fig. 6.—Typhoid vaccination day at schoolhouse in Pine Grove community, Jackson county, Mississippi. One old gentleman said that day, "Doc, you cured us of the terrible hookworm and stamped out smallpox, and now you are stamping out the slow fever. We want all the good things you've got or can get!"

organized such services with the aid of the Federal Government and of the Board. Their programs include, as the central feature, treatment and control measures for hookworm disease. The plans call also for an attack on other rural disease problems, more especially those presented by malaria.

#### **Development of Public Health Activities in British Guiana**

In March, 1914, a co-operative campaign for the control of hookworm disease was inaugurated in British Guiana. With this campaign began a movement for improved sanitation, especially that directed toward the control of soil pollution diseases. For five years, demonstrations in hookworm control, educational work, and efforts to secure sanitary improvement were carried on in numerous villages and rural areas. These operations, however, were greatly hampered by war conditions, and a full realization of the aims of the campaign was of necessity delayed. But throughout this period a leaven was at work, a way was being charted. By the early part of 1919 the results of these years of effort began to make themselves felt. It became evident that British Guiana had caught the spirit of public health reform and had awakened to the need for a wide-spread regulation of the conditions of life with a view to the health and well-being of



Photograph Excised Here

Fig. 7.—Conference of county health officers, state of North Carolina

the people. In February, the sugar planters of the colony asked Government to extend to their laboring forces the benefits of hookworm treatment and to co-operate in providing proper sanitary conveniences on the plantations and in the surrounding villages. Government promptly adopted a practical working program toward this end and appropriated \$100,000 yearly for five years toward carrying it out.

The organization of a sanitary department is now well under way. In addition to the chief sanitary officer, there are on the staff at present<sup>1</sup> one assistant, three county sanitary inspectors, four district sanitary inspectors, two government disinfecting assistants, and three clerical assistants. The chief officer, his assistant, and the seven inspectors have been trained in England. Each year there are to be added three or more district sanitary inspectors similarly qualified. In addition to these developments \$10,000 was devoted to the sanitary department for special intensive sanitary work; one estate has built a model village in which to house its labor; many other estates are improving their housing facilities and putting in latrine systems and similar conveniences; and the city of Georgetown is planning to install both a modern system

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<sup>1</sup> May, 1920

of sewage disposal and a piped water supply. A committee appointed by Government to report on colony drainage is now at work. A conservative estimate of the amount that will be spent in the colony during 1920 by Government, municipalities, and private interests, for the purpose of combating disease and dealing with such problems as drainage, sewage disposal, and water supply, places the sum well in excess of \$200,000. And the work contemplated promises to be of a permanent, substantial character shaped along safe and conservative lines.

### Scoring Health Activities

With the rapid increase in the amounts set aside for health work in the various states and countries has arisen a real need for some measure of the value of the results obtained by expenditures for this work. It is not the amount which a state expends in health activities that is of importance, but the kind of trade which it makes—what it obtains for the expenditure. As a means of arriving at an approximate evaluation of the public health operations under way in North Carolina, Dr. W. S. Rankin, State Health Officer, has drafted a plan of scoring, in terms of financial return to the people, the various health measures in operation throughout the state. This scoring method assigns to each

health activity a relative money value. For example, each sanitary latrine is scored as having a value to the community of \$5.00, each hookworm treatment as having a value of \$2.00, and each life extension examination as having a value of \$5.00. The total score for all the health activities of the state during the year 1919 showed an estimated return to the people of \$1,791,210.00 as a result of the expenditure by the State Board of Health of \$437,677.00.

This method of evaluating health measures by showing the return for each dollar expended should be of great aid in stimulating the populace and the officials of the state to an increased interest in health work. It is probable, moreover, that the plan will be adopted by other states and countries and that a measure of comparison will thus be provided which should make for a spirit of friendly rivalry conducive to a rapid and wholesome growth in health activities.

#### **Extension of Malarial Control Program**

During the four-year period from 1916 to 1919 inclusive, the Board, in association with governmental agencies, was engaged in a series of field studies in malaria control. These studies were intended to determine the relative efficiency, economy, and feasibility of different methods under various conditions. Certain of

the experimental campaigns have been attended with a large measure of success. They have shown that by simple anti-mosquito measures malaria can be controlled in the average small town of the Southern States at a cost well within

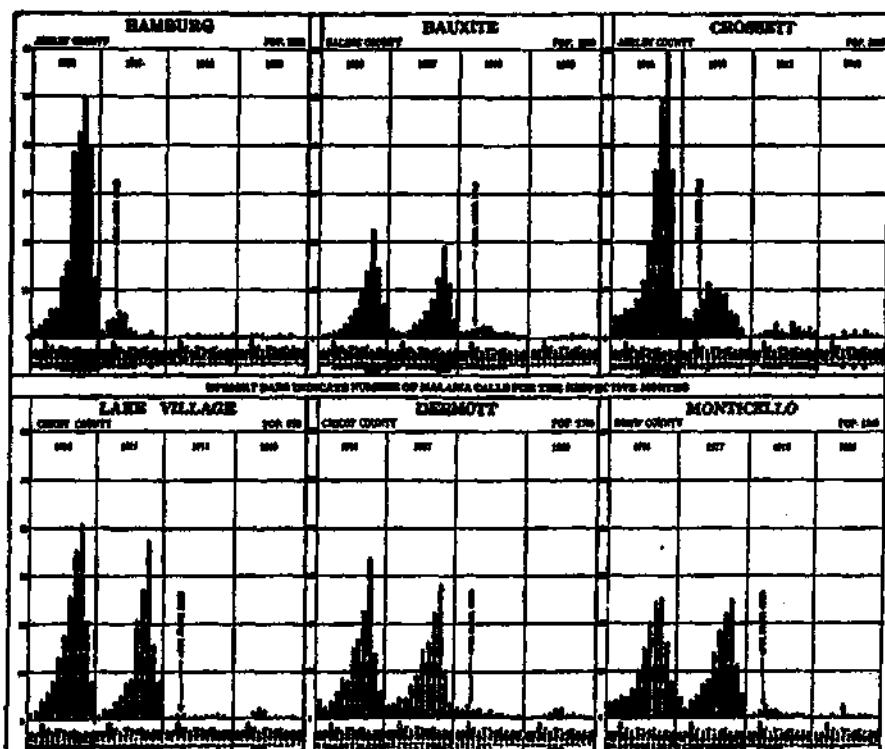


Fig. 8.—Record of malaria control in six Arkansas towns, 1916-1919

the means of the community. And furthermore they have proved that the introduction of anti-malaria measures is economically desirable, in that the results more than justify the expenditure involved. The extra-cantonment anti-malaria measures conducted upon an immense scale by the United States Public Health Service

further emphasized and confirmed the results of the previous studies.

The success of the foregoing control demonstrations led the state boards of health of ten southern states, in association with the United States Public Health Service, selected towns, and the International Health Board, to conduct surveys during 1919 and to adopt a program calling for the organization of demonstrations of a similar nature in a number of towns within the several states. Present plans provide for experimental demonstrations during 1920 in four or more towns in each state. It is hoped that these more extensive field operations will confirm the results of the earlier investigations and lead to the organization of state-wide crusades against a disease which has long been a serious menace to life, health, and economic progress throughout the South.

#### Stamping Out the Seed-Beds of Yellow Fever

The program for the attack on yellow fever in its remaining endemic centers has been kept steadily in mind. The disease, after being present in Guayaquil for more than a hundred years, was brought under complete control in May, 1919. Notwithstanding this favorable showing, it was considered advisable to continue anti-mosquito measures throughout the year.

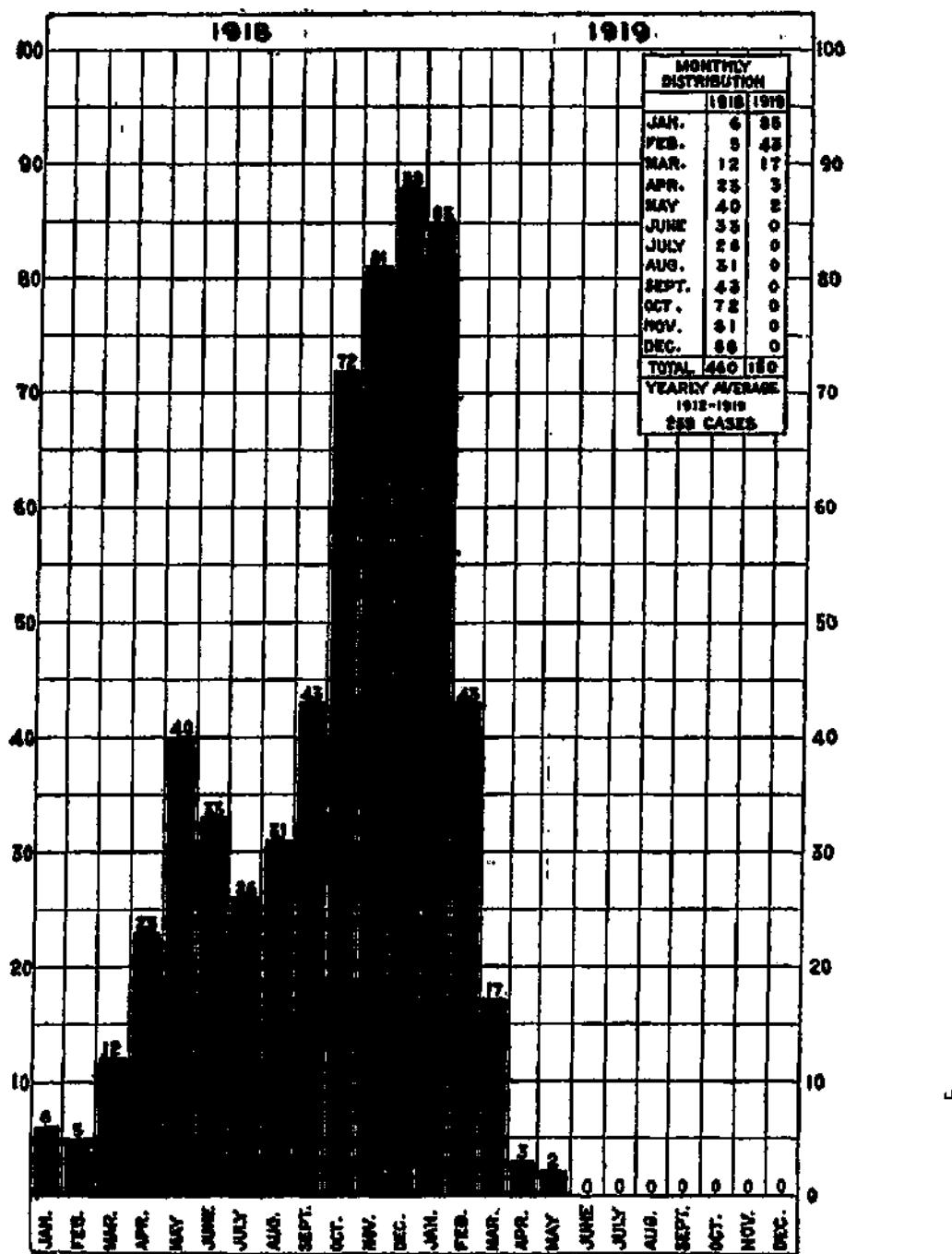


Fig. 9.—One step in the eradication of yellow fever.  
Disappearance of the disease from Guayaquil, Ecuador,  
as result of control measures

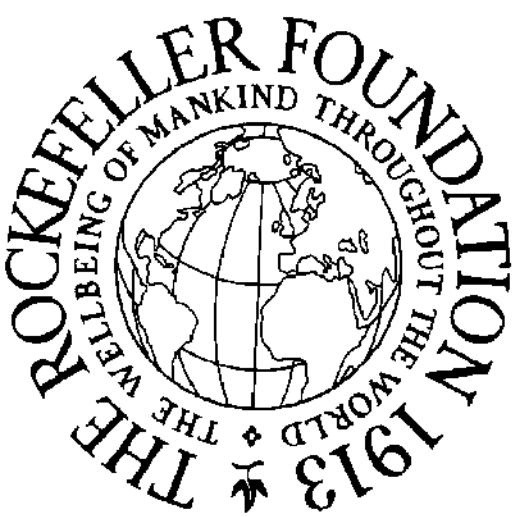
There still remained the possibility that the disease might be re-introduced from neighboring countries. During the year 1919, outbreaks of yellow fever occurred also in Central America. They were not regarded as likely to create new endemic centers, but for humanitarian reasons the Board gave, upon request, active aid in suppressing them.

#### **Yellow Fever Organism, Vaccine, and Serums**

The suggestive spirochete isolated by Noguchi in Guayaquil was further studied by him and his co-workers in Merida, Yucatan, during 1919 and in Peru during the early part of 1920. As a result of this work and of further laboratory studies, it has now become reasonably certain that the organism which Noguchi named *Lepospira icterooides* is the true etiological agent. Vaccine and serums made with the organism are protective in animals, and while their use in human beings has been limited there is much evidence that they have real value.

#### **Countries Visited by Yellow Fever During 1919**

The disease was reported during 1919 from Peru and Brazil in South America, from Honduras, Salvador, and Nicaragua in Central America, and from Mexico. Upon the request of the Central American countries, a trained



## Photograph Excised Here

Fig. 10.—Simplification of apparatus and reduction in size of squads. Yellow fever control measures in Guayaquil. December, 1918, and December, 1919

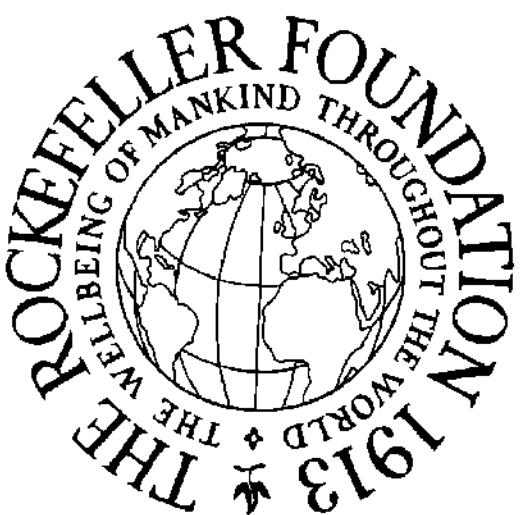
field force was made available and in the course of a few months the disease was confined to a small number of sporadic cases in Salvador. Until the smouldering flames in the true endemic centers in Mexico and Brazil can be extinguished, local conflagrations caused by sparks of the permanent fires must be expected to occur.

#### **Visit of Inquiry to West Africa**

Arrangements for sending to the west coast of Africa a mixed commission, with General Gorgas at its head, to study the disease which in that region is regarded by many as yellow fever, were completed during 1919 with the British and other interested governments. The fact that Noguchi's spirochete has been definitely associated with yellow fever should afford this commission a better opportunity than has heretofore existed for studying the etiology of the disease.

#### **Tuberculosis Work in France**

Throughout its two and one-half years of work, the Board's Commission for the Prevention of Tuberculosis in France has directed its efforts toward the realization of a three-fold aim: to demonstrate that tuberculosis, which claims so vast a toll of lives each year, is a curable and preventable disease; to establish a standardized



## Photograph Excised Here

Fig. 11.—Type of tank used for storing water in the municipality of Guayaquil, Ecuador. The solution of the problem of yellow fever control depended very largely upon the prevention of breeding in such tanks. They were fitted with zinc covers and sealed to prevent access of mosquitoes

program for the control of the infection and to secure its uniform operation by government agencies throughout all departments of the country; and to effect the centralization of volunteer anti-tuberculosis work in the hands of a national association, in much the same manner as similar activities in the United States are unified under the National Tuberculosis Association.

#### Outstanding Developments During 1919

Great forward strides were made during 1919 in anti-tuberculosis work throughout all France. By the end of the year dispensary organization had been completed in twenty-one of the departments of the country, and educational campaigns against tuberculosis had been conducted throughout twenty-eight departments. Government officials as well as physicians and laity showed themselves alive to the urgency for action against the inroads of the disease, and co-operated heartily with the Commission in all its plans. The control program which was developed and put into operation in several newly organized units seems to meet the requirements admirably, and offers definite promise of supplying the need for a standardized working plan. During the year, also, the initial step was taken in the nationalization of the



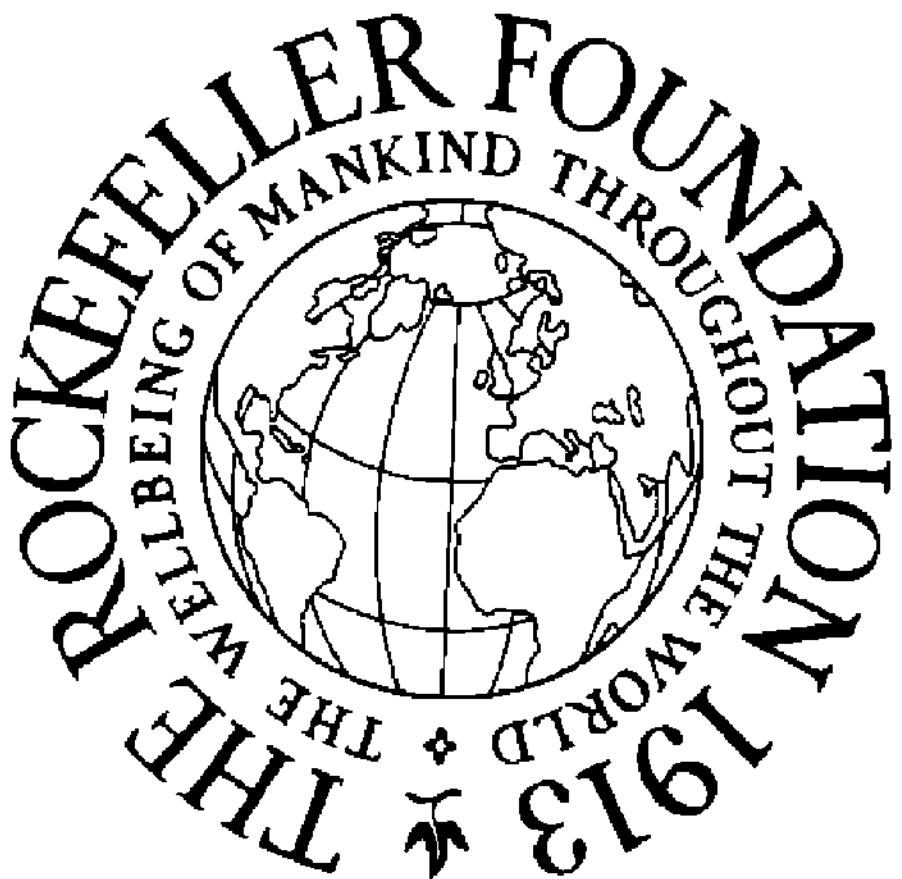
## Photograph Excised Here

Fig. 12.—Eager admirers of the hygienic Punch-and-Judy. The exhibit appears at the left. An important educational feature of the campaign against tuberculosis in France

tuberculosis campaign. This was when the Comité National—an organization created in 1915 for the aid of discharged tuberculous soldiers—assumed the title of the National Committee of Defense Against Tuberculosis. The new agency will extend its field of activity until it embraces the entire tuberculosis problem of the country.

#### Financial Participation of Government in Control Program

Another outstanding feature of the 1919 work was the enactment by Parliament of a law which provides that within five years every department of France must either construct a tuberculosis sanatorium of its own, or arrange to have the sanatoria of other departments receive its patients. The Central Government has bound itself to assist in the construction and maintenance of the sanatoria to the extent of 50 per cent of the cost. Furthermore, French general and municipal councils, in the various departments in which the Commission organized new tuberculosis dispensaries during the year, appropriated approximately \$713,000 for anti-tuberculosis work. In the department of Eure-et-Loir, where the initial rural dispensary work was undertaken, an agreement was reached between the authorities and the Commission whereby the department will take over all the



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Fig. 13.—Effect of hookworm disease on growth.  
Queensland, Australia. Left, boy of eighteen years,  
hookworm free; right, boy of nineteen, heavily infected  
with hookworms

administrative expenses of its dispensaries in 1920. The Commission will provide only the salaries and transportation expenses of its physicians and nurses. These co-operative measures are an indication of the earnestness with which national and local authorities are facing the problem of tuberculosis control.

#### **Progress in Control of Hookworm Disease**

Work for the relief and control of hookworm disease was continued during 1919 in the twelve states of the United States and in the sixteen foreign states and countries here mentioned:

Southern United States	West Indies
Alabama	British Guiana
Arkansas	St. Lucia
Georgia	Trinidad
Kentucky	
Louisiana	
Maryland	
Mississippi	
North Carolina	
South Carolina	
Tennessee	
Texas	
Virginia	
The East	Central America
Ceylon	Costa Rica
China	Guatemala
Seychelles	Nicaragua
Siam	Panama
Queensland (Australia)	Salvador
	Brazil
	Federal District
	Rio de Janeiro
	São Paulo

Eight new fields of hookworm operation were entered during the year. Infection surveys were completed or inaugurated in six of these

areas, and relief and control measures were begun in the two others. Surveys were undertaken and completed in the states of Minas Geraes and Paraná (Brazil); and other surveys were begun, but not completed by the end of the year, in the state of Maranhão (Brazil), in Porto Rico, and in Colombia, South America. An active campaign for the relief and control of hookworm disease was launched in Jamaica on May 1, and in West Virginia late in December. At the completion of the survey of Minas Geraes and Paraná in Brazil, these states entered upon a co-operative program of relief and control.

#### **Invitations to Participate in Control Measures**

An invitation to conduct an infection survey of the island of Santo Domingo, and to follow the survey, if deemed expedient, with measures of relief and control, was received from Admiral Snowden. This invitation had the approval of the Secretary of the Navy. Other invitations which reached the Board during the year, and which were accepted, were from the Health Officer and the Governor of Porto Rico, the invitation being forwarded through the Bureau of Insular Affairs, a branch of the War Department; and from the states of Bahia, Santa Catharina, and Espirito Santo (Brazil). The

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initial step in each of these new fields will be an infection survey.

#### **Outstanding Developments in Hookworm Control During 1919**

During 1919 the outstanding features in the various fields of operation against hookworm disease were the rapid development in the installation of adequate latrine systems in advance of treatment campaigns, the increased financial participation of governments, and the evolution of anti-hookworm demonstrations into comprehensive public health agencies.

#### **Failures of Previous Campaigns**

The high re-infection rate in Ceylon brought out sharply the fact that unless soil pollution is stopped, treatment for hookworm disease brings only temporary relief. It is imperatively necessary not only that latrines be provided but that they be properly used. Porto Rico also affords a striking example of the hopelessness of treatment campaigns unless they are accompanied by good sanitation. More than \$347,000 has been spent in the hookworm relief measures which have been in progress in that island since 1902. A recent infection survey showed the infection to be as high as when the original program was begun. The indications are that more than 80 per cent of the rural popu-

lation remain infected. At more than three-fourths of the rural homes there were no latrines.

#### Value of Re-infection Surveys

Re-infection surveys were conducted during 1918 and 1919 in a number of previously treated areas in countries with which the Board has been in co-operation. The localities re-surveyed included, among others, areas in Ceylon, Costa Rica, Salvador, Nicaragua, British Guiana, St. Vincent, and Trinidad. All showed rates of re-infection corresponding inversely with the pro-

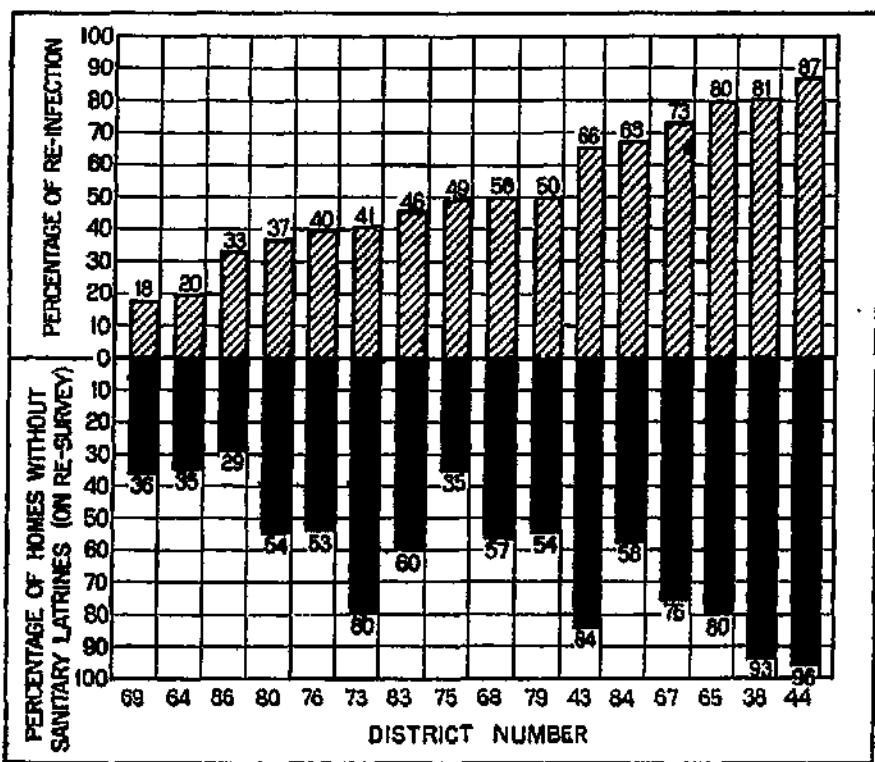


Fig. 14.—Relationship between (1) absence of sanitary latrines and (2) rates of hookworm re-infection. Sixteen districts in Trinidad

portion of rural homes provided with adequate and regularly used latrines. The results of the re-surveys were exhibited in graphic form and brought to the attention of the respective governments. At the same time the suggestion was made that, since it had proved futile to depend upon treatment alone as a permanent relief measure, work should be discontinued unless Government could sanitize all areas in advance of treatment, and keep them under a permanent system of sanitary supervision. The suggestion met with gratifying response. Many of the governments adopted the suggestion at once, others have done so more recently, and even among the most backward there are manifestations of a very earnest desire to inaugurate and carry to completion a program of advance sanitation.

#### Pre-campaign Sanitation in West Indies

Considered from the standpoint of permanent achievement, the results for 1919 in the West Indies surpass anything previously recorded for these colonies, because definite and permanent progress was made in sanitation. In every one of the colonies in which work was conducted during 1919, or in which it is planned to conduct work during 1920, Government is thoroughly sanitating each area of operation well in advance

of the inauguration of a treatment campaign. Latrines of a standard type, approved by the boards of health of the respective colonies, are being built, and permanent staffs of sanitary inspectors are being provided to enforce the sanitary regulations.

#### **Advance Sanitation in Central America**

In view of the fact that the Central American countries, with the possible exception of Costa Rica, have been slow in accomplishing definite results in sanitation, it is especially gratifying to report that they are now earnestly striving to secure proper sanitation of their areas at least six months in advance of treatment campaigns. The government of Panama has recently issued a decree making latrine construction obligatory throughout the republic, and the authorities in Salvador and Nicaragua have followed their earlier proclamations along this line, requiring the erection of latrines, with legislative provision for sanitary supervision to insure complete compliance with the laws.

#### **Securing the Use of Latrines in Ceylon**

The outstanding sanitary problem confronting the campaign workers in Ceylon remains that of securing the proper use of the latrines which have been erected on all the estates. The chief

difficulty lies in the fact that the Tamil coolies are strongly disinclined to use latrines, and often prove intractable. By insisting, in advance of the opening of treatment campaigns, that latrines shall be used and that the lines about laborers' quarters shall be maintained in sanitary condition, Government is placing on estate owners and superintendents the burden of securing proper compliance with its sanitary rules and regulations. There can be no doubt that this accomplishment marks a long stride forward. With proper support from the estate owners, it should not prove unduly difficult to accustom the mass of Ceylon laborers to the use of latrines, and to give them in addition at least a rudimentary education regarding other fundamental factors of sanitation.

#### **Government Financial Participation in Hookworm Control**

One index for gauging the measure of official and public recognition that is afforded the work, is the amount that governments grant toward its support. In this respect, too, the year 1919 showed steady progress. The governments of Guatemala, Nicaragua, Panama, and Salvador made their first appropriations toward the support of the program for hookworm control. In these countries the amount of the support

accorded was not large, but when their financial condition is recalled, and it is remembered that other pressing problems demand a large share of their resources, these pioneer appropriations assume added significance. Salvador and Nicaragua appropriated \$10,000 each for the year 1920, and the government of Panama, in its biennial budget for the period from July 1, 1919, to July 1, 1921, made an appropriation of \$5,000 yearly for the two-year period. Costa Rica, in spite of disturbed political conditions, is endeavoring to continue its co-operation, and has agreed to increase its budget for 1920 from \$6,400 to \$19,600. Guatemala, too, has made a beginning by appropriating the sum of \$1,200 toward the 1920 program.

#### **Resumption of Work in Siam with Government Aid**

The Siamese Government gave little financial support to the initial demonstration in hook-worm control which was conducted in that country from February 7, 1917, to March 15, 1919. The work convinced the authorities of its value, however, and they requested its continuation. Therefore during 1919 a joint plan was adopted, providing for the extension of anti-hookworm measures and the undertaking of general public health activities throughout a wide rural area of the country. Operations

under the new program will be begun early in 1920.

Approximately \$17,000 yearly has been appropriated directly to the work by the Red Cross of Siam, which will be the local co-operating agency. In addition, this society will provide laboratory headquarters and free entrance of all medical supplies, and will secure the active

support of all local government officials in the enforcement of sanitary regulations. As its share of the expense of the first year's work, the Board will be called upon to appropriate approximately \$10,480, to

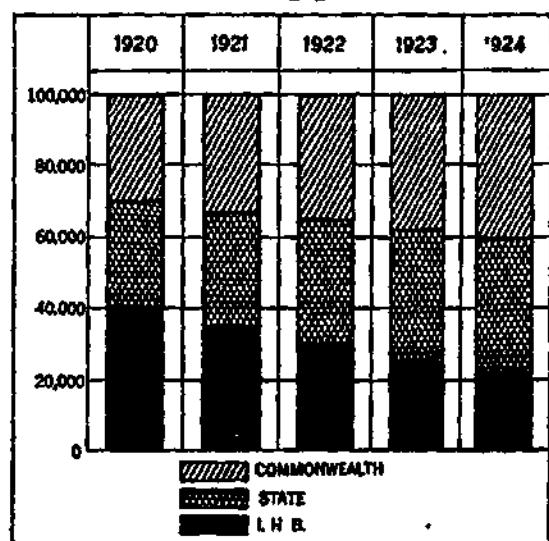


Fig. 15.—Sliding scale appropriations for health work in Australia. Five years beginning January, 1920

be used to pay the salaries of two directors and to buy drugs and scientific equipment.

#### Opening of Work in Queensland Under Enlarged Program

The inauguration of operations in Australia under the new plan, calling for greatly increased government and local support, was delayed until October 1, 1919. The delay was due to the necessity of securing and training a highly

qualified director to supervise the comprehensive health measures embraced within the proposed plan of procedure. The plans call for the annual expenditure, for five years, of \$100,000 from funds provided by the Federal and state governments and by the Board. The funds provided by the Board are to be contributed on a sliding scale for five years, at the end of which time the expense of the work will be borne entirely by Government (see Fig. 15, page 106).

Hookworm control measures are to form the central feature of the new plan, which is expected eventually to lead to the establishment of a modern, well-equipped Federal ministry of health. The initial steps will consist of hookworm control measures along the coast of Queensland, with surveys of the Northern Territory, Western Australia, and New South Wales. Later, control measures will be undertaken in the Australian South Pacific Islands, lately acquired from Germany, which include New Guinea and the Bismarck Archipelago.

#### **Increased Government Support in Brazil**

The graph and the maps, Figs. 16 and 17, exhibit the increase in territory covered and in local financial support received during the three years that have elapsed since the first infection survey and control demonstration were under-

taken in Brazil. The movement for increased local financial support, which began in 1917, continued and showed gratifying growth during 1919. The Federal Government made one appropriation of

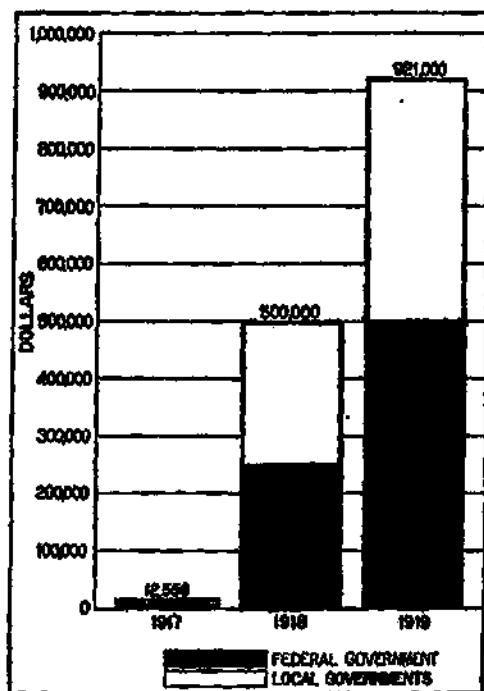


Fig. 16.—Increase in government and local support for anti-hookworm measures in Brazil. Comparison of funds appropriated for 1917, 1918, and 1919

\$500,000 for the partial support of campaigns which the states might institute for the control of rural endemic diseases, and another of \$500,000 toward the eradication of yellow fever from the country. In the course of the year, Federal and state governments together provided about \$921,000 for operations in rural sanitation, in which measures

against hookworm disease are to play a leading part. In all, ten states (including the Federal District) joined in a systematic attack on hookworm disease. Thirty-two posts were maintained in these states entirely at government expense.

### Public Health Training in Brazil

The Laboratory of Hygiene which was established in connection with the Faculty of Medicine

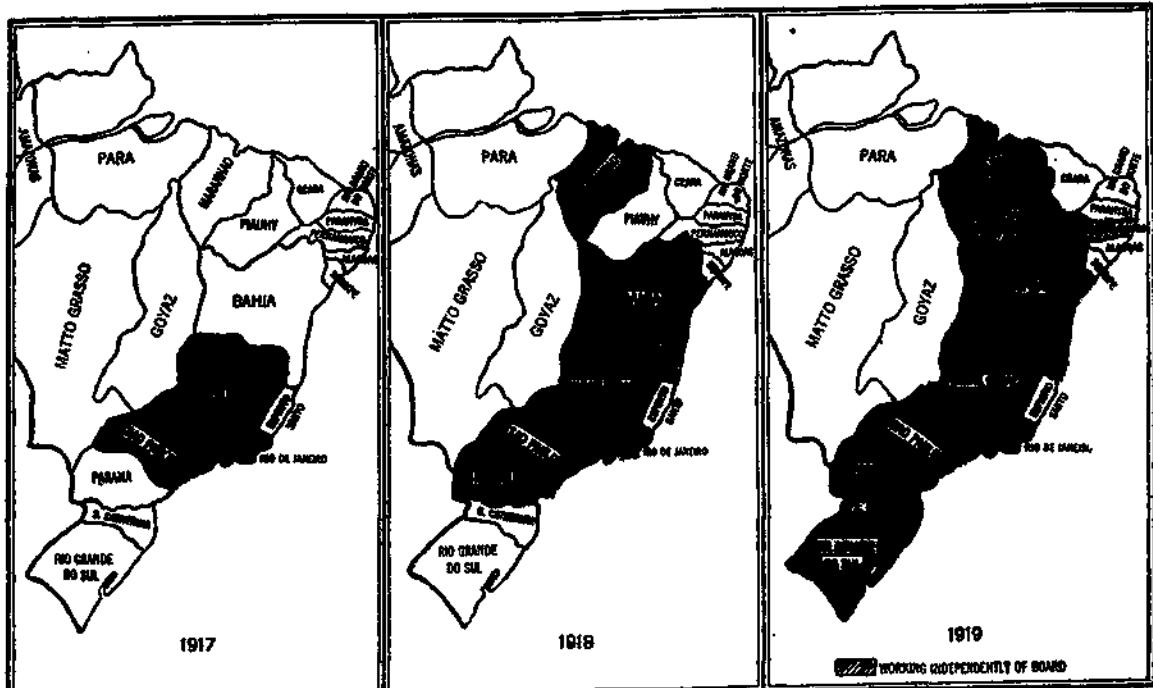


Fig. 17.—Growth of interest in anti-hookworm work in Brazil, 1917-1919

and Surgery of the University of São Paulo, has been in operation since March, 1918. It offers a general course in various branches of hygiene and public health administration. Dr. Samuel T. Darling and Dr. Wilson G. Smillie, respectively, are the director and the assistant director of the new department. The work of the 1919 school year began in June. The course now being offered includes (in addition to classroom-lectures) laboratory work in malaria and hook-worm disease, disinfection, fumigation, and water and milk analysis; a study of various types of public health literature and publicity material; and practical field work giving opportunity for participation in anti-mosquito campaigns, in factory and sanitary inspections, in demographical surveys, and in operations for malaria and hookworm control. The staff of the school has also spent much time on practical field studies in the control of hookworm disease. It is expected that a part of the results of their researches will be published in current medical periodicals.

#### Organization of Department of School Hygiene

A division of school hygiene has lately been organized in connection with the department. The work of this division is to be conducted along the lines which are being followed with

success in the United States and in England. A Brazilian physician and a Brazilian nurse have been placed in charge of the work, and a school of about eight hundred pupils has been assigned as the initial field of demonstration. The new undertaking is believed to represent the first attempt that has been made in South America to utilize the school nurse to bring about that co-operation between parents, physicians, and teachers which is so essential for the utmost welfare of school children.

#### Fellowships as a Means of Promoting World-Wide Hygienic Progress

Perhaps no field of health work offers greater promise of definite and permanent usefulness than that of public health training. The goal of developing permanent and effective public health agencies in various countries lies in the direction of training competent native men to administer the public health programs. With the award of fellowships for graduate study, particularly to carefully selected medical men who reside in the countries where work is carried on, there is excellent prospect that men well trained in the more essential requirements of public health administration may return to their countries and achieve leadership in public health affairs.

**Public Health Fellowships During 1919**

Provision has been made for twenty-eight fellowships for study in the various branches of public health, and for seven to prepare teachers of hygiene and public health. It is hoped that the teachers will be available for possible service in schools of hygiene and public health in their native lands, as well as for chairs of public health in undergraduate medical schools. By the close of 1919 sixteen of the fellowships had been bestowed. Seven were granted to Brazilian and four to Czechoslovakian physicians; the remaining five went to medical graduates from Ceylon, Salvador, and the United States. In addition, provision has been made for bringing ten young French physicians to the United States for special study in preparation for service with the Board's Commission for the Prevention of Tuberculosis in France. No actual appointments under the latter grant, however, had been made up to the beginning of 1920.

**Study Leave for Staff Members**

Progress has also been made toward carrying out the plan whereby special health courses at leading American or foreign institutions may be pursued by members of the administrative or field staff. Up to the end of 1919 five regular

staff members had availed, or were availing, themselves of this study privilege: four at the School of Hygiene and Public Health at Baltimore, and the fifth at the London School of Tropical Medicine. Six other physicians, all of them under appointment to the field staff, were pursuing an intensive course of training at the Baltimore school. This preliminary training includes brief courses in medical entomology, parasitology, and protozoölogy, which it is hoped will enable them to discharge the more promptly and acceptably the duties involved in field positions. After it becomes possible to choose new staff members among graduates of public health schools, elementary training of this kind will be unnecessary.

### **Organization of Public Health Laboratory Service**

A public health laboratory, like a department of vital statistics, is essential to any effective system of public health administration. If a health service is to act intelligently, facilities must be at hand for making prompt and accurate diagnoses. These involve the examination of specimens of blood, feces, and urine; the analysis of water, food, and milk supplies; and many other bacteriological, chemical, or sanitary operations. The numerous requests which have been received for counsel in organizing or

improving the laboratory service of various national, state, and municipal health departments led to the engagement of Col. Frederick F. Russell, of the United States Army Medical Service, to undertake the organization of a division of laboratory service under the auspices of the Board. His first duty was to assist the Alabama State Board of Health in re-organizing and further developing its laboratory facilities.

#### Study of Laboratory Needs in Utica

It has been suggested at various times that efficiency and economy might perhaps be promoted in some communities by having a central laboratory which could furnish the diagnostic work required by the health service, as well as meet the needs of the government and private hospitals. Pooling of the resources should make it possible to employ a more highly skilled staff, permit research work, and at the same time reduce the unit cost. In September, 1919, Dr. J. H. Waite, a member of the Board's staff, made an inquiry into the possibilities in this respect at Utica, New York. Reports and recommendations based on the findings have been submitted, and are now being considered by the New York State Board of Health. The survey of Dr. Waite was largely provisional, and marked an attempt to learn whether similar

studies offered promise of useful development in this direction.

### The Board as a Clearing-House for Public Health Information

During the year 1919 the first steps were taken looking toward a comprehensive study of public health administration. Preliminary studies were made, dealing with the public health work done by the Children's Bureau, by the Bureau of the Census, and by the Bureau of Education, of the Federal Government; a general study of public health administration in Massachusetts was undertaken with the assistance of the State Department of Health; a collection was made of the public health bills which have been presented to Congress, and of the reports of committee hearings and legislative debates on these bills; information on the organization of state, county, city, and town health administration, and on the relationship between state and local health authorities, was gathered from the laws and regulations of the various states; data on expenditures for public health purposes by states, cities, and countries were brought together; a special report on hospitals and dispensaries was prepared and published; and a report on infant welfare work in New York City was revised. As a background for the study of public health

administration, a current working bibliography for office use was compiled.

**Study of Facilities for Medical and Public Health Training**

Dr. R. M. Pearce, director of the Division of Medical Education of the Rockefeller Foundation, visited Chile and Paraguay and made a study of medical education. His investigations were undertaken as part of the plans calling for an intensive study of the status of medical and public health training in countries throughout the world. The Board's Department of Surveys and Exhibits compiled memoranda containing information of interest in the field of public health, and distributed them gratuitously to educational institutions, government authorities, commercial bodies, and private institutions. The same department also continued the survey that it had begun in 1918 for the purpose of bringing together information on the educational facilities employed by various countries in the teaching of hygiene and public health. Reports dealing with the subject were prepared for England, France, Holland, Switzerland, Italy, Spain, and Germany.

**Issuance of Handbook on Methods for Hookworm Control**

A special handbook outlining in detail the field methods employed by the Board in the control

of hookworm disease, was published during the year. The booklet was written by Dr. H. H. Howard, Regional Director for the West Indies, and was entitled: "The Control of Hookworm Disease by the Intensive Method." The treatise contains data of practical value to physicians, nurses, and laboratory personnel. It should also prove useful as a means of interesting governments and of stimulating them to undertake anti-hookworm operations, either independently or in conjunction with the Board.

### Publications

The following is a complete list of the reports and publications issued by the International Health Board during the year 1919.

#### PRINTED REPORTS (*for general distribution*)

Annual Report for the Year 1918.

Control of Hookworm Disease by the Intensive Method. By Dr. H. H. Howard, Director for the West Indies.

#### LITHOGRAPHED REPORTS (*for limited distribution*)

Annual Reports for 1918 on Work for the Relief and Control of Hookworm Disease in the following countries:

#### West Indies

British Guiana	Dr. F. W. Dershimer
St. Lucia	Dr. Stanley Branch
St. Vincent	Dr. P. B. Gardner
Trinidad	Dr. G. C. Payne

#### Central America

Costa Rica	Dr. Louis Schapiro
Nicaragua	Dr. D. M. Molloy
Panama	Dr. W. T. Burres
Salvador	Dr. C. A. Bailey

**South America**

Brazil	Dr. L. W. Hackett
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**The East**

Fiji	Dr. G. P. Paul
Queensland	Dr. J. H. Waite
Seychelles	Dr. J. F. Kendrick
Siam	Dr. M. E. Barnes

Reports on Hookworm Infection Surveys in the following countries:

State of São Paulo, Brazil	Dr. J. L. Hydrick
Jamaica	Dr. M. E. Connor

**The Illustrated Story of Hookworm Disease.**

Report on Microscopic Re-examination of Patients Cured Prior to June 1, 1918, in Work for the Relief and Control of Hookworm Disease in Trinidad—Dr. Geo. C. Payne.

Report on Work for the Relief and Control of Soil-Pollution Diseases in Texas from April 15, 1916, to December 31, 1918—Dr. P. W. Covington.

Report on Rural Sanitary Work in Seven Mississippi Counties from October 20, 1916, to July 1, 1919—Dr. W. S. Leathers and Dr. Chaillos Cross.

Report on Rural Sanitary Work in Harrison County, Mississippi, from January 18 to December 31, 1918—Dr. P. G. Pope.

**Articles and Reprints**

Other important contributions to medical and public health literature were made during the year. Most of these were in the form of articles published in medical journals that are widely circulated among persons interested in medical and public health topics. A list of these articles follows:

DR. M. E. BARNES. Report for the third quarter, July-September, 1918, on work for the eradication and control of uncinariasis in Siam. *China Medical Journal*, Jan., 1919, v. 33, p. 74-75.

DR. C. C. BASS. Studies in malaria control:

No. 1. Relative frequency of malaria in different ages and age groups in a large area of great prevalence. *Southern Medical Journal*, Aug., 1919, v. 12, p. 456-460.

No. 2. Treatment of malaria with the special object of disinfecting infected persons. *Journal of the American Medical Association*, Apr. 26, 1919, v. 72, p. 1218-1219.

No. 3. Observations on the prevalence of malaria and its control by treating malaria carriers in a locality of great prevalence in the Mississippi delta. *Southern Medical Journal*, Apr., 1919, v. 12, p. 190-193.

No. 4. Frequency of malaria relapse in an area of great prevalence in the Mississippi delta. *Contributions to Medical and Biological Research*, dedicated to Sir William Osler, etc., 1919, p. 323-326.

No. 5. Importance of disinfecting all cases treated as a factor in malaria control in a locality of great prevalence. *Southern Medical Journal*, June, 1919, v. 12, p. 306-310.

No. 6. Frequency of malaria infection without recognized symptoms compared with recognized attacks in an area of great prevalence. *Southern Medical Journal*, Aug., 1919, v. 12, p. 460-462.

No. 7. Proportionate dose of quinine required to obtain same results in treating malaria in children of different ages as in adults. *Southern Medical Journal*, Aug., 1919, v. 12, p. 462-465.

No. 8. Some observations indicating that effective immunity against malaria parasite infection does not occur. *Southern Medical Journal*, Aug., 1919, v. 12, p. 465-467.

No. 9. Effective and practical treatment of malaria to disinfect infected persons and to prevent relapse. *Journal of the American Medical Association*, July 5, 1919, v. 73, p. 21-23.

Some phases of tropical medicine in the recent world conflict. *New Orleans Medical and Surgical Journal*, Aug., 1919, v. 72, p. 72-81.

- DR. M. E. CONNOR. Questionario sobre fiebre amarillo. Guayaquil, Imp. municipal, 1919, 10 p.
- Conferencia celebrada ante el profesorado de las escuelas de la ciudad de Guayaquil, Guayaquil, 1918, 5 p.
- DR. S. T. DARLING. Pesquisas recentes sobre a opilação na Indonésia. *Annaes paulistas de medicina e cirurgia*, Feb., 1919, v. 7, p. 25-38. Same reprinted in *Faculdade de medicina e cirurgia de São Paulo, Instituto de hygiene, Boletim* N. 2.
- Sobre algumas medidas anti-malaricas em Malaya. *Faculdade de medicina e cirurgia de São Paulo, Instituto de hygiene, Boletim* N. 1.
- DR. F. W. DERSHIMER. The uncinariasis campaign. *British Guiana Medical Annual*, 1919, v. 22, p. 29-32.
- DR. LIVINGSTON FARRAND. Future co-operation between the American Red Cross and public health agencies. *American Journal of Public Health*, Aug., 1919, v. 9, p. 583-585.
- DR. S. M. GUNN. Une guerre nécessaire contre la tuberculose. *Je sais tout*, May 15, 1919, v. 15, p. 529-537. Same reprinted. English trans. in *American Journal of Public Health*, Oct., 1919, v. 9, p. 767-775.
- DR. V. G. HEISER. Teaching public health by demonstration, New York State department of health. *Health News*, Sept. 1919, v. 14, p. 226-229. Same reprinted.
- DR. A. I. KENDALL. National and international relations of sanitation in Ecuador. *Journal of the American Medical Association*, Feb. 22, 1919, v. 72, p. 599-600.
- DR. MARIO LEBREDO. Consideraciones que sugiere lo publicado por el Dr. Noguchi sobre etiología de la fiebre amarilla. *Vida Nueva*, July, 1919, v. 11, p. 145-155.
- DR. E. C. MEYER. Hospital service in rural communities. *Journal of the American Medical Association*, April 19, 26, May 3, 10, 17, 1919, v. 72, p. 1135-1136, 1219-1223, 1365-1367, 1460-1463. Same reprinted.
- DR. J. A. MILLER. Tuberculosis among European nations at war. *American Review of Tuberculosis*, Aug., 1919, v. 3, p. 337-358.
- DR. WICKLIFFE ROSE. Field experiments in malaria control. *Journal of the American Medical Association*, 1919, v. 73, p. 1414-1420 (abbreviated article, maps omitted). Same reprinted, with maps, 28 p. Spanish trans. in *Journal of the American Medical Association* (Spanish edition), Nov. 15, 1919 v. 2, p. 660-667. Same reprinted.

DR. LOUIS SCHAPIRO. Physical and economic benefits of treatment for hookworm disease. *Journal of the American Medical Association*, Nov. 15, 1919, v. 73, p. 1507-1509. Same reprinted. Spanish trans. in *Journal of the American Medical Association* (Spanish edition), Dec. 15, 1919, v. 2, p. 793-795.

DR. H. A. TAYLOR. Malaria control demonstration at Hamburg, Arkansas. *Southern Medical Journal*, Feb., 1919, v. 12, p. 74-86. Same reprinted.

DR. J. H. WAITE and DR. I. L. NEILSON. Study of the effects of hookworm infection upon the mental development of North Queensland school children. *Medical Journal of Australia*, Jan. 4, 1919, v. 1, p. 1-10. Same (without tables) in *Journal of the American Medical Association*, Dec. 20, 1919, v. 73, p. 1877-1879. Same reprinted.

DR. LINSLY R. WILLIAMS. Public health work in Germany in the area occupied by the American army, New York state department of health. *Health News*, Oct., 1919, v. 14, p. 249-252.

In addition, Dr. Noguchi, a member of the staff of the Rockefeller Institute for Medical Research, whose services had been lent to the International Health Board for special studies, contributed papers to the *Journal of the American Medical Association* and to the *Journal of Experimental Medicine*. The articles set forth the chief features and the results of his investigations at Guayaquil, Ecuador, regarding the etiology of yellow fever.

#### Other Publications and Exhibits

An exhaustive bibliography on hookworm disease, intended to cover all available references in medical literature on this subject, is now nearing completion and will be ready for publica-

tion at an early date. Further progress has been made, also, on the production of a film on hook-worm disease and in connection with a lecture chart on malaria.

#### Lending Staff Members for Special Service

The Board is frequently called upon to lend its staff members to health agencies for special assignments of research and investigation, or to advise health officers on definite aspects of their work. Special service of this kind constitutes one of the fields in which the Board may be helpful, and in which it may do much to realize its fundamental aim: that of aiding in organizing or further developing health services of various kinds.

#### Survey of Health Conditions at Halifax

The survey of health conditions at Halifax, which was undertaken by Dr. Heiser soon after the holocaust there, is a case in point. The study led to definite recommendations for the creation of a modern municipal health organization. The recommendations were accepted and were embodied in the new health program adopted for the city. The Board was invited to keep in close touch with the plans, and its co-operation and advice at every step of the way have been welcomed.

**Publication of Railway Sanitary Code for United States**

The Board donated, also, the services of one of its staff members to assist in the preparation of a railway sanitary code for the United States Railroad Administration. This effort marks the first attempt to compile a uniform code of such a nature for the railroads of the country. It promises to have a far-reaching and salutary effect as a means of giving a practical education in hygiene to the 2,000,000 railroad employes and to the many millions of railroad patrons.

**Other Incidental Activities of Staff Members**

Dr. Waite made a survey of health conditions in Olean, N. Y., and furnished a report to the New York State Department of Health. Among other activities for which staff members were lent during the year were the completion of the special social hygiene survey which was undertaken in 1918 for the American Society of Social Hygiene, and the supplying of staff members to conduct a nursing survey for the American Red Cross. These and the many other less important and incidental services of this kind which were rendered during the course of the year, represent in their aggregate an important contribution toward the promotion of "the well-being of mankind throughout the world."

### **Additional Information in the Appendix**

The annual report of the International Health Board for the year 1918 contained, in the form of an appendix, a detailed account of the problems encountered by the Board throughout the course of its various field operations for the control of hookworm disease, and a discussion of the working methods employed in meeting these problems. Health workers throughout the world seemed to find this text of value as a working handbook. Requests for copies of the report exceeded the available supply.. In order that the numerous demands for this material might be met, the Board has included in its report for the current year a reprint of the hookworm section of the report for 1918, revised to include the results of the research and the practical work of 1919. In the following pages therefore will be found a complete discussion of the Board's experience up to the end of 1919 in measures for the control of hookworm disease.

The sections of the appendix relating to the control of yellow fever, the studies and demonstrations in malaria control, and the campaign against tuberculosis in France deal primarily with the results for the year 1919.

## APPENDIX

### I

#### EXTENT AND SEVERITY OF HOOKWORM DISEASE

Hookworm infection is found in all tropical and sub-tropical countries in the zone which encircles the earth between parallels 35° north and 30° south. An idea of the wide-spread prevalence of the disease within this infected zone may be gained from the following statements. In fifteen foreign countries, measures for the relief and control of hookworm disease were terminated during 1919 in eighty-three rural areas having an average population of 4,322. In fifty-eight of these areas more than sixty of every one hundred persons examined were found to be infected. In fourteen of the areas the infection rate was between 90 and 100 per cent; in sixteen between 80 and 90 per cent; in fifteen between 70 and 80 per cent; and in twelve between 60 and 70 per cent. In only three areas were rates lower than 20 per cent recorded.

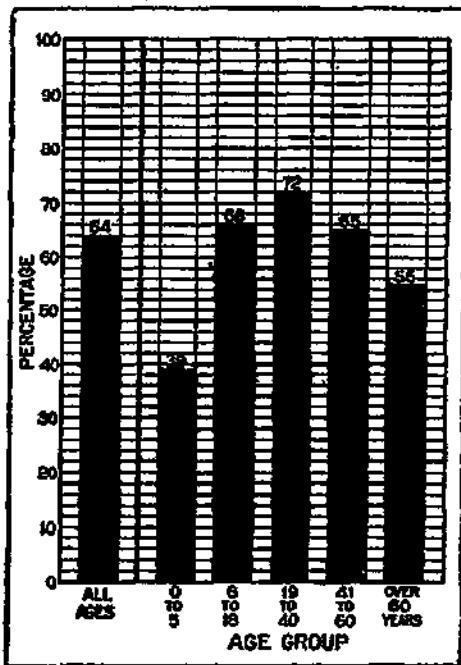


Fig. 18.—Rates of hookworm infection by age—all countries.  
Based on examinations from March 12, 1914, to December 31, 1919

**High Rate of Infection in India.** Microscopic examination in Ceylon of more than 50,000 Tamil coolies from Southern India has shown more than 98 per cent of them to be infected. This confirms the investigations carried out by the Indian Medical Service at Negapatam, the great clearing port for labor leaving South India, which showed 99.8 per cent of the emigrant laborers to be infected. Much of India's population of 300,000,000 is under the burden of a heavy hookworm infection and is the source from which the disease is carried to many parts of the world. In some of the rural regions of that country, from 80 to 100 per cent of the population is infected.

The original investigation carried out by Lieut.-Col. Clayton Lane under the auspices of the Indian Research Fund Association, in a group of tea gardens in Assam, showed 63 per cent of the 33,590 persons examined to be infected; and a second inquiry carried out by the same investigator, in the jails of Bengal presidency, demonstrated the infection in 8,973, or 71.3 per cent, of the 12,570 prisoners examined. In all, twenty-six jails were visited, and the rates of infection recorded ranged from 47.9 in the Presidency jail at Calcutta to as high as 86 per cent in the jail at Hooghly. The sanitary authorities believe that more than 30,000,000 of the 45,000,000 inhabitants of Bengal proper are infected, and are undertaking a systematic attack on the disease, beginning with a campaign in the schools.

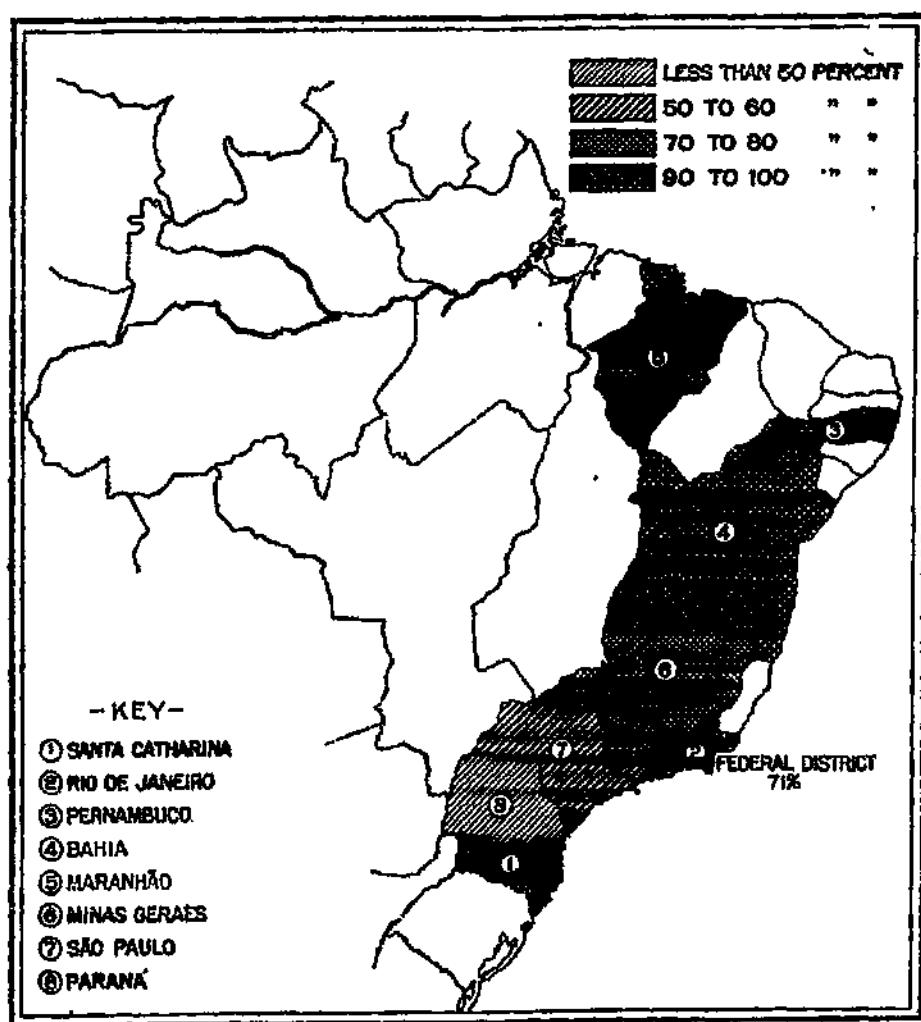


Fig. 19.—Rates of hookworm infection in Brazil, by states. Based on surveys and control measures up to December 31, 1919

**Prevalence of the Disease in Brazil.** In Brazil the field of operations against hookworm disease is almost unlimited. As far south as the state of Rio de Janeiro the average infection has reached 85 per cent, and the recent survey of the state of Maranhão shows that in no town yet examined in that state is the incidence of the infection less than 96 per cent. Considering all the areas of Brazil in which anti-hookworm work was completed during 1919, not less than 86.8 per cent of all persons examined were found to be infected with one or more kinds of intestinal parasites, hookworm infection alone being present in two of every three persons examined.

The Director of Rural Sanitation estimates that more than 80 per cent of the adults and more than 90 per cent of the children living in rural portions of the Federal District of Brazil are infected with some form of intestinal parasite. The number infected with hookworm he puts at 100,000, or two-thirds of the district's rural population. Among the first 1,839 persons examined in Jacarepagua, a typical rural community of this District, the percentage found infected with hookworm was 75, and only six persons were found who were free of all forms of intestinal parasites.

In the survey of the state of São Paulo three of every five persons examined were found to be infected with hookworm disease and four of every five with some type of parasite. On coffee plantations in the latter state practically 100 per cent of the adult population, or persons fourteen years of age or over, are infected, and the average number of hookworms harbored per person is as high as 160. Among the first 450 persons examined in the state of Paraná every one was found to be infected with hookworm. The infection on the plateau of this state, except in one or two cities, is low, but its littoral, though well within the temperate zone, shows an incidence of infection among the highest in Brazil. Similarly, the preliminary observations in the recently inaugurated survey of the state of Santa Catharina show a very high incidence of infection along the coast, ranging in seven towns from 77 to 98 per cent.

**Infection Rates in Sumatra and Formosa.** In Sumatra the infection is found probably as frequently as anywhere else on the globe. Van der Heijden and Schueffner examined, during 1914,

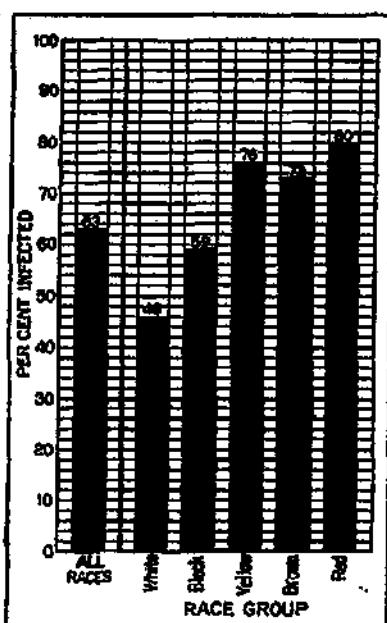


Fig. 20.—Rates of hookworm infection by race—all countries. Based on examinations from March 12, 1914, to December 31, 1919

thousands of laborers in the Lampung district of South Sumatra and reported that not a single one was without hookworm infection.

In Formosa, recently, among a group of political prisoners in the Taikoku jail, practically all of whom had come from the mountain villages of that country, 90.3 per cent infection was found among the first 300 prisoners examined. This led to the examination of 1,000 other prisoners, 97 of whom were Japanese and the other 903 Formosans. The inquiry developed that 59.0 per cent of the Formosans and 36.1 per cent of the Japanese were harboring hookworms.

**Prevalence of Hookworm Infection in Central America.** In Central America the results of approximately five years' work have shown that on the average two of every three rural inhabitants are infected. Within the borders of most of the countries, however, there are wide regional or climatic differences in the rates of infection, as in Guatemala, for example, where the infection rate on the Atlantic slope is only 37 per cent, as compared with 88 per cent on the Pacific. Operations in this country during 1919 were confined almost entirely to regions near the Pacific, and on the average eighty-six of every one hundred persons examined were found to be infected.

In Colombia, which adjoins the Central American countries on the south, there is an average infection rate of 78.1 per cent, ranging by provinces from the lowest (9.6) in Bogotá to the highest (98.7) in Ubate. For all districts having an altitude of less than 6,600 feet, the average infection rate is not less than 81.4 per cent. There are numbers of smaller areas in Central America where the infection approaches 100 per cent, as, to choose but one or two examples from the 1919 control operations, the district of Santiago, province of Veraguas, Panama, where 97 per cent of the people examined were found infected; and the districts of General and Osa in Costa Rica, where 94.9 per cent were found to be infected with hookworm and 100 per cent with one or another type of intestinal parasite.

**Infection Rates in Countries Recently Inaugurating Control Measures.** An infection rate of 60.5 per cent was recorded among 12,504 surface and underground workers examined in a control campaign carried out at the Pinghsiang colliery in China; of 33.4 per cent among 777 persons examined at the Tayeh Mines and Works in the same country; of 78 per cent among 37,971 persons examined in the province of Chiengmai, Siam; of 21.1 per cent among 21,844 persons examined in twelve small settlements in the state of Queensland, Australia; and of 52.3 per cent among 6,413 persons examined in the first two areas worked in the island of Jamaica. These are countries in which co-operative control measures have been inaugurated during the past three years. Reports from Australia had indicated that there was little or no infection among the aborigines, but over 80 per cent of all those examined to date have

been found infected. Arrangements for their treatment are now being made through the Chief Protector of Aborigines.

**Factors Favoring or Retarding Infection.** The influence of vegetation, shade, and the character and cultivation of the soil was strikingly shown in the state of Minas Geraes, Brazil, during 1919. This state is divided into two great regions: prairie and woods; the one is grassy and rolling, with little or no shade and with sandy soil; the other is fertile, with a clay subsoil and abundant lime matter. In the first region cattle are raised; the second was formerly a forest. In the sandy region only sixty-six of every one hundred persons examined were found to harbor hookworm disease; in the wooded

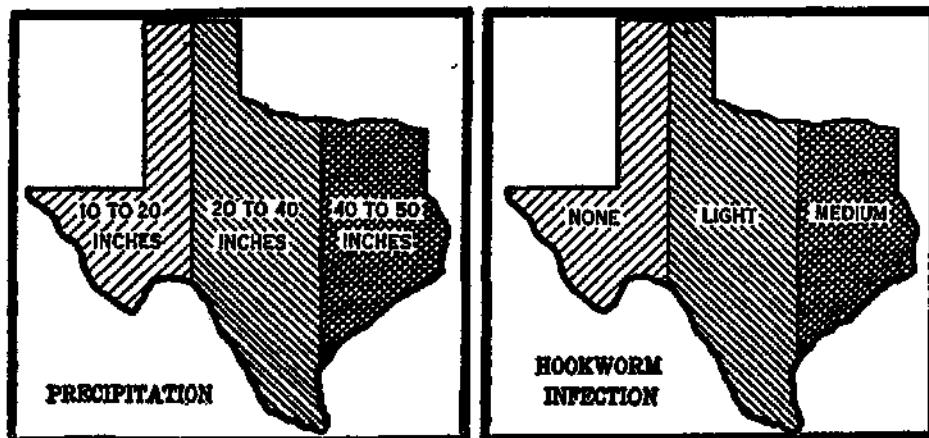


Fig. 21.—Correlation between rates of hookworm infection and amount of rainfall. Texas

region, there were ninety persons infected of every hundred examined. The town of Guinda, with 24.2 per cent, showed the lowest percentage of hookworm infection: it was situated in the midst of a region which possessed a dry and sandy soil, without vegetation, without shade, and with no cultivation.

**Effect of Rainfall in Promoting, and of Salt in Retarding, Development of Larvae.** Rainfall is an important contributing factor in the spread of the disease. In six adjoining settlements of Queensland, Australia, in which work was conducted during 1918, the percentage of hookworm infection ran parallel with the amount of rainfall. Thus, in two districts having an annual rainfall of less than 90 inches, the percentage of infection was 13.8, while that in four districts having more than 90 inches of rainfall was 27.8. Salt, on the other hand, plays an important part in retarding development of the larvae and in preventing the spread of the infection. In regions near the coast, upon which the sea frequently encroaches and the soil is impregnated with salt, the infection is always light. In Jamaica

during 1919, for example, the infection in a single district of twenty-eight square miles varied widely from the rates of 70 to 80 per cent recorded among East Indian laborers living in estate barracks, to those of 20 to 25 per cent established by examining the residents of low-lying and swampy sea-coast villages, where the sanitary conditions were no better than in the higher regions.

**Infection in Relation to Altitude and Climate.** The most favorable temperature for the development of the larvae is from 25° to 35° Centigrade (77°-95°F.). Below 22° Centigrade (72°F.) few larvae develop. In the republic of Colombia, for instance—a country where sharp distinctions in climate follow the sharply differentiated zones of altitude—a survey just completed showed that in the zones of altitude where the climate was tropical or sub-tropical the average infection rate was 84.1 per cent, as compared with only 9.6 per cent in the temperate zone. In the cold regions there was no infection whatever.

In the state of Paraná, Brazil, there is heavy infection among the people of the coast towns, with very light infection on the plateau; and in Australia, similarly, a surveying trip to Chartres Towers, a famous gold mining center located at an altitude of 1,000 feet, disclosed a rate of only 3.0 per cent among the 1,817 children and 123 adults examined, as compared with a rate of 18 per cent among adults

and children living in the coastal plain of the same state. The history of the infected persons showed that more than three-fifths of them were native to the coastal area or had passed several vacations there. In Ceylon, too, as the staff workers move toward the higher central watershed, the rate of infection becomes lower and lower and clinical evidence of the disease almost disappears.

**Hookworm Primarily a Rural Disease.** Persons who live in the country, away from sewerage, and who work in the soil, are much more frequently infected with the disease than city residents. The urban districts of Porto Rico, for example, showed, in a recent survey, a rate of only 21 per cent infection, despite the fact that for the island as a whole the average

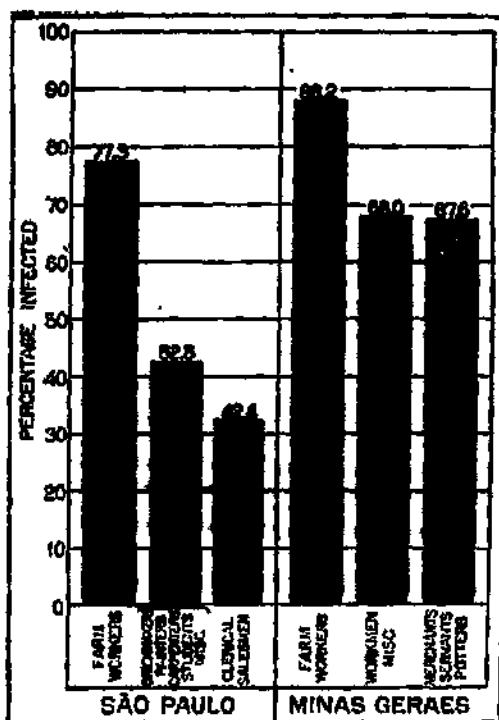


Fig. 22.—Rates of hookworm infection by occupation. States of São Paulo and Minas Geraes, Brazil



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Fig. 23.—Family of sixteen, each member infected with hookworm disease.  
Marion county, Mississippi

rate is 82.6 per cent. In sugar and tobacco producing districts the infection rate was 85.5 per cent; and in coffee raising districts, where denser shade exists and conditions are more favorable for the development of larvae, it was 97.7 per cent.

**Infection Rates by Occupations, in Colombia and Brazil.** Figure 22, page 130, compares the rates of infection found among various types of workers in the states of São Paulo and Minas Geraes, Brazil. It indicates the contrast that exists between workers who are thrown much in contact with the soil and those whose work is either indoors or in urban districts. This distinction is further borne out by survey findings for the state of Matto Grosso, Brazil, where hookworm infection certainly exists and is wide-spread, though the nomadic horseback life of the cattle rangers who comprise the bulk of the state's population has prevented the disease from assuming serious importance economically or clinically.

The data collected with respect to occupations in Colombia coincide with those for other countries. As usual, the agricultural industries as a whole (including cattle raising, and the growing of coffee, sugar, and vegetables) gave the highest rate of infection, with coffee laborers showing the greatest prevalence (93.9 per cent) of any of the agricultural groups examined. The miners of Colombia, on the other hand, showed only 17.1 per cent infection—a surprisingly low rate of infection for miners—though the latter rate may doubtless be accounted for in part by the fact that the mines are located in temperate regions.

**Relationship Between the Wearing of Shoes and the Rate of Infection.** Persons who go barefooted, or those who in other ways allow the bare skin to come into contact with polluted soil, show correspondingly higher rates of infection than those who wear shoes. For example, the survey of the state of São Paulo, Brazil, concluded during 1918, showed only 41.2 per cent infection among shoe wearers, as compared with a rate of 62.9 per cent among persons who went barefooted. In Colombia, too, the infection survey showed an incidence of only 38.8 per cent among those who habitually wore shoes, as compared with 81.5 per cent among those who went barefooted. Everywhere the findings speak volumes in favor of the use of shoes, but in most regions the economic conditions preclude their wide-spread adoption.

### SEVERITY OF THE INFECTION

The severity of the disease is now believed by many authors to depend primarily upon the number of worms harbored by infected individuals. Generally, the higher the percentage of persons infected in a given locality, the larger is the average number of worms harbored by infected individuals, the more severe are the symptoms found, and the more difficult is the disease to bring under control.



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Fig. 24.—Group of Australian aborigines assembled for hookworm treatment. These indigenous people had been thought to be practically free of infection but examinations to date disclose an infection rate of 81 per cent.

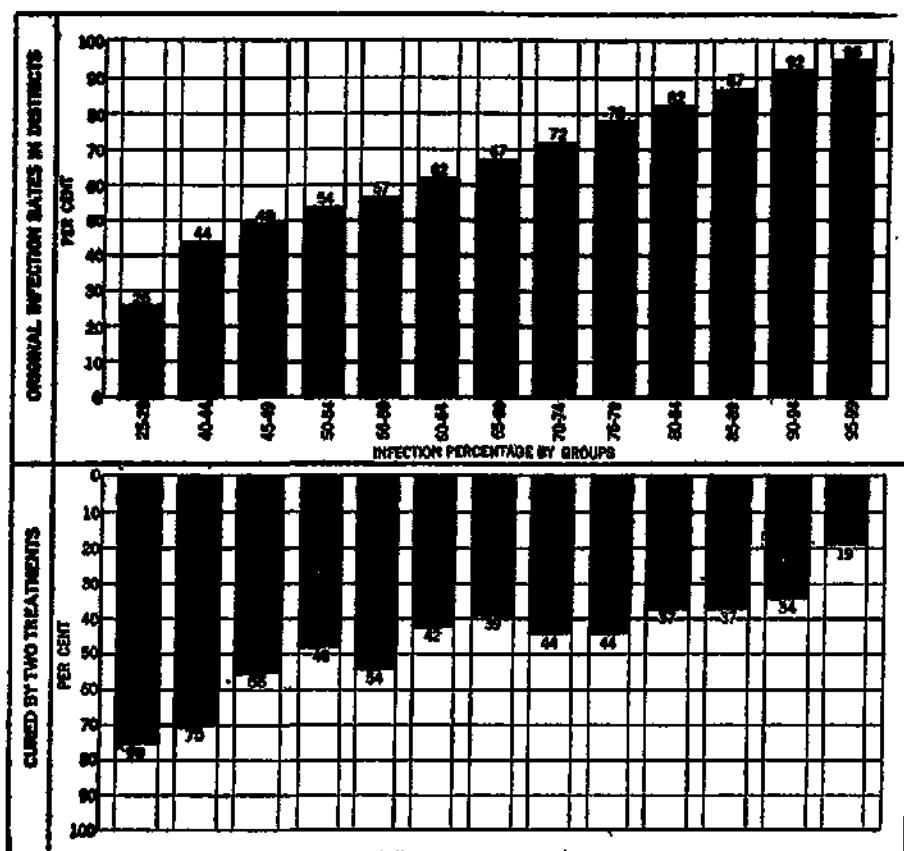


Fig. 25.—Difficulty of curing hookworm disease where infection rate is high. Relationship between rates of hookworm infection and cures by two treatments. One hundred fifty districts in Trinidad. Persons examined, 42,284

The difficulty of effecting cures in localities with high rates of infection is strikingly illustrated by figures compiled in Brazil and in Trinidad. In the former country, the percentage of persons cured by two treatments of the same drug, administered in the same manner, and under practically the same conditions, was 38 in Rio Bonito, a municipality having an infection rate of 88.5 per cent, and 71 in Guarulhos, where the infection was 57 per cent.

The statistics for Trinidad (Fig. 25) cover the examination of 42,284 residents of that colony during the period from May 15, 1915, to December 31, 1918. It will be noted that in districts with 25 to 29 per cent of their inhabitants infected, the percentage of infected persons cured by two treatments was as high as 75. As the rate of infection rose, the difficulty of curing increased, until in localities with extremely high rates of infection—representing between 95 and 99 per cent of their inhabitants—only 19 per cent of the infected persons could be cured by two treatments. The drugs

used and the conditions of administration were practically the same in all districts.

**Determining Severity by Counting the Worms.** The number of worms harbored by a group of individuals may be ascertained quite accurately by giving the persons a vermifuge and counting the worms expelled after the drug has acted. It is usual to count the worms for a period of two or three days following each treatment. Worm counts are of value not only because they reveal the average degree of infection in different communities, as well as the type of worm harbored, but also because they are of much assistance as a means of demonstrating the presence of the disease and enlisting popular support in measures for its control.

**Infection Index in Different Regions.** In Siam the feces of fifty-nine persons were examined for seven hours after first treatment. The average number of worms expelled was forty-five. More than half (thirty-nine) of the cases harbored less than twenty worms each. In Formosa, on the other hand, 1,663 worms were obtained from ninety-three persons who were given trial treatment. This is an average of 125 per person. The greatest number of worms obtained post-mortem was 1,139. In Nicaragua as many as 4,000 worms were recovered from a single patient, and in Brazil particularly high worm counts have been obtained in the states of São Paulo and Rio de Janeiro. In these states the incidence of the infection is reported to be high and the disease severe in form, despite the fact that the climate is cool the year round. The total of 29,029 hookworms recovered from 280 residents of these states, who were treated to determine the degree of infection, gave an infection index<sup>1</sup> of 104. This is twelve points higher than the index for Java, where the disease was thought to be more wide-spread and more severe than in Brazil (Fig. 26).

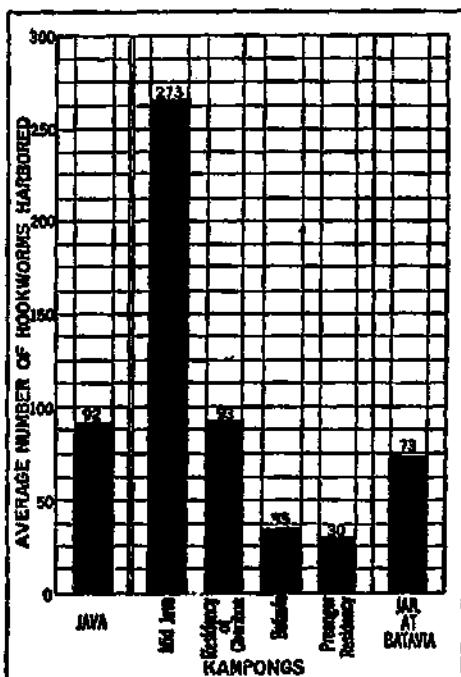


Fig. 26.—Hookworms harbored by three-hundred seventy-eight infected persons in Java. Distribution by localities

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<sup>1</sup>Average number of worms per case.

**Worms Harbored by Brazilian Vagabond Boys.** Nearly 11,000 worms were recovered from a group of eighty-one vagabond boys treated in the state of Rio de Janeiro. The counts ranged from two to 982; the average was 133. Another boy, who was too weak to receive the three treatments which were administered to the first eighty-one, expelled 1,912 worms as a result of the two treatments he was able to take. In a similar experiment among forty-five vagabond boys in the state of São Paulo, an average of 233 worms was obtained after treatment from nineteen boys who had always lived in the country, and an average of fifty-nine from twenty-six boys who had always been city residents.

**Degree of Infection Among Agricultural Workers in Brazil.** Townspeople are always more lightly infected than agriculturists.

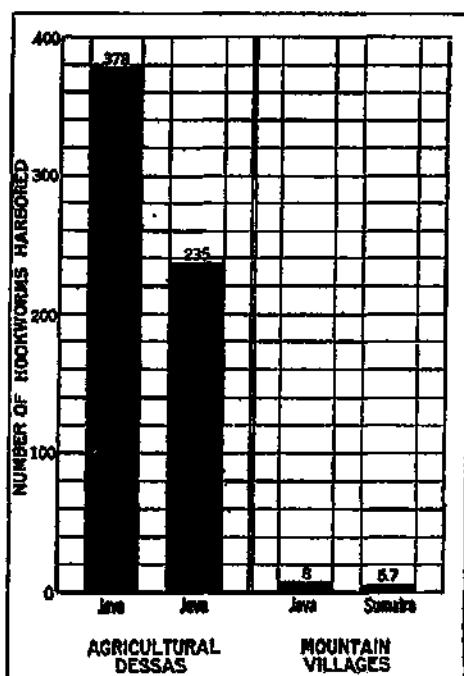


Fig. 27.—Comparison of number of worms harbored by agricultural workers and dwellers in mountain villages. Java and Sumatra

and are becoming interested in efforts to promote the health and working capacity of their laborers through treatment for hookworm disease and the prevention of soil pollution.

**Severity of Infection Among Southern Troops in U. S. Army.** Knowlton, in his work at Camp Jackson, South Carolina,

This is shown, for example, in Figure 26, page 135, which compares the infection indices of town residents, mountaineers, and agricultural workers in Java. The urban dwellers treated in Brazil yielded, on the average, less than fifty worms, while groups of farm laborers expelled from fifty-five to 233. From three adult farm workers in Guarulhos, 1,390, 1,031, and 405 worms apiece, or 972 average, was obtained. The average number of worms harbored by all workers on coffee plantations in the states of Rio de Janeiro and São Paulo doubtless reaches 160 or more; children under fourteen years of age living on these farms have been found to harbor as many as 365 worms. Coffee growers, and employers of agricultural labor in general, realize what this means as a cause of debilitation and inefficiency,

treated for hookworm disease a large number of infected soldiers from the Carolinas and Florida. Among sixty-nine white and eighteen colored cases, the average number of worms obtained from the whites was 155.3; from the colored, 38.3. In a considerable proportion of the soldiers the infection was mild in form, but all grades were encountered, and in a few cases the infection was severe; three white patients yielded 1,010, 1,263, and 1,704 worms, respectively.

Through the means of the laboratory car *Metchnikoff* there were unsurpassed facilities for observing the effects of hookworm disease upon troops of the Southern Department of the United States Army, including recruits from the states of Texas, Oklahoma, Arizona, and New Mexico. Marked clinical symptoms were absent in 90 per cent of the men who, upon microscopic examination, were found to be infected; on treatment the number of worms expelled the first day by 80 per cent of the infected soldiers ranged only from one to five. This is an unusually light infection. The men dealt with, however, were between twenty and thirty years of age, an age period in which individual infections are dying out, and only a small proportion came from regions of heavy infection.

**Correlation Between Number of Worms and Percentage of Hemoglobin.** In general, there is definite relationship between the number of hookworms harbored and the amount of blood loss or anemia. This may perhaps be obscured by the resistance of the infected person, by abundant food, opportunities for rest, or by exceptionally active blood-forming processes, but the drain is none the less real and a constant tax on the vital powers. Thus, in the state of São Paulo, Brazil, during 1918, the average hemoglobin of six boys above fourteen years of age who harbored more than 400 worms each, was 63.7 per cent, as compared with an average of 72.7 per cent among forty-six boys of the same age who harbored less than seventy-five worms each. The normal hemoglobin of boys of this age is 84 per cent. Knowlton found, in his work among soldiers at Camp Jackson, South Carolina, that no severe reduction in hemoglobin was caused by less than 500 worms. The hemoglobin of thirty-three of his patients each of whom had fewer than this number of worms, was between 80 and 89 per cent.

**Importance of other Factors which Lower the Hemoglobin Index.** Of course, not all anemia encountered among the people in infected regions is to be attributed to hookworm disease. Malaria and underfeeding, to say nothing of other devitalizing diseases and conditions, play important parts. The hemoglobin index of all 109 prisoners in the jail at Batavia, Java, for example, was 25.8 points below the normal 95 per cent. Experiments indicated that a loss of 6.8 points was due to hookworm disease, of 10.3 to malaria, and of 8.0 to hard labor. Again, in Fiji, where there is no malaria, underfeeding resulted in a group of East Indians having 9.5 per cent lower

hemoglobin than another well-fed group of the same race. Both groups harbored the same number of hookworms.

**Varying Effect of Equal Numbers of Worms Upon Men, Women, and Children.** The Board's Uncinariasis Commission to the Orient, working with large numbers of persons from whom practically all hookworms had been expelled by vermifuge and counted, found that on the average, in the presence of the conditions that obtained in the areas dealt with, twelve hookworms caused a reduction of 1 per cent in hemoglobin. An equal number of worms produced more anemia among children than among women, and more among women than among men. Furthermore, when the types of infection resulting from equal numbers of *Ancylostoma duodenale* and *Necator americanus* were compared, it was found that the former produced a more severe form of the disease than the latter.

## II

### EFFECTS OF HOOKWORM INFECTION

Hookworm infection works subtly through long periods of time. Its cumulative effects are handed down from generation to generation. The disease destroys economic efficiency and social development on the one hand, the while it undermines physical and mental health on the other. It is a menace and an obstacle to all that makes for civilization. As a handmaiden of poverty, a handicap of youth, an associate of crime and degeneracy, a destroyer of energy and vitality, it stands in the very forefront of diseases. Its effects express themselves in stunted physical and mental growth, blighted health and efficiency, retarded economic progress, and general degeneracy and decay. Labor is impaired, home standards are lowered, mental development is inhibited, and there is a tendency for the human machine to wear out before its time. Wherever treatment is systematically carried out and followed by rigorous control of further infection, marked improvement in health and general capacity results.

#### PHYSICAL RETARDATION

Hookworm disease saps the strength by such imperceptible stages that usually the patient himself does not sense any change in his physical condition from day to day, until his powers of resistance eventually become so lowered that the germs of tuberculosis, of pneumonia, of typhoid fever, or of some other acute infectious disease find favorable lodgment, and all too frequently a fatal outcome results. Statistics show that the mortality rate of hookworm is greatly exceeded by the rates of the more spectacular diseases. But by its steady sapping of the strength of millions of people, continued without interruption over many generations, hookworm disease causes human misery and suffering of a much more severe character than its low death rate would lead one to expect.

**Retardation as Measured by Hemoglobin Content.** In Costa Rica, Nicaragua, Panama, and a number of other countries,

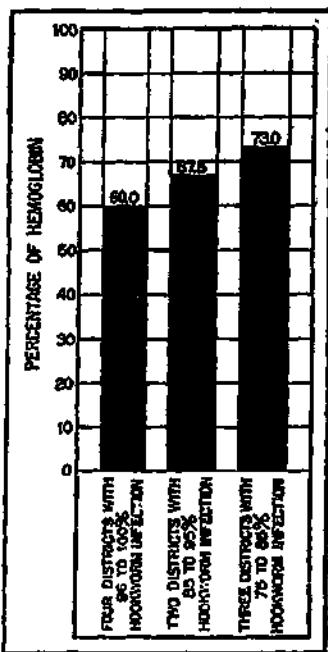


Fig. 28.—Relationship between percentage of hookworm infection and hemoglobin index. Nine districts of Porto Rico

blood examinations have been made with a view to determining approximately the degree of anemia which is associated with the infection. Among a total of 194,021 persons whose blood has been examined to date, three-fifths had a hemoglobin index below 70 per cent. By far the largest number of cases in any single group (91,190) fell between 50 and 69. Twenty-two thousand, six hundred cases were between 30 and 49, while 2,842 were between 10 and 29, and 226 were below 10. Of course not all this anemia is due to hookworm infection, as hard labor, underfeeding, malaria, and a number of other devitalizing diseases and conditions play their parts in impoverishing the blood.

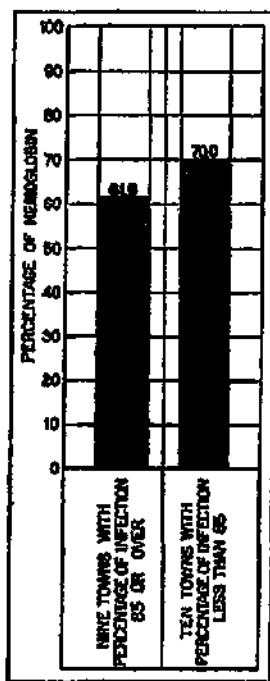


Fig. 29.—Relationship between percentage of hook-worm infection and hemoglobin index. Nineteen towns in state of Minas Geraes, Brazil

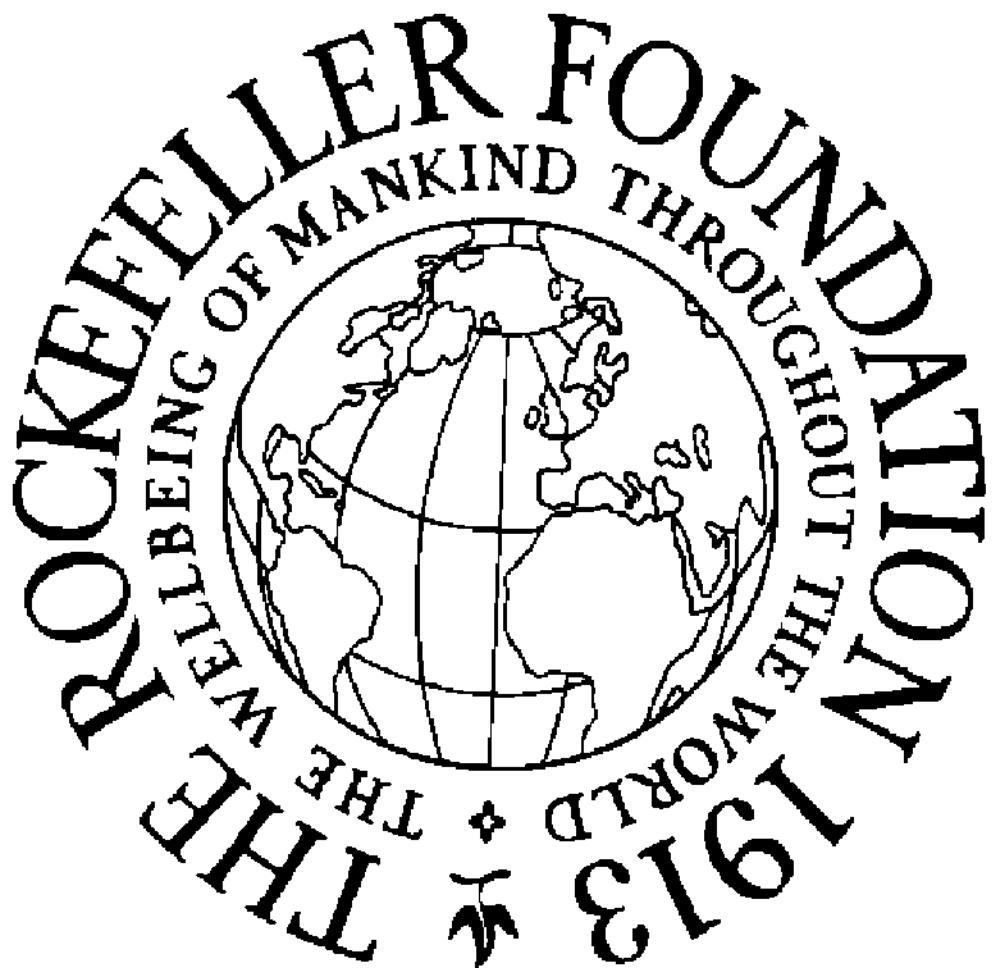
those after treatment, of 76 per cent.

That the hemoglobin index continues to rise for a considerable period following the close of regular campaign measures, is suggested by observations made on the estate of Rodeo, in the canton of Mora, Costa Rica. On this estate the average hemoglobin index of persons just cured was 63.3. In a re-survey conducted two years later, it was 76.8 among the persons remaining uninfected.

<sup>1</sup> It would, of course, be preferable to confine the comparison before and after treatment to the same number of persons. However, since the cases examined after treatment were taken at random and large numbers were involved, the figures are doubtless sufficiently accurate for practical purposes.

**Increase in Hemoglobin Following Treatment.** From a number of countries, distinct gains in hemoglobin have been reported among groups of infected persons after treatment for hookworm disease. In Porto Rico, the average hemoglobin as estimated for the total population over a large area where the test was made, was raised from 43 in 1904 to 72 in 1914; in Dutch Guiana the average hemoglobin in a group of infected persons was 71 before treatment and 90 six months or more afterward; in five towns of Nicaragua the hemoglobin index of infected persons rose from 61 to 74 as a result of treatment; in two areas of Panama, from 59 to 68; and among a small group in Chiengmai province, Siam, from 65.5 to 77.5.

During 1917, 1918, and 1919, the director of the work in Costa Rica had opportunity to test the blood of 62,124 infected persons before treatment for hookworm disease, and of 21,787 of the same persons (35 per cent) six months or more after they had been treated.<sup>1</sup> The examinations before treatment showed an average hemoglobin of 64 per cent;



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Fig. 30.—Retardation in growth, due to hookworm disease. Two sisters, one on left twenty-one years old and heavily infected; one on right seventeen years old and lightly infected. Ceylon

**Gain in Body Weight by Siamese Soldiers.** It is customary for striking gains in body weight to follow treatment for hookworm disease. Such improvement in individuals has often been noted, and large numbers of separate instances could be cited of remarkable increases in weight within short periods of time. During 1918, Hluang Boriracksha, of the Siamese Army Medical Service, made observations on ninety-nine soldiers of the Siamese Army. All of these men had hookworm disease. Sixty-nine of them were treated once with fifty grains of thymol. The other thirty were given no treatment whatever. The treated men gained an average of 10.6 pounds in weight over a period of one year, while the untreated gained during the same period an average of only 1.1 pounds.

**Hookworm as a Factor Predisposing to Other Diseases.** The 1918 influenza epidemic in Ceylon showed that on all the estates embraced within the Maskeliya area, with a total laboring population of 17,838, the death rate from influenza and its sequelae was twice as high among persons who had not been treated for hookworm disease as among those who had. The deaths numbered 111, or 7.5 per thousand, among 14,659 persons who had been treated for hookworm infection before being attacked by influenza, as compared with 43, or 13.8 per thousand, among 3,253 persons who had not been treated for hookworm. Similarly, Major Kofoid, of the United States Army Medical Service, reports that the hospital statistics and sickness records of 24,000 men at Camp Bowie during the period from October, 1917, to May, 1918, indicated that the resistance to disease was lowest and the mortality rates were highest among the organizations in which hookworm disease was most prevalent.

**Reduction of Morbidity Following Hookworm Campaigns.** That improved health follows treatment for hookworm disease is illustrated by the following instances:

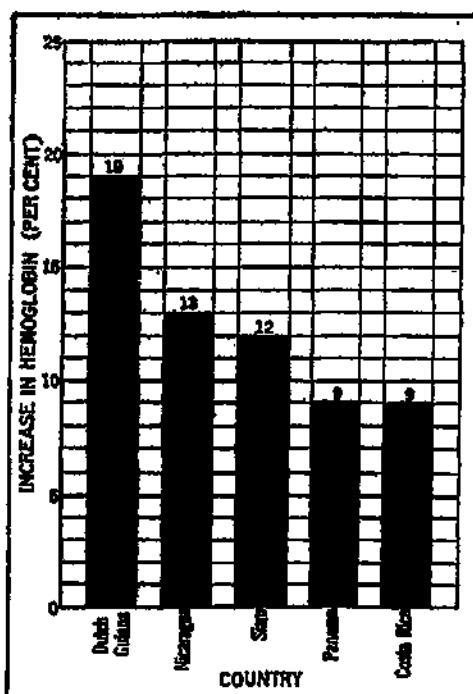


Fig. 33.—Increase in hemoglobin following treatment for hookworm disease.<sup>2</sup> All countries

<sup>2</sup> The figures indicate the difference between the hemoglobin index of infected persons before treatment and their index after treatment.



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Fig. 31.—Tamil boy, before treatment for hookworm disease. Age 7, weight 32 pounds, hemoglobin 60 per cent. Bed-ridden for nearly a year

Fig. 32.—Same boy as Fig. 31, six months later, after being cured of hook-worm disease. Able to participate in boyish games

*a. Decrease in admissions to estate and asylum hospitals in Trinidad.* On one estate in Trinidad, as well as at the Orphanage and Industrial School located at Tunapuna in that colony, sanitary reform and the treatment of infected persons reduced by two-thirds the number of patients admitted to hospital. The work in the Orphanage was completed in April, 1916. During the last two months of the year, only three patients were admitted to the hospital, as compared with a monthly average of forty admissions for the previous four years. In another institution in the same colony, the Boys' Reformatory, the regular hookworm control measures were completed in March, 1918. Before the boys had received treatment for hookworm disease, sixty or seventy ulcers had to be dressed daily; two months after treatment had been begun only seventeen ulcers remained, and of that number, only three were serious enough to require much attention.

*b. Diminished sickness in areas of British Guiana.* From the Peter's Hall and Belle Vue districts of British Guiana, where operations against hookworm disease were in progress during 1914 and 1915, the number of patients admitted to the public hospital at Georgetown during 1916 was 31.5 per cent lower than during 1914. In contrast with this, the reduction for rural districts in which measures against hookworm disease were not carried out, was only 6.5 per cent.

On one estate in this colony the amount of sickness had increased to such an extent that before the laborers were treated for hookworm disease an addition to the estate hospital was planned. As a result of the hookworm campaign which intervened between the planning of the addition and its erection, the addition was found unnecessary. So great was the reduction in the sickness after hookworm disease had been treated, that even the original quarters were seldom filled to capacity.

*c. Lowered record of sickness calls on Ceylon estates.* On seven estates of Ceylon there was a decrease of 1,132 sickness calls, or 44 per cent, for four months of 1917, following treatment of the laborers for hookworm disease, as compared with the same four months of 1916, before the laborers had been treated for the disease. The largest reduction occurred in the calls for second and third treatments, indicating that the improvement in health effected by treatment for hookworm disease resulted in the patients being more readily cured of all their maladies. The decrease in bowel complaints and in malarial fevers among the coolies on these estates was especially marked.

In another area the District Medical Officer reported that only 2,604 patients were admitted to hospital in 1918, after treatment for hookworm disease had been carried out in his locality, as compared with 3,694 in 1916, before systematic work against the disease had been begun. This represents a reduction of 27 per cent in the number of hospital admissions.

*d. Lessening of sickness absenteeism on Indian tea estates.* The investigation conducted by Lieut.-Col. Clayton Lane in the Darjeeling district in India showed that treatment resulted in noticeable improvement in the health and efficiency of labor. One manager wrote Dr. Lane that during the three months preceding the campaign against hookworm disease, at least forty-five men were continuously absent from work because of sickness. During the same three months of the following year, after the hookworm campaign, only twenty-six men were laid off for this reason—a reduction of 42 per cent. Another manager reported that prior to the time treatment was given his laborers, between 150 and 200 of them were absent from work daily during the rainy season. In 1918, after treatment had been administered, the number daily absent from work during the rains never exceeded sixty, and usually was considerably less than this figure.

**Effect of the Disease on the Birth Rate.** It is probable that hookworm disease has a deterrent effect upon the birth rate. Not only do the sterility and impotence commonly caused by the infection reduce the frequency of conception, but the effects of the disease, falling most heavily on women of child-bearing age, cause a large proportion of the pregnancies that do occur to terminate in abortions or miscarriages. Wherever treatment is carried out over large areas, the birth rate is stimulated in marked degree. Many women become pregnant who have not borne children for years. The regularity of menstruation is restored, sterility reduced, the number of pregnancies correspondingly increased, and the proportion of unfavorable terminations reduced. This is a fact of vital economic significance in view of the present shortage of man-power throughout the world.

#### MENTAL RETARDATION

During 1918 the Ministers of Public Instruction in Nicaragua and Salvador issued decrees calling for the examination of all school children for hookworm disease and for the treatment and cure of those infected; and the Prefect of the Federal District of Brazil, similarly, ordered the examination and treatment of the pupils in the public schools of the city of Rio de Janeiro. These acts were prompted by recognition of the fact that aside from its baneful influence in retarding physical development, hookworm disease causes a further loss to the state by impairing the intellectual character and capacity of its citizenship.

**Comparative Scholarship Gradings of Infected and Non-Infected.** Lists of the children found infected usually correspond with those of the dullest pupils in their grades. In one women's college in the Southern States, for example, the average standing of fifty-six students found infected was 78 per cent, whereas fifty-six students found free of infection averaged 89 per cent. In another

instance, twenty-five infected boys in a Southern academy averaged 64 per cent in their studies, as compared with the percentage of 86 maintained by the same number of non-infected boys. Here the retardation was approximately 25 per cent. Teachers everywhere are practically unanimous in reporting that treatment of the infected pupils results not only in marked gains in weight and physical appearance, but in decided improvement in zeal and intelligence as well.

**Mental Retardation from Hookworm Disease in U. S. Army.** Major Kofoid reports, on the basis of his experience with hookworm disease among troops in the Southern Department of the United States Army, that when the findings of the hookworm survey were compared with those of the psychological board in the case of 10,000 men at Camp Travis, Texas, the mentality of white men with hookworm disease was found to be about 33 per cent below the mentality of those without it.

**Study of Mentality of Infected Children in Queensland.** During 1918 a thorough investigation was made of the mental retardation due to hookworm infection among the school children of Queensland, Australia. The study was made possible by the Queensland Department of Public Instruction, which provided a school nurse for six months and all necessary facilities for carrying out the work. Three hundred forty children between the ages of six and fourteen years were selected for mental testing. As far as possible, effort was made to obtain a fair representation of the 5,000 or more school children residing within the areas visited, both as to strata of society and the sections of town or country from which they came. The children

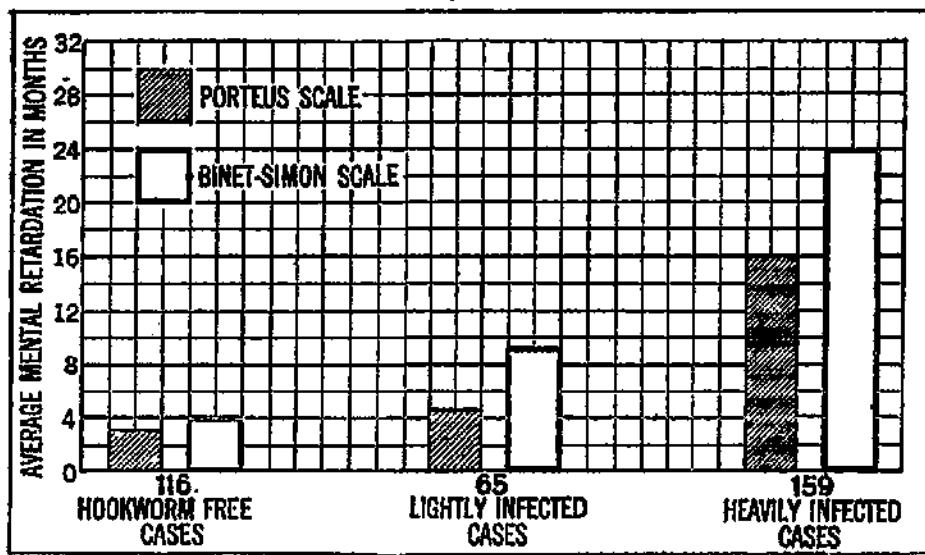


Fig. 34.—Comparative mental retardation, in months. Hookworm free, light hookworm infections, and heavy hookworm infections. Three hundred forty school children of Queensland, Australia. 1918

selected fell naturally into one of three groups, according as microscopic examination of the fecal specimens which they submitted showed that they were not infected, only lightly infected, or heavily infected, with hookworm disease.

**Measures of Mentality Employed in Queensland Study.** The method of selection on the basis of stool examinations kept a constant factor of other causes of retardation, such as hereditary mental defects, syphilis transmitted from parents, parental alcoholism, tonsils and adenoids, and so forth. The tests were applied by the nurse, without knowledge as to what result the microscopic examination of the child's feces had yielded. Goddard's revision of

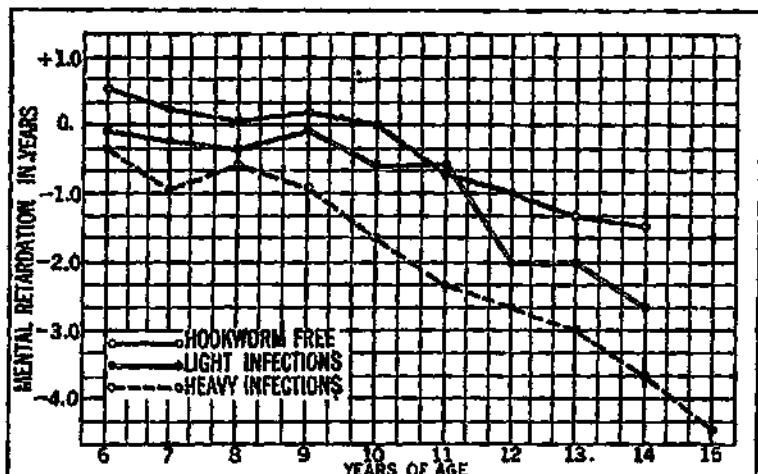


Fig. 35.—Results of Binet-Simon mental tests by age groups. Three hundred forty school children, Queensland, Australia. 1918

the Binet-Simon tests, the Porteus mazes, and a special modified dot-counting test were employed in gauging the mentality of the children. In using the Binet-Simon tests, special adjustments were made to adapt them to Australian children. From thirty-five to forty minutes were taken for applying the tests to each child.

**Findings of Queensland Mental Retardation Study.** Figs. 34 and 35, pages 146 and 147, exhibit graphically the principal facts disclosed by the survey. Lightly infected cases had, on the average, a retardation of 9.3 months in their mental development as measured by the Binet-Simon tests, and of 4.9 months as measured by the Porteus; while heavily infected cases were retarded 23.4 months as measured by Binet and 16.6 months as measured by Porteus. The longer the infection had persisted in the child, the greater was the retardation found to be. Thus, in infected children eight years old the retardation was only 6.6 months, while in those eleven years old it was 19.0 months and in those fourteen years old, 25.9 months. In extreme cases accompanied by the most severe types of individual infection, a retardation of as much as five years was recorded.

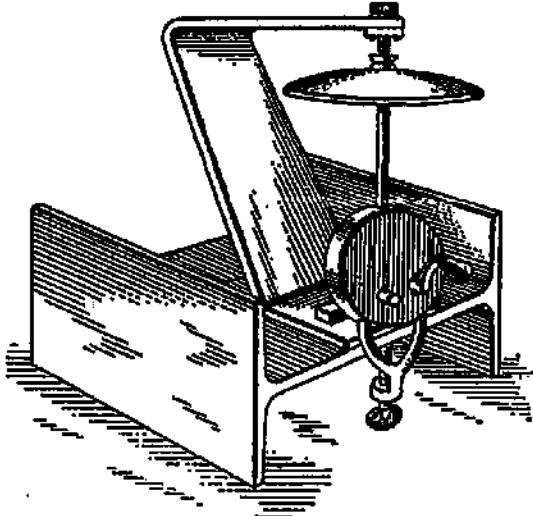
### III

## DIAGNOSIS OF HOOKWORM INFECTION

Measures for the relief and control of hookworm disease, to be of the greatest value, must be conducted in such manner that their benefits will not only reach the more advanced and prosperous peoples, but also extend to the many millions of primitive folk who

inhabit the more remote and inaccessible regions of the earth. This means that field activities must often be carried out under conditions far from ideal. In all of the Board's work the aim has been to achieve accuracy and simplicity. If the latter requirement is to be met, the apparatus and equipment cannot be elaborate, nor should extensive preliminary training on the part of the examiners be necessary. Another cardinal point is to keep the expense within the means of the community; otherwise there can be no world-wide hookworm control.

Fig. 36.—Winsor's stand for increasing speed of centrifuge



**Methods of Diagnosing the Infection.** The disease may be diagnosed by administering a vermifuge and searching the stools for hookworms, or the vermifuge may be omitted and specimens of feces may be microscopically examined for ova. It has been customary to rely almost entirely upon several variations of the latter method. There are also various culture methods for demonstrating the infection, but these are hardly practicable for extensive use in the field.

**How Fecal Specimens are Received and Examined.** When microscopic examination of the feces is the basis for demonstrating the disease, every person in an infected area is invited to submit a specimen of his feces for examination. For this purpose are supplied small tin boxes about one inch in diameter, with the lid of each properly marked for identification. Every effort is made to insure careful and accurate diagnosis of the specimens submitted. In each country the examiners are native young men who have been especially

selected for their reliability, and carefully trained in the detection of ova. The specimens found negative by one man are in almost all cases re-examined by one or two others, and head examiners are usually employed to watch over the work and safeguard the accuracy of the results.

### MICROSCOPIC DIAGNOSIS WITH PLAIN SMEAR

Until 1914 the plain smear method of microscopic examination was used almost exclusively. This consists of the careful search of not less than three smears from each specimen before pronouncing free of infection the person who submitted it. The glass slides on which the smears are examined measure not less than 1" x 3". The disadvantage of this method lies in the fact that it requires more time for thorough examination than can well be devoted to each specimen. Furthermore, the specimens themselves are too small to yield entirely trustworthy results. Nevertheless, the method gives fairly good results when large or moderate numbers of the parasites are harbored.

### DIAGNOSIS WITH THE AID OF THE CENTRIFUGE

When only a few worms are harbored, the number of eggs in the feces is, of course, correspondingly reduced. It then becomes necessary to employ a ready means of concentrating the eggs, not merely to facilitate the search but also to insure a greater degree of accuracy in the findings. In recent years a multiple-tube hand centrifuge, which goes far toward meeting these needs, has come into general use. When this machine is employed, two or three slides from each specimen are first examined by the ordinary plain smear method. Those specimens which seem to be negative by this process are set aside and centrifuged in groups of twenty; and from the concentrated sediment thus obtained, two or three slides are usually prepared from each specimen for further examination with the microscope. Experiments have shown that the number of specimens found positive is about 20 per cent higher when the centrifuge is used than when the ordinary plain smear method alone is relied upon for diagnosis.

**Use of Centrifuge Stand.** Dr. S. A. Winsor, in Ceylon, found that by the use of a stand such as is pictured in Figure 36, page 148, the speed of the centrifuge may be considerably increased. The increased speed causes the ova containing sediment to adhere more closely to the cork at the lower end of the centrifuge tube. The close packing insures against the possibility of a considerable portion of the sediment falling back when the tube is tilted to remove the cork.

### METHOD OF EMULSIFYING STOOLS FOR CENTRIFUGATION

According to the usual method of preparing stools for centrifugation, a small quantity of feces—4 to 5 grams—is placed in a flat-bottom glass vial. To this specimen is added ten or more times its bulk of water. The water and feces are stirred together until an emulsion is made. The emulsion is then poured into a centrifuge tube through a glass or paper funnel in which are placed two or three layers of gauze, which serve to remove the larger particles from the fluid.

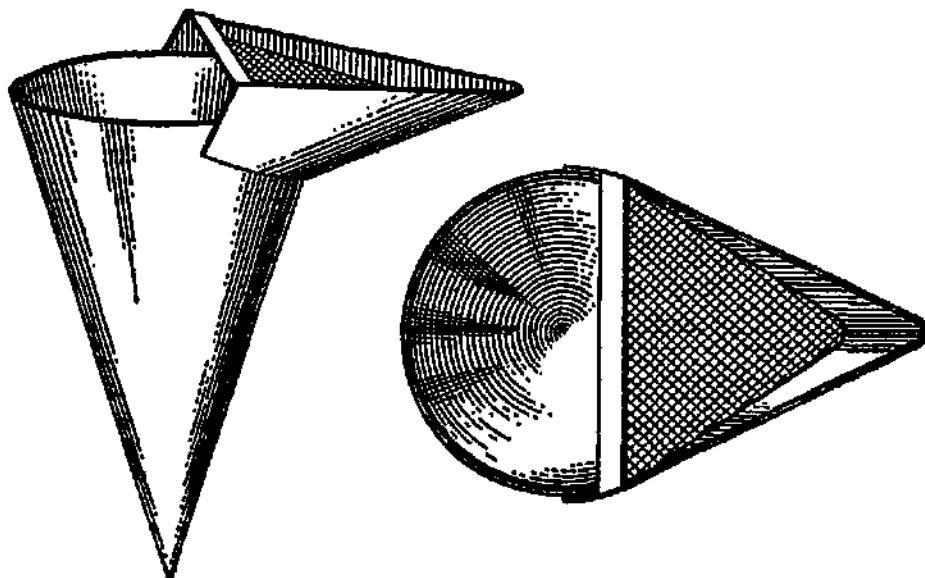


Fig. 37.—Waite's special grooved tin cone for pouring fluid stool into centrifuge tube

Dr. J. H. Waite devised a method of emulsifying stools in which he substituted for the glass mixing vial a tin cone grooved at the top to facilitate pouring a small stream of fluid stool into the centrifuge tube (Fig. 37). This method obviated the need of a funnel. The cones are cheap, unbreakable, and easily packed for transportation. They allow more rapid and more complete emulsification of the stool than a flat-bottom vial, because the unbroken stool particles gravitate to the apex of the cone where they can easily be macerated with a tooth pick.

During 1919 a director in Ceylon devised an improvement for this apparatus, in the form of a fine-mesh strainer which is fitted into the groove through which the feces are poured into the centrifuge tube.

**Levitation Method of Preparing Slides from Centrifuged Specimens.** Clayton Lane recommends a new technique of slide preparation, which he designates the "levitation method." Accord-

ing to this procedure the concentrated sediment of the centrifuged specimen is transferred to a glass slide, where it is thoroughly mixed with one mil of water and spread out evenly over an area within the limits of the range of the mechanical stage. The slide is allowed to stand for five minutes, and is then immersed in water and manipulated until all coarse matter has floated free. By this process nearly the entire amount of obscuring matter can be removed and, owing to the tendency of hookworm ova to stick to a slide after once settling, very few eggs are washed away. Lane reports that on an average the levitation method results in a ten-fold concentration of ova. By its use it has been found possible to collect and count upon a slide area of  $2 \times 1$  inches, 2,227 hookworm ova from a stool specimen of one-half mil.

**Accuracy of Centrifuge Method.** The accuracy of the centrifuge method, like that of the plain smear method, depends primarily upon a fecal sample that is too small to yield entirely trustworthy results. The Board's Uncinariasis Commission to the Orient found, in the Federated Malay States and in Fiji, that when the same groups of persons were examined first by the centrifuge method and later by administering a vermifuge and straining the stools for worms, the microscope showed only from 75 to

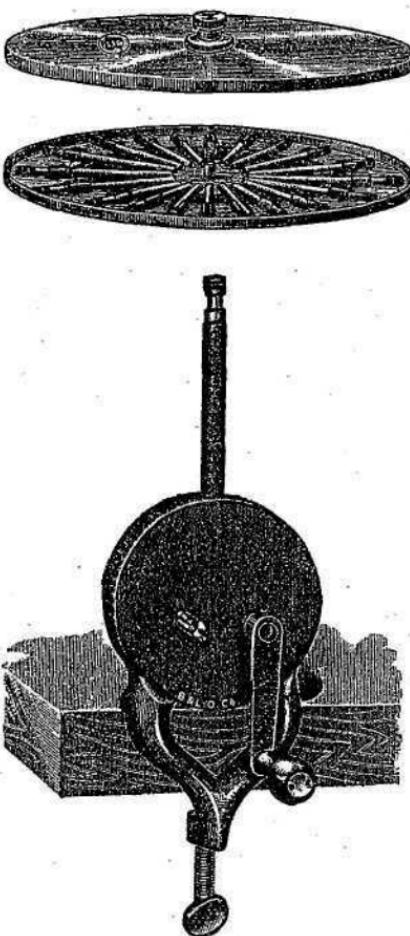


Fig. 38.—Special type of hand centrifuge used in examining specimens (Top). Stewart panhead, with specimen tubes in position (Bottom) Shaft showing manner of clamping to table

85 per cent of the persons examined to be infected, while diagnosis by vermicide revealed from 94 to 100 per cent. It seems well within conservative bounds to estimate that in examinations both before and after treatment, diagnosis by microscopic examination, aided by the centrifuge, yields evidence of infection varying from 4 to 25 per cent less than that which actually exists. In support of this statement the evidence afforded by experiments made in Brazil during 1918 may be cited.

**Summary of Experiments in Brazil During 1918.** One hundred two among the total of 280 test cases treated in Brazil during 1918 were reported negative on original microscopic examination; thus the percentage of infection was 63.6. All 102 of the negative cases were later treated and fifty-six of them expelled worms, so that the actual rate of infection was not less than 83.6. All of the original examinations were made by trained microscopists with the aid of the centrifuge, and yet the result shows a difference of 20.0 per cent in favor of diagnosis by vermicide. The fifty-six cases incorrectly diagnosed yielded 716 worms, or thirteen per infected case. One of the cases declared negative on microscopic examination expelled as many as 115 worms.

#### GLYCERINE-SALT PROCESS OF EXAMINATION

It seems that infections which escape detection by the combined plain smear and centrifuge methods represent cases which harbor comparatively few worms. Nevertheless it is of considerable importance that these mild infections be correctly diagnosed.

Two special techniques of examination have lately been developed to meet this need: the glycerine-salt and the brine flotation-loop method. Both make use of specific gravity as an aid to correct diagnosis. The former was developed by Dr. M. A. Barber in his work in the Federated Malay States, and was used by the medical officer in charge of the work in Siam in examining 31,298 specimens in that country up to December 31, 1918. The results obtained from its use are reported to be extremely satisfactory.

**Process of Examining by Glycerine-Salt Method.** In using the glycerine-salt technique, a diluting fluid composed of equal parts of a saturated solution of magnesium sulphate and glycerine is prepared. This fluid is dropped from a large dropping-bottle into the small tin box which contains the specimen. The fecal mass is thoroughly stirred and broken up with a toothpick, which releases the ova and causes them to rise to the surface. The upper part of the fluid in each container is poured upon a 2" x 3" glass microscope slide which has been rimmed with paraffin or grease, and the surface of the slide is searched for eggs. The entire contents of a container can be examined by preparing three or four of these

slides. The process regularly followed is to examine two slides before and two after centrifuging the specimen. The glycerine-salt diluting fluid is used in preparing all four of the slides, including those made before as well as after centrifuging.

**Advantages of the Glycerine-Salt Method.** The number of ova brought upon the slide by the glycerine-salt method is so greatly increased that the eggs can be much more easily found than when the plain smear method is used. This reduces the number of specimens that have to be run through the more time-consuming process of centrifuging, and results in a great saving of time. This is an especially important consideration in regions like Siam, where the individual infection is so mild that when the plain smear method is used it is often necessary to prepare from ten to twelve slides from a single specimen and to spend from twenty to thirty minutes making a diagnosis.

**Comparative Accuracy of Plain Smear and Glycerine-Salt Methods.** Forty-five test specimens were examined personally by the director of the work in Siam, who used first the plain smear and then the glycerine-salt method. Two slides from each specimen were examined by each method; in neither case was the centrifuge used as an aid. The percentage of persons found infected in examinations by the plain smear method was 23.3 by the first and 12.2 by the second slide, or 35.5 by the two slides combined. By the glycerine-salt method it was 84.4 by the first and 2.2 by the second, or 86.6 by both slides. With the plain-slide technique a total of thirty-six ova were found on all ninety of the slides examined; with the glycerine-salt technique, a total of 448.

A later series of forty-three specimens was examined by the two methods, but a second slide was prepared only when the first proved negative, and no record was kept of the number of eggs discovered. In this series the percentage found positive by the plain slide method was 37.2, as compared with 67.4 by the glycerine-salt method. For both series, embracing eighty-eight specimens in all, the percentage of positive findings by the two methods was 27.5 and 77.2, respectively.

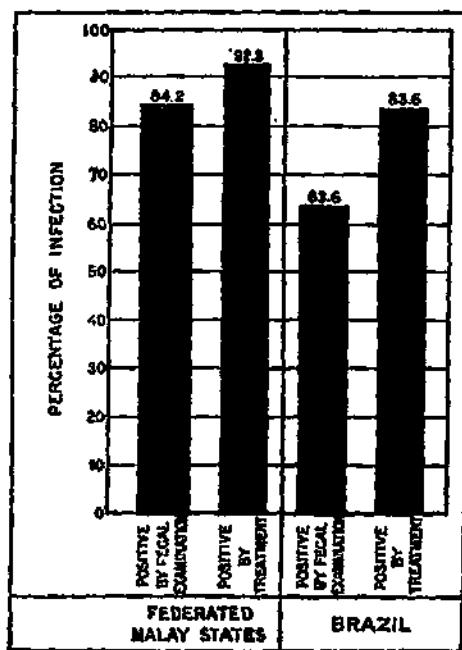


Fig. 39.—Comparative accuracy of diagnosis by fecal examination and by vermicure treatment. Based on tests in Federated Malay States and in Brazil

**Accuracy of the Plain Slide, Centrifuge, and Glycerine-Salt Methods Compared.** Twenty-seven of the eighty-eight specimens just mentioned were examined in rotation by the plain slide, centrifuge, and glycerine-salt methods. In this series, record of the number of ova discovered was omitted, and a second slide was not prepared if the first proved positive. The results showed that the glycerine-salt was the most accurate of the three methods. The findings were as follows: 40.7 per cent positive by the plain slide, 55.5 by the centrifuge, and 70.2 by the glycerine-salt method.

### BRINE FLOTATION-LOOP METHOD OF EXAMINATION

During 1918 Majors Kofoid and Barber developed a special technique known as the "brine flotation-loop method," and employed it in examining for hookworm disease the soldiers in the Southern Department of the United States Army.<sup>1</sup> This method is in part an outgrowth of experience with the glycerine-salt method just described. In the army medical work it was used by about seventy-five examiners in making more than 100,000 examinations under field conditions, and was found to be rapid, efficient, practicable, and especially valuable in diagnosing light infections.

**Technique of Examination With Brine Flotation-Loop Method.** The process followed in making examinations by this method is to mix a large fecal sample thoroughly in concentrated brine in a paraffin paper container of from 50 to 75 mils (2 to 3 ounces) capacity. The coarse float is forced below the surface by means of a disk of No. 9 steel wool, and the container is allowed to stand one hour for the ova to ascend. The surface film is then wiped off with wire loops  $\frac{1}{4}$ " in diameter and examined on a slide without a cover glass. The ova of hookworms and of other parasites are floated up by the brine into the surface layer of the pool without distortion or noticeable change in appearance.

**Advantage of Flotation-Loop Process.** The great advantage of this method is believed to lie in its easy utilization of large samples. With containers of sufficient size, receptacles for mixing the entire stool can be employed. This eliminates the element of random sampling, except in so far as this may be due to irregular egg-laying by the female worms or to an unequal discharge of eggs in successive stools. It insures also a sufficient number of ova to make detection possible in infections light enough to be overlooked by other methods using smaller samples. It is for this reason a more accurate means of diagnosis. In addition, it is reported to be about 50 per cent more rapid than the centrifuge method.

<sup>1</sup> For full particulars, see article entitled "Rapid Method for Detection of Ova of Intestinal Parasites in Human Stools," by Charles A. Kofoid and Marshall A. Barber, Journal American Medical Association, vol. 71, No. 19, p. 1557.

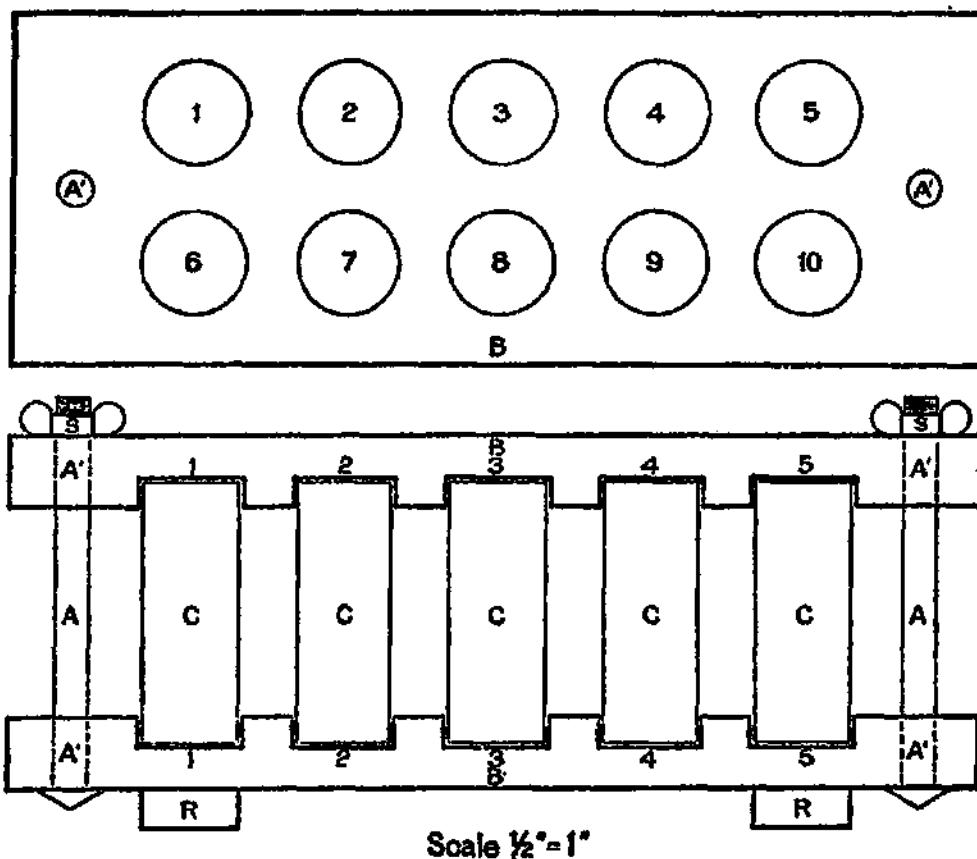
**Accuracy of Flotation-Loop Process.** The accuracy of this method depends on a number of variables, including the size and consistency of the specimen, the thoroughness of stirring, the amount of steel wool used, the care in looping, the opacity of the fluid, and the extent and thoroughness of the search made of the material on the slide. Eight lots of fifty specimens each, which had been examined once, were set aside and subsequently re-examined for the purpose of ascertaining what proportion of light infections had escaped detection. The specimens were all from companies of soldiers in which there was light and therefore presumably easily-overlooked infection, and all had been found negative on the first examination. The top float of each of fifty cans was drawn off into a tall cylindric liter graduate, and the surface film of this column was examined. The cans had stood, after stirring, for not less than two or three hours. In order to avoid entangling any ova that might be present, no brine from thick or viscous stools was used. Only one specimen among all eight lots, or one in 400 negatives, was found positive on second examination. From this it appears that the number of positives escaping detection by this method is practically negligible.

#### CALDWELL MODIFICATION OF THE FLOTATION-LOOP METHOD

Dr. F. C. Caldwell calls attention to two difficulties which present themselves when the brine flotation-loop method of examination is used in the ordinary field work of the International Health Board. First, the large amount of fecal material required by this technique necessitates a mixing container of more than regulation size; and secondly, the time required to secure adequate comminution of each specimen renders the method tedious under field conditions where a large number of specimens are to be examined.

**Special Caldwell Comminution Apparatus.** During 1919 Dr. Caldwell devised an apparatus which obviates the foregoing difficulties by providing for the thorough comminution of a number of specimens at one time and by permitting the use of the regulation container. The apparatus consists of two pieces (plates) of wood or metal joined by means of two bolts. The upper plate contains sockets for ten tubes of sufficient size to hold the ordinary specimen containers. The tubes used in the apparatus are closed at one end, and each socket of the upper plate is provided with a thin layer of cork so that when the apparatus is fastened together the tubes are sealed. Containers holding fecal specimens are dropped into the tubes. A few pieces of shot are added to each container, and the tubes are filled to three-quarters of their capacity with concentrated salt solution. The upper plate is then screwed into position and the apparatus is thoroughly shaken. After this process the floating

matter is removed and prepared for examination according to the Kofoid-Barber technique. In the laboratory tests in which the apparatus has been used, it has been found to give a much better concentration than the centrifuge; and since it permits of the use of a large amount of material, it gives a more decisive test.



1-10—Sockets for Tubes

A—Bolts

A'—Bolt Sockets

C—Tubes

R—Supports

S—Thumbscrews

B—Upper Plate

B'—Lower Plate

Fig. 40.—Caldwell's apparatus for facilitating comminution of feces

#### WINSOR VARIATION OF THE FLOTATION-LOOP TECHNIQUE

Dr. S. A. Winsor, in his work in Ceylon during 1919, found that with the use of the ordinary brine flotation-loop process considerable difficulty was experienced in preserving the contour of the egg and in eliminating from the floating matter of the fecal emulsion substances which obstructed the microscopist's view of the ova. By the use of the following technique he has been able largely to over-

come these difficulties. In an ordinary mixing cone, about ten grains of feces are thoroughly stirred with ten drops of water. The cone is then filled to three-quarters of its capacity with saturated sodium chloride solution containing 1 per cent of commercial acetic acid. A thin layer of absorbent cotton is spread over the top of the mixing cone, with the margins overlapping the edge, and is pressed down as far as possible with a wire loop. The fecal emulsion containing ova rises above the cotton, while the larger floating particles are eliminated. The emulsion is poured into a concentrator and allowed to stand from ten to thirty minutes before being transferred to a slide for examination. If permitted to remain longer in the concentrator, the eggs tend to become crenate and scarcely recognizable.

#### **IMPRATICABILITY OF SCIENTIFICALLY EXACT DIAGNOSIS**

When a person is declared free of infection on microscopic examination, the term "free of infection" is used in a relative sense to indicate that the number of worms in the intestines is so small that no ova can be discovered in the feces. This does not necessarily mean that there is not a single hookworm present. Male worms may still be harbored, as there is no possible way of knowing that none of these remain except by administering repeated treatments and washing the stools after each treatment. Nor is it possible to say that not a single female worm inhabits the intestinal tract unless specimens of stool are examined every day for many days for the presence of ova. But it can be stated definitely that if careful examination by the methods in use fails to show the presence of ova, the number of worms remaining is very small. If patients are willing to submit two or three specimens for examination, the removal of every parasite could be more definitely predicated, but this would entail a large amount of additional work and present many difficulties if attempted under field conditions.

#### **DIAGNOSIS BY ADMINISTRATION OF VERMIFUGE**

The most accurate method of diagnosing hookworm infection is by administering vermicidal treatment and examining the stools for the presence of worms. This method of diagnosis is of especial value for determining both the type of hookworms harbored by patients and the degree to which the latter are infected. It is not, however, practicable as a routine field measure. The procedure employed by the Uncinariasis Commission to the Orient, when diagnosing infection by this method, was as follows:

On the morning of the day preceding treatment the persons to be examined were allowed their usual diet. In the afternoon they were given some rice and gruel and a half pint of milk, and at 5:00 p. m.

a purgative was administered. On the morning of treatment, food was generally withheld, although in some cases a little milk was permitted. The vermifuge was administered in three doses at hourly intervals. Two hours after the last dose a second purge was given. At 12:30 noon the patients were allowed to drink milk, and in the afternoon they were given a little rice and bread. The next day they were allowed rice and curry, but vegetables with coarse fibers were prohibited because they might have interfered with the search for worms. Stools were examined for worms until seventy-two hours had elapsed. Six stools per case were usually obtained during this period.

**Method of Washing Stools.** A regular routine was followed in the washing of stools. Those that were soft or fluid were washed at once; the more compact stools were mixed with water and stirred until soft. The washing was done by means of a jet of water played with moderate force into a large brass wire sieve (mesh 50 to an inch) into which the feces had been poured. The washed stool was distributed into photographic developing trays, a small portion into each tray. A dark brown tray was found to furnish the best background for the worms. These were then picked out with needles or forceps and placed in properly numbered Petri dishes containing normal salt solution. Later the excess salt solution was drained off and the worms were killed by flooding the dishes with boiling alcohol (70 per cent). When the worms are scalded they become rigid and assume the shapes that are characteristic of their species. This renders differentiation comparatively easy and the worms can be rapidly counted.

## IV

### METHODS OF TREATING HOOKWORM DISEASE

The principal remedies used in the treatment of hookworm disease are chloroform, eucalyptus, beta-naphthol, thymol, and oil of chenopodium. A new drug known as *carvacrol* was tried during 1918, but the results attending its use were reported as unsatisfactory. Of the five drugs most extensively employed, thymol and oil of chenopodium have proved themselves superior to all the others under field conditions. Chenopodium during recent years has been gaining steadily in favor.

#### Comparative Efficiency of Thymol and Chenopodium.

In a number of experiments conducted by the Board's Uncinariasis Commission to the Orient, for the purpose of reaching a scientific conclusion as to the relative merits of chenopodium and thymol for routine treatment, chenopodium in small doses proved more efficacious than small doses of thymol. In larger doses the drugs showed approximately equal efficacy in removing Necators, but chenopodium proved superior to thymol in removing Ancylostomes, the more resistant species of hookworm. There was failure to cure the patient (by removing all hookworms harbored) in 23.6 per cent of the cases treated with thymol, as against only 7.6 per cent of the cases treated with chenopodium. A test vote taken in the course of the work indicated that nearly all patients preferred chenopodium as being less unpleasant to take than thymol.

#### Relative Cost of Treatment with Thymol and Chenopodium.

When the treatment of large populations is contemplated the comparative cost of the drugs employed is an important consideration.

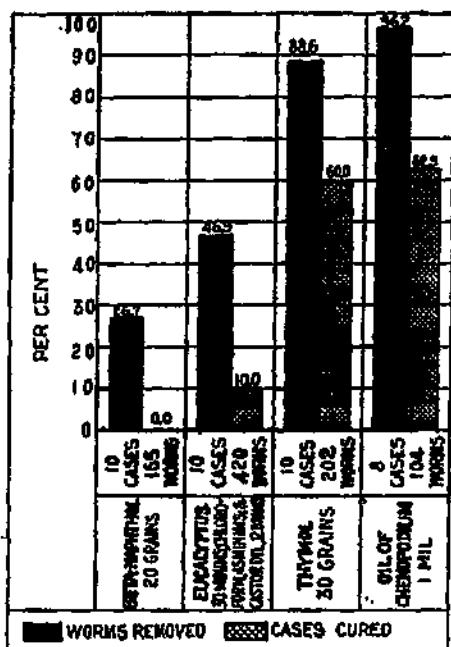


Fig. 41.—Comparative efficacy of beta-naphthol, eucalyptus, thymol, and oil of chenopodium. Based on experiments with thirty-eight cases in studies of Uncinariasis Commission to the Orient

A series of experiments designed to furnish an estimate of the relative cost of treatment with chenopodium and thymol, was conducted by the Uncinariasis Commission to the Orient in February, 1917. At this time the price of chenopodium was 1.84 cents per mil, and the price of thymol was 0.15 cents per grain. The dosage of chenopodium which proved most satisfactory as a routine vermicide was 1.5 mils administered in three equal doses of .5 mils each. On this basis the cost per individual for the chenopodium treatment amounted to 2.76 cents. The dosage of thymol which proved to be most satisfactory was one treatment consisting of 60 grains divided into three equal parts. With this treatment the cost of thymol per individual was 9.0 cents. It will be seen therefore that the cost of treatment with chenopodium was less than half as much as the cost of treatment with thymol (Fig. 42).

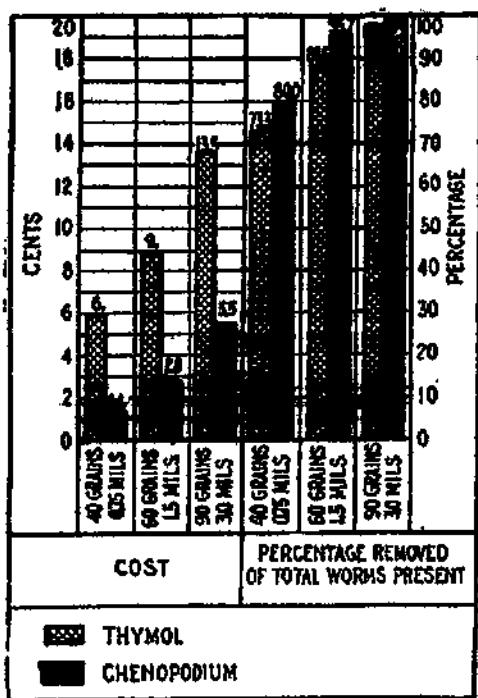


Fig. 42.—Relative cost and comparative efficacy of thymol and chenopodium. Based on studies of Uncinariasis Commission to the Orient

treatment, when previous treatments had been well supported. The oil was paler in color and of less density than the ordinary product, and was characterized by an extremely acrid odor. Samples of this oil were secured and submitted to Dr. E. K. Nelson, of the United States Department of Agriculture, who is now engaged in a series of studies which it is hoped will throw light on the varying efficacy and toxic effects of different specimens of the oil. Until such time as proper standardization of the drug can be effected, it seems advisable to repeat the earlier caution that medical officers should exercise careful supervision over the administration of the

oil in the field, and that the dosage for children should be made smaller than is indicated by Young's rule.

**Experiments in Distilling and Testing Chenopodium.** With a view to arriving at a better pharmacopeial standard for the preparation of oil of chenopodium, Hall and Hamilton made a study of the composition of the drug and the anthelmintic value of some of its components. They report that their tests of the distillation products of the oil indicate that the greatest anthelmintic efficacy resides in the lightest fraction of the drug. As the heavier fractions are used the efficacy shows diminution. Moreover, the heavier fractions cause marked gastro-intestinal irritation, and in dosage equivalent to the standard therapeutic dose of the oil, produce hemorrhagic conditions of the stomach and intestines even in the presence of castor oil, which is highly protective. Hall and Hamilton believe that the value and safety of oil of chenopodium would be greatly increased if the ordinary marketed product were re-distilled at a temperature up to 125° C. (257° F.) with a pressure equal to 30 mm. of mercury. This process would eliminate that fraction of the drug which has less anthelmintic value and more irritant and toxic qualities than the lighter fraction.

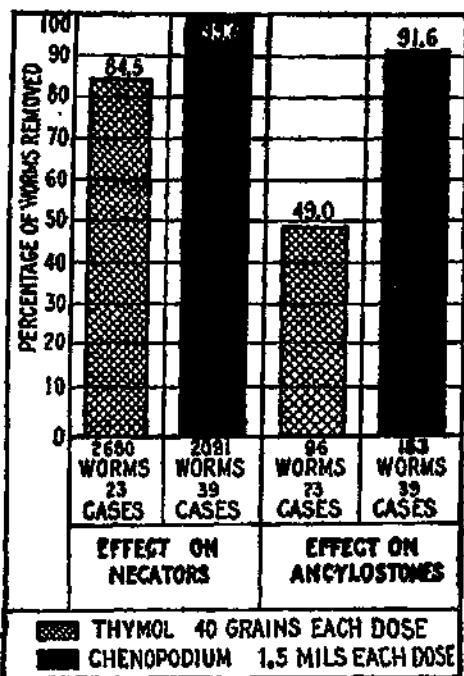


Fig. 43.—Comparative efficacy of thymol and oil of chenopodium in half-maximum doses. Based on experiments with sixty-two cases in studies by Uncinariasis Commission to the Orient.

#### STANDARD TECHNIQUE OF THYMOL ADMINISTRATION

The routine dosage of thymol recommended by Stiles, Dock Howard, Bass, and others of wide experience in the treatment of hookworm disease, is the one most commonly employed in the countries where thymol is used. It is based upon 60 grains as the maximum for an adult, preceded and followed by an active saline purgative. Children from one to five years of age receive from 3 to 5 grains of the thymol; those from six to ten, from 10 to 15 grains; and those from eleven to fifteen, from 15 to 30 grains. Persons between sixteen and twenty years of age receive from 30 to 40 grains; those between twenty-one and fifty years, from 45 to 60 grains;

and those more than fifty years, from 30 to 45 grains. The drug is usually administered in finely powdered form, mixed with equal parts of milk sugar or sodium bicarbonate. It is given in two equally divided portions, and apparent (not actual) age determines the dosage. Competent physicians examine all patients who are to take the drug, prescribe the proper dosage for each, and supervise the important phases of the treatment.

**Conditions Governing Administration of Thymol.** Food is not allowed from the time of the first purgative until after the final dose of salts has acted. Inasmuch as alcohol and oils, and gravy, butter, milk, or other fatty foods, are especially dangerous, the patient is cautioned against taking them at any time during the period of treatment. Under field conditions it is generally held that thymol should not be administered to persons suffering from acute diseases such as malaria in the febrile stage or fevers of any other type; those having chronic dysentery or diarrhea, organic cardiac or renal disease, pulmonary tuberculosis beyond the incipient stage, or general anasarca; those who are extremely weak or feeble from old age or from other cause; and pregnant women, or women with serious hemorrhagic diseases of the uterus. Thymol may be administered to persons suffering from any of these diseases only when the circumstances will permit rigid control of all features connected with the treatment.

#### USE OF CHENOPODIUM AS AN ANTHELMINTIC

Oil of chenopodium is now used more extensively than thymol in all countries with which the Board co-operates, except Jamaica, British Guiana, Trinidad, and Saint Lucia. Its comparatively low cost and the relative scarcity of thymol brought about by the World War have doubtless been factors in some measure leading to its wide-spread use. Following the reduction in dosage recommended by the Board's Uncinariasis Commission to the Orient, the drug was employed in administering 437,166 treatments to 191,377 persons during 1918, and gave exceptionally favorable results. In 1919, however, a few fatalities and a noticeable increase in the number of cases of Chenopodium poisoning were reported as a result of the administration of 466,456 treatments of the oil to 192,177 persons. The untoward effects which attended the use of the drug during 1919 led to the studies above described, from which it is hoped to learn full particulars as to the pharmaceutical properties of the oil.

**Standard Method of Administering Chenopodium.** The standard method of administering chenopodium as used by the Board during 1919 was that recommended by Darling, Barber, and Hacker as a result of their experiences with various vermicidal drugs in the Orient and published in their article entitled "The Treatment of Hookworm Infection."<sup>1</sup> It consists of an adult dose of  $1\frac{1}{2}$  mils

<sup>1</sup> The Journal of the American Medical Association, February 23, 1918, vol. 70 pp. 449-507.

divided into three equal parts and administered as follows: the first portion at 7:00 a. m., the second at 8:00 a. m., and the third at 9:00 a. m. A light evening meal followed by a purgative dose of magnesium sulphate is usually given on the evening preceding treatment, and a very light breakfast, consisting of milk or thin rice gruel, on the morning of treatment. Two hours after the last portion of chenopodium is taken, a second purgative dose of magnesium sulphate is administered. Effective post-treatment purgation is thought to be essential to eliminate the dead or stunned worms and the unabsorbed oil. A second post-treatment purgative may be given if the first fails to act freely and promptly. Later researches by Mhasker and Caius, however, make it seem doubtful whether effective post-treatment purgation is really required.

**Schedule of Chenopodium Dosage for Children and Adults.** The directors of the work in Ceylon, who have made extensive use of the drug in small doses, have worked out a dosage table for children and adults. Children who appear to be between the ages of two and twelve years receive 1 minim for each year of age, minus 1 minim.<sup>2</sup> This means that a child of seven receives 6 minims, a child of six 5 minims, and so on. Persons from thirteen to fourteen years of age receive 13 minims; those from fifteen to sixteen, 16 minims; from seventeen to eighteen, 20 minims; and from nineteen to twenty, 24 minims. It will be noted that especially small doses are administered to children under twelve. The oil is dropped from a dropping-bottle into simple sugar syrup. In Ceylon this syrup has proved the most satisfactory of all the vehicles in which the oil has been administered. The directors of the work in this country also report that in addition to the contra-indications to thymol treatment mentioned on page 162, the use of chenopodium is contra-indicated when the patient has peptic ulcers or gonorrhea.

**Efficiency of Standard Chenopodium Treatment.** The director and the assistant director of the Department of Hygiene at the University of São Paulo, assisted by the staff engaged in hookworm control measures in Brazil, have made considerable progress toward establishing the probable average efficiency of the foregoing dosage under field conditions. In the original experiments, made in the Orient under laboratory conditions, two standard chenopodium treatments, separated by an interval of ten days, removed 99 per cent of all the hookworms harbored by a group of thirty-nine adults. One hundred fifty-six cases were similarly treated in Brazil during 1918, except that the work was done largely under field conditions, and 97 per cent of the worms they harbored were removed. Thus the Brazilian experiments confirmed, in so far as the smallness of

<sup>2</sup> Special attention is directed to the fact that a minim by weight equals approximately two drops by measure.

the numbers involved may be accepted as confirming, the tests made in the Orient. A large amount of additional field experience will need to be gained, however, before the entire practicability and efficiency of the routine treatment may be regarded as definitely established. Among the factors remaining for further investigation is the apparent difference in power of resisting treatment between the *Ancylostoma duodenale* and the *Necator americanus*, and between persons who harbor large numbers of worms and those who harbor only a few.

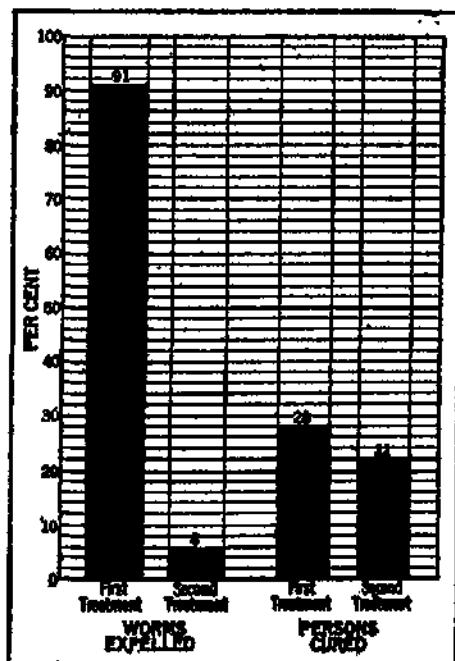
*a. Experiments with standard technique among Brazilian vagabonds.* Eighty-two vagabonds more than fourteen years of age, who lived at an institution in Pinheiro, in the state of Rio de Janeiro,

were treated three times with chenopodium. The first two treatments consisted of  $1\frac{1}{2}$  mils each and the third of 3 mils.<sup>8</sup> These treatments expelled a total of 10,895 worms. Fig. 44 shows the efficiency of each treatment as based on two factors: the percentage of worms expelled, and the percentage of cases cured. In this group there were only nine relative failures of the treatment, or cases which harbored ten or more worms after two  $1\frac{1}{2}$  mil treatments had been taken. The conditions of this experiment, however, permitted a rigid control of the patients and approached the exactness of a laboratory test. The results, therefore, cannot be accepted as altogether representative of those to be expected when the remedy is administered in the field.

Fig. 44.—Worms expelled and cases cured by two treatments of chenopodium. Eighty-two Brazilian vagabonds

*b. Tests on heavily infected farm and in lightly infected village.* Two trials were made in Atibaia, Brazil, to determine the efficacy of the standard treatment as administered under field conditions by regular campaign dispensers. In the first test, two localities were chosen: a severely infected farm, and a mildly infected village. Ten persons in each locality were selected for treatment. Each received two routine treatments

<sup>8</sup> The third treatment (consisting of 3 mils) is not, of course, a part of the routine chenopodium administration. It was given to insure the quick recovery of all the hookworms harbored. Under ordinary conditions a dose of this size is not without its dangers.



of chenopodium from the dispensers. Two weeks after they had taken the last of these two treatments, they were given a large 3-mil test dose of chenopodium. In the farm group there still remained 134 worms, or thirteen per case, after the first two  $1\frac{1}{2}$  mil treatments had acted; in the city group, seven or .7 per case. There were 50 per cent of relative failures among the farm residents. The number of worms harbored by this group before treatment was undoubtedly high, however, as two controls on the same farm who, before receiving the 3-mil dose, had been treated only once with  $1\frac{1}{2}$ -mils, expelled after the second treatment an average of 148 worms apiece. The results of this test would seem to show that in heavily infected districts where the average worm count is 200 or more, or where the hemoglobin of non-malarious individuals is below 60, two routine treatments of  $1\frac{1}{2}$  mils each are not always sufficient and a third treatment is advisable.

c. *Experiments on typical coffee farm.* In the third experiment fifty-six persons living on a large, typical coffee plantation in the state of São Paulo, Brazil, who had already been treated twice in the routine way by campaign dispensers, were given, twelve days later, a single large dose of chenopodium. These cases were found to harbor, on the average, 5.8 worms per case after they had taken the first two treatments, while four control cases treated for the first time averaged 176 worms per case. In 41 per cent of the cases every worm was expelled by the first two treatments; in 21 per cent there was relative failure of the drug.

**Interval between Treatment with Chenopodium and Re-Examination.** Chenopodium has a distinctly inhibitory effect upon the egg-bearing functions of the female hookworm. If the drug fails to kill the worms, however, this effect is only temporary, and after an interval the females resume the laying of eggs. A series of test cases conducted during 1918 by a special nurse in the city hospital of São Paulo, showed that after administration of chenopodium treatment the ova disappeared from the feces and, if the cases were not cured, re-appeared the eighth to thirteenth day. This confirmed the findings of earlier investigators. Most of those who have studied the subject agree that re-examination should be made in not less than fourteen days after the vermifuge has been taken. This is the period customarily allowed in the countries where chenopodium is used.

**Relative Efficacy of Chenopodium Administered in Manufactured As Compared With Freshly Filled Gelatine Capsules.** The superior efficacy of freshly prepared hard gelatine capsules of chenopodium, as compared with the manufactured soft capsules which have thick, tough gelatine walls, was demonstrated by a series of test treatments conducted by the Uncinariasis Commission to the

Orient. One group of patients received manufactured chenopodium capsules in three doses of .5 mils each, at hourly intervals, with the result that only 66.4 per cent of the worms present were expelled. A second group, treated with chenopodium which had been extracted from the manufactured capsules and placed in freshly prepared capsules, also received three doses of .5 mils each. By the latter treatment 97.9 per cent of the worms harbored were expelled (Fig. 45.)

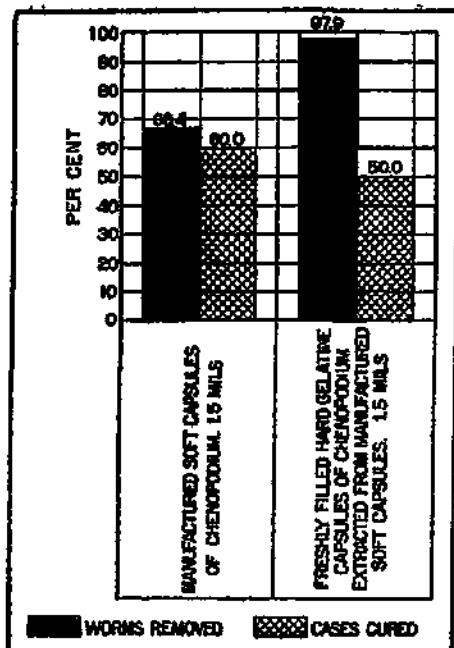
**Effect of Diet on Efficiency of Chenopodium.** As a rule,

authorities advise a very light diet during the twenty-four hours preceding the administration of chenopodium. Field experiments conducted during 1919 by the Department of Hygiene of the University of São Paulo, however, showed that when patients were allowed their usual diet on the day before treatment, but no food on the morning of treatment, by far the best results were obtained from the vermicide. When this procedure was followed and a preliminary purge given, 87 per cent of the worms harbored were expelled by one treatment (1.5 mils); with preliminary catharsis omitted, 93.3 per cent of the worms present were expelled. When patients were allowed no solid food after 11 a. m. on the day before treatment and no nourishment of any kind after 5 p. m., and when the preliminary purge was omitted, only 75.5 per cent of all worms were removed.

Fig. 45.—Efficacy of manufactured capsules compared with that of freshly-filled capsules as medium for administering chenopodium. Based on experiments with fourteen cases in Federated Malay States

removed by one standard treatment. Moreover, prostration was universal among patients receiving this diet, and their toxic symptoms were more severe than those manifested by any other group of patients.

In other areas of operation, also, experience has shown that a light diet on the afternoon preceding treatment is not advisable, especially in the case of persons of poor physique. In Ceylon, where the average laborer is greatly undernourished, it was found that coolies who ate an ordinary meal on the afternoon before treatment were much less apt to suffer collapse or syncope after medication than



those who were limited to an afternoon meal of rice gruel. The percentage of cures was as high among patients whose afternoon meal was not restricted as among those who ate a light repast. In the Seychelles Islands, too, it was found that there was no diminution in the percentage of cures when a regular diet was permitted on the day preceding treatment. Moreover, patients were far more willing to take treatment when their diet was not restricted on the previous day.

**Magnesium Sulphate the Most Satisfactory Purge for Use with Oil of Chenopodium.** Although none of the purgatives which have been employed in connection with chenopodium have given entire satisfaction, magnesium sulphate has been reported upon more favorably than any of the others which have been tried. The rapidity of action of this purgative has been found to vary in inverse proportion to its concentration. Experience in Ceylon has shown that when a strong solution is administered, catharsis is often delayed until evening of the day of treatment, or even until the next morning. A weaker solution (2 pounds of salt to a gallon of water, or about  $1\frac{1}{2}$  drams to the ounce) gives much prompter action and is less apt to cause griping or collapse. The most satisfactory dosage of magnesium sulphate appears to be  $2\frac{1}{2}$  ounces for adult males and 2 ounces for adult females.

**Omission of Preliminary Purge with Oil of Chenopodium.** Most authorities hold that better results are obtained if the pre-treatment purgative is given; and in hospital practice, where the patient can rest and be under constant observation, it seems best to give it. But when it is given in field work, many of the patients, after it has acted, become weak and in some instances are unfit for work next day, with the result that they lodge complaints against the treatment. Moreover, in sparsely settled rural areas the administration of a preliminary purge is a difficult procedure and almost doubles the cost of treatment. The original experiments of Darling, Barber, and Hacker, although dealing with a number of cases too small to enable trustworthy conclusions to be drawn from them, nevertheless showed that when this purge was omitted and the other factors were kept the same as in routine treatment, two standard doses of  $1\frac{1}{2}$  mils of chenopodium cured 80 per cent of the cases and removed 95 per cent of the total worms. This suggested that with an interval of twelve hours between eating and the administration of the vermicide, the preliminary purge might be omitted.

In a series of experiments conducted in Brazil during 1919 it was found that when a preliminary purge was administered, one trial treatment consisting of  $1\frac{1}{2}$  mils of oil of chenopodium given in two equal doses cured 29 per cent of the cases treated and removed 75 per cent of the total hookworms harbored. When the preliminary purge was omitted only 14 per cent of the cases treated were cured,

but 83 per cent of all hookworms were removed. The percentage of failures—cases with ten or more hookworms remaining after trial treatment—was 40.6 per cent in the case of persons receiving a preliminary purge, as compared with only 31 per cent for persons in whose treatment the preliminary purge was omitted. Thus, by all standards except that of the percentage of persons cured, the results were better when preliminary catharsis was omitted.

In a second group of experiments, in which the patients were treated with 2 mils of oil of chenopodium administered in a single dose and followed in two hours by a saline purge, it was found that in the case of those who had received a preliminary purge 12 per cent were cured by the trial treatment, 93.8 per cent of all hookworms were removed, and there were 36 per cent of failures. When the preliminary purge was omitted none of the patients treated were cured, only 87.5 per cent of all worms were removed, and there were 63.3 per cent of failures. From these findings it would seem that when the drug remains in the intestines only two hours, as is the case when it is administered in an undivided dose, a preliminary purge is necessary to aid in hookworm elimination, but when the drug is administered in divided dosage and at least a portion of it remains in the intestines for four hours, a sufficient time elapses for the drug to produce its effect, whether or not the intestines have been prepared by preliminary purgation.

In field treatments given during 1919 in Guatemala, Brazil, Ceylon, and the Seychelles Islands, preliminary purgation was omitted. No ill effects resulted in any of these areas, and there was no decrease in the percentage of cures as compared with that in other years.

**Effect of Purgative on Efficiency of Remedy.** Tests made in China during 1918 suggest that the rôle played by the purgative in removing the worms from the intestines, is an extremely important phase of treatment which has perhaps not been sufficiently investigated. It was noticed that the percentage of living worms expelled was increased if the salts acted quickly. This meant either that longer contact with chenopodium kills a larger percentage of worms, or that in many cases the drug temporarily loosens the hold of the worm on the intestinal wall so that a strong purgative will expel many living worms. A series of observations was then made to ascertain what effect an increase in the dose of magnesium sulphate had on the percentage of cures.

**Increased Efficiency of Chenopodium with Free Purgation.** The amount of chenopodium used was an undivided dose of 2 mils. At first 25 mils (1 ounce) of magnesium sulphate was administered the evening before treatment, and 50 mils two hours after the chenopodium had been taken. Of 395 infected persons treated by this method, 286, or 72.4 per cent, were found negative after one treatment. The results were so good that the amount of salts was increased to 50 mils instead of 25 on the evening before treatment,

and to 141 mils (4½ ounces) instead of fifty after the taking of the chenopodium. The salts given after the vermifuge were divided into two portions, one-half being administered at the end of two hours and the other half at the end of four. Of 620 persons treated in this way, 499, or 80.5 per cent, were found negative after one treatment. With the increase in the amount of salts given, there was not one case which showed any symptoms of chenopodium absorption. There were nausea and vomiting at times, but there were no ill effects due to the action of chenopodium.

#### CHENOPODIUM-CROTON OIL TREATMENT AS DEVELOPED IN CEYLON

In Ceylon during 1918 there was developed a special form of treatment which was used extensively during that year and in the early part of 1919. According to this treatment the preliminary purge was omitted, and a mixture of chenopodium 40 parts and croton oil 1 part was given in the standard dosage prescribed for chenopodium (see page 163), graduated according to the apparent and not the stated age of each person. The dose was usually given in two equal parts with an interval of one hour between. Two hours after the last dose of vermicide the patient received a purgative dose of magnesium sulphate.

**Conditions Governing Chenopodium-Croton Oil Treatment.** All patients were kept under observation by the dispenser from the time of giving the first portion of the vermicide until the medical officer in charge was satisfied that the post-treatment purgative had acted freely. Meanwhile, the patients were allowed to rest in a sheltered place. Temporary sheltered latrines for men and women were provided near the resting place, and an apothecary or dispenser saw that the latrines were properly used. Before the patients were discharged, they were strongly counseled not to eat raw fruit or vegetables for a day or two after treatment, but to take chiefly rice and rice gruel.

**Discontinuance of Chenopodium-Croton Oil Treatment in Ceylon.** The chenopodium-croton oil treatment was found to have many advantages. Some of its best features were that smaller doses of salts were required to secure effective post-treatment purgation, that such after-effects as exhaustion, rheumatoid pains, and tinnitus were much less in evidence, and that in almost all cases the patients were able to work the following day. In the early part of 1919, however, a small percentage of cases treated with the chenopodium-croton oil mixture developed enteritis. In some patients dysenteric symptoms developed which required prolonged treatment. These untoward symptoms created a prejudice against the mixed treatment

which was difficult to allay, and in May it was decided to discontinue its use temporarily, substituting for it the plain chenopodium treatment.

#### CHENOPODIUM-CHLOROFORM TREATMENT EMPLOYED IN NICARAGUA

During 1919 a mixed treatment of chenopodium 3 parts and chloroform 1 part, by volume, was used in Nicaragua with considerable success. The mixture was given in rather large doses—3 mils the maximum adult dose—so the percentage of cures effected by two treatments was very high, much greater than with chenopodium alone. Patients treated according to this technique reported no unpleasant after-effects.

#### ADMINISTRATION OF CHENOPODIUM IN UNDIVIDED DOSES

In an experiment conducted by the Uncinariasis Commission to the Orient, 2 mils of chenopodium administered in two equally divided doses removed 96.2 per cent of the worms harbored by eight cases, while the same amount of the drug administered in a single massive dose expelled 95.8 per cent of the worms in twenty-five other cases. Experiments conducted by the Department of Hygiene of the University of São Paulo showed that an undivided dose of 2 mils of chenopodium, preceded by a purge, removed 93.8 per cent of all worms, whereas 1½ mils of the drug administered in three equal doses expelled only 90.8 per cent of the worms harbored, and 1½ mils administered in two equal doses expelled only 75 per cent of all worms. These figures suggest that it is probably unnecessary to divide the dose. Experiments to determine this point have also been made by the directors of the work in several countries.

**Experience in Seychelles Islands and in Ceylon.** The medical officer in charge of the work in the Seychelles Islands administered to a limited number of cases the full daily dose of chenopodium at 6:00 a. m., without preliminary purgation, but the results obtained were not so good as when the regular routine of chenopodium treatment was followed. In Ceylon, similarly, the entire amount of chenopodium in one dose was administered experimentally on a number of estates. The method is still under trial, but the directors report that it does not appear suitable for use in the presence of heavy infection.

**Experience in China.** The director in China, on the other hand, made extensive use of a single 2-mil dose, and in a group of experimental cases obtained satisfactory results, the percentage of cures

after one treatment being approximately 87.0. The experience in that country indicates that chenopodium in this dosage is seldom contra-indicated. Persons with active tuberculosis, moderate heart lesions, and acute bronchitis were treated and showed no ill-effects. It should be pointed out, however, that all the patients dealt with were male adults between eighteen and fifty years of age, and that the doses of salts used were larger than are customarily administered in other countries.

#### USE OF CHENOPODIUM IN TREATMENT OF AMEBIC DYSENTERY

In a number of countries oil of chenopodium is now being employed in the treatment of dysentery. It is reported to remove encysted ameba, to cause the disappearance of blood and mucus from the feces, and to give prompt relief to the patient.

**Routine Chenopodium Treatment for Relief of Dysentery.** In Siam the treatment used is as follows: 37 mils ( $1\frac{1}{2}$  ounces) of magnesium sulphate are first given. Two hours later 1 mil of oil of chenopodium follows. One hour later a similar dose of the oil is administered, followed in another hour by 37 mils ( $1\frac{1}{2}$  ounces) of castor oil. For more severe cases, either the preliminary purgative is omitted and 2 mils of chenopodium in 37 mils of castor oil are given in a single dose, or 1 mil of oil of chenopodium, emulsified with gum acacia, is administered by way of the rectum. In the latter mode of treatment the anal mucosa is protected by petrolatum and the injections are terminated with 50 mils (2 ounces) of an inert oil. The buttocks are elevated, and the enema—the first dose of which does not exceed 200 mils (8 ounces) for an adult—is given slowly.

#### EFFICACY OF BETA-NAPHTHOL IN THE TREAT- MENT OF HOOKWORM DISEASE

For several years beta-naphthol has been used to some extent in the treatment of hookworm disease. But as yet the anthelmintic efficiency and the toxic qualities of the drug have not been definitely established. Experience seems to show, however, that small doses of the drug—.5 to 1.0 grams—while very slightly toxic, have low anthelmintic power. Darling, Barber, and Hacker found that a single treatment with 40 grains of beta-naphthol removed only 26.7 per cent of the hookworms present; and Hackett in a series of experiments which included 1,114 cases discovered that two doses of the drug, each consisting of 4.5 grams, cured but 22 per cent of the cases treated.

**Use of Beta-naphthol in Large Doses.** Recently several studies have been made to determine the effect of beta-naphthol in larger doses. Bayma and Alves, in a series of hospital experiments in

Brazil, treated a number of cases with 18 grams of this vermifuge. The cases received a preliminary purge on the evening before treatment, and on the following day they were given 6 grams of beta-naphthol in six divided doses administered at fifteen-minute intervals. This treatment was administered on three successive days until the total dose of 18 grams had been given. A saline purge was administered on the final day of treatment, two hours after the last capsule of beta-naphthol had been taken. The treatment resulted in the cure of 85 per cent of the patients treated. Apparently no ill effects followed the large dosage.

Gonzaga and Lima slightly modified the Bayma-Alves treatment in order to make it more practical for field work on a large scale. According to their method, the preliminary purge was omitted and 6 grams of beta-naphthol were administered in one dose early in the morning. The dosage was repeated for three successive days, and a saline purge was given two hours after the last dose of the drug. Throughout the treatment patients were placed on a light diet. Of 400 severely infected cases treated by this method during 1918, as many as 73.5 per cent were reported cured.

**Toxic Effect of Large Doses of Beta-naphthol.** Although in the experiences of Bayma and Alves and of Gonzaga and Lima, 18-gram doses of beta-naphthol proved practically non-toxic, Smillie conducted further experiments in Brazil, during 1919, which showed that under certain conditions beta-naphthol in large doses may produce severe toxic symptoms. In the case of four patients who received 18 grams of the vermifuge, red blood cells were destroyed in great numbers, with resultant severe anemia, icterus, hemoglobinuria, and enlargement of the spleen, liver, and gall bladder. The white blood cells apparently were not destroyed by the drug. The liver, spleen, kidneys, and other organs of the body were not affected primarily, but were markedly affected secondarily, because of the anemia and the injurious effects produced by the elimination of large numbers of destroyed red blood cells. The type of case most susceptible to beta-naphthol poisoning has not been determined. In three of the severe cases of poisoning, however, there was a history of recent malaria. It may be that persons whose red blood cells have been rendered fragile by recent attacks of malaria, are more sensitive than others to the toxic action of the drug.

#### INTRA-INTESTINAL TUBE TREATMENT<sup>3</sup> OF HOOKWORM DISEASE

A new method of treating hookworm disease, known as the intra-intestinal tube method, was devised during 1918 by Kantor, who used it with excellent results in the treatment of over 250 cases in the United States Army Hospital at Fort Oglethorpe.

This technique is based on the theory that since science has established the exact habitat of the hookworm within the human host—namely, the first portion of the jejunum, with extension along the intestine in both directions in the more severe infections—the parasites can be removed most expeditiously by a method which permits the introduction of a concentrated dose of vermicide at the exact site of infection. The tube treatment secures this concentration, whereas when the drug is taken in capsule form, a considerable portion may be lost either by the dissolution of the capsule below the site of infection, or through the dilution of the drug by secretions if the capsules dissolve above the area of infection. Moreover, when the tube is employed the drug can be delivered in one dose, its work can be accomplished quickly, and its elimination can be promptly secured. These factors lessen the danger of cumulative toxic absorption.

**Description of Intra-Intestinal Tube Technique.** When this technique is employed the patient is given a light meal—chiefly rice and milk—on the evening before treatment. There is no preliminary catharsis. The next morning at about 7:30 the duodenal tube is swallowed on a fasting stomach and the patient is kept on his right side until the bucket has passed the pylorus.<sup>4</sup> The exact time at which the bucket enters the intestine can be determined by aspiration. While it is in the stomach, aspiration withdraws a clear fluid, seldom bile-tinged, and generally positive to Congo paper; and if water is injected into the tube, followed by a syringeful of air to clear the tube, the greater part of the water can be withdrawn by aspiration. When the bucket has entered the duodenum, aspiration withdraws golden-yellow viscid bile, negative to Congo paper. The water injected flows on into the intestines and only a small amount can be recovered.

As soon as the bucket reaches the duodenum the patient is ready to receive the drug. This is injected with a syringe (preferably of glass, and of about 30 mils capacity) and is followed by a barrel or two of air to insure the expulsion of the entire dose from the tube. The dosage of vermicide usually employed is 3 mils of oil of chenopodium. Following the injection, a period of six minutes is allowed for the diffusion of the oil throughout the worm-infested region. At the expiration of this time 2 to 3 ounces of a warmed saturated solution of magnesium sulphate are given transduodenally to remove the drug quickly from the very highly absorptive small intestine. Within half an hour the majority of patients have a copious watery stool containing oil and sometimes worms. This flush method of controlling the drug permits its use in doses ordinarily considered dangerous.

<sup>4</sup> With the buckets (Einhorn, Rehfuss) used by Kantor, this usually took place within three hours. The tube used by Jutte is said to pass the pylorus more quickly.

After the salts are given, the tube is removed and the treatment is complete. In most cases from three to five stools follow the first. If a sufficient number do not result, further catharsis may be administered by mouth. The patient is generally sick during the day of treatment, but by 5:00 p. m. he is ready for a light meal, and usually he has made a complete recovery by the next morning.

#### MANNER OF DETERMINING RELATIVE EFFICIENCY OF DRUGS

The proportion of infected persons cured by two treatments does not always convey an adequate idea of how efficient a remedy is. Two treatments of a powerful vermicide may remove from a large

CASE NO	WORMS HARBORED	WORMS REMOVED BY TWO TREATMENTS	PERCENTAGE OF WORMS REMOVED BY TWO TREATMENTS
1	64	48	75.0
2	195	193	99.0
3	873	461	52.8
4	1227	498	73.2
5	439	439	100.0
6	93	27	29.0
7	291	120	41.2
8	686	678	98.8
TOTAL	3868	2864	74.0
Percentage of Worms Removed from Group-----			$\frac{2864}{3868} = 74.0$
Average Percentage of Worms Removed from Each Individual * -----			$\frac{269.0}{8} = 71.1$
Knowlton's Index of Efficiency-----			$\frac{74.0+71.1}{2} = 72.6$

\* Addition of Figures in column headed Percentage of Worms Removed by Two Treatments, divided by the number of cases treated.

Fig. 46.—Method of computing Knowlton's index of efficiency

proportion of cases all but 2 or 3 per cent of the worms they harbor, and still fail to effect the complete cure of any considerable number of the patients. Thus, in a series of experimental cases, two treatments of chenopodium, each consisting of  $1\frac{1}{2}$  mils, have expelled more than 95 per cent of the hookworms harbored and yet cured only from 40 to 50 per cent of the cases. To effect the complete cure of all infected persons required, on the average, four treatments of the drug. This meant that the additional two treatments were used to expel less than 5 per cent of the worms originally harbored.

**Efficiency As Estimated by Percentage of Worms Removed.**  
For judging the efficacy of a drug the percentage of worms expelled is a better criterion than the percentage of cures obtained. It affords

a satisfactory measure of efficiency in districts where there is moderate or severe infection distributed with a fair degree of uniformity among various classes of the population. But where the infection is mild and there are a few carriers with a disproportionately large number of worms to dominate the results, its value is not so great. One of the chief advantages of the worm-count method lies in the fact that the worm-count is a positive finding, all errors tending to decrease the apparent efficiency of the drug; while in estimating efficiency by cures all errors of omission, due to faults inherent in the methods of diagnosis followed, tend to enhance the apparent value of the remedy by fictitiously increasing the number of cases registered as cured.

**Knowlton's Method of Determining Efficiency.** By adding the percentages of worms removed from each member of a group of infected individuals, and dividing the total of these percentages by the number of individuals comprising the group, a fairly good index can be obtained. This method is open to the objection, however, that the case with one worm will count for as much as the one with a thousand. Knowlton therefore recommends combining this method with the one whereby efficiency is determined on the basis of the percentage of worms removed from the group. The two percentage figures thus derived are averaged, and a figure is obtained that is believed to give the most satisfactory index of efficiency of any method yet evolved. Figure 46, page 174, illustrates this method of obtaining the efficiency index, as applied to a supposititious group of eight cases.

# V

## HOOKWORM INFECTION SURVEYS

The Board's participation in measures against hookworm disease in any state or country is contingent upon official invitation from Government. As a preliminary step to the arrangement of a definite program, it is customary to make an infection survey of the territory. This survey defines the geographical prevalence and distribution of the disease and the practicability of its control, makes available data concerning the insanitary conditions which are responsible for the presence and spread of the infection, and furnishes information relative to the public health or other agencies through which systematic efforts against the disease can be begun with greatest promise of success. Thus the survey gives to Government and to the Board definite information upon which a satisfactory working agreement can be based. This information is also of much assistance when the measures designed to reduce the incidence and severity of the disease are put into operation.

**Infection Surveys Conducted or Authorized.** During 1919, infection surveys were undertaken and completed in the states of Paraná and Minas Geraes, Brazil; and other surveys were begun, but not completed by the end of the year, in the states of Maranhão, Santa Catharina, and Bahia, Brazil; in Porto Rico; and in Colombia, South America. Surveys were authorized, but not begun during the year, in Mauritius, Borneo, and the presidency of Madras, in India. At the completion of the surveys of Paraná and Minas Geraes, these states entered upon co-operative programs for the control of hookworm disease.

### INFECTION SURVEY OF PARANÁ

An infection survey of the state of Paraná, Brazil, was made between August 4 and October 31, 1919. Approximately 1 per cent of the population of the state was examined in ten different survey centers, which were chosen as representing the three typical divisions of the state—the agricultural lowlands, the somewhat higher but heavily wooded and well-watered timberlands, and the cool, cattle-raising uplands. Groups examined were representative of urban and rural populations, of various occupations, of all age and social groups, and of all types of physical condition.

**Rate of Hookworm Infection in Paraná.** The average rate of infection for the entire state was found to be 31.9 per cent. In the lowlands the rate reached 77.5 per cent; in the higher forest region it was only 25.6; and in the prairie uplands it was 11.1. Of the rural

population examined 45.6 per cent were infected, as compared with 25.9 per cent among town and city inhabitants. A summary of the occupational incidence of infection showed the highest rate—41.2 per cent—among agricultural laborers. Factory workers came next with an infection rate of 35.8. As is usually the case, the conditions surrounding wealth and education gave relative protection against infection, but that the protection afforded was not absolute is evidenced by the infection rate of 13.6 per cent which obtained among professional men and estate proprietors. About half of the persons examined claimed to use latrines. The infection rate obtaining among these persons was 22.1 per cent, as against 39.1 per cent among those who had no latrine accommodations.

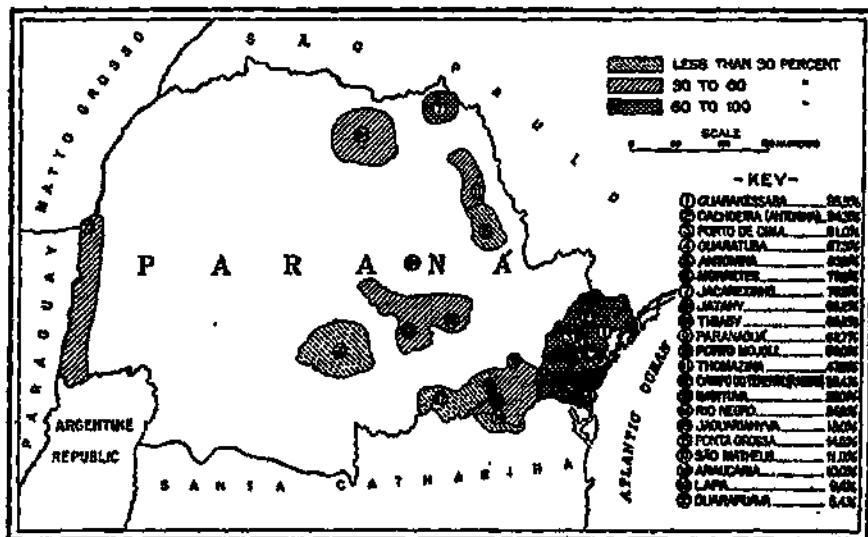


Fig. 47.—Hookworm infection map, state of Paraná, Brazil

**Severity of Hookworm Infection in Paraná.** Hemoglobin tests of over 4,000 persons showed the relative gravity of the infection in this state. Persons infected with hookworm disease and giving evidence or history of malaria, had a hemoglobin average of 65.5 per cent, while those having hookworm infection but giving no evidence or history of malaria showed a hemoglobin average of 67.8 per cent. Although the incidence of hookworm infection in the state of Paraná as a whole is light in comparison with that in other Brazilian states, it nevertheless constitutes a most serious drain on the health and working capacity of a large number of inhabitants.

#### SURVEY FINDINGS IN MINAS GERAES

On June 29, 1919, an infection survey was undertaken in the state of Minas Geraes, Brazil. Examinations were made in twenty communities selected as representative centers of the two main divisions

of the state—the prairie region, where the soil is sandy; and the fertile wooded region, with its subsoil of clay loam. In all, 8,499 persons were examined. Of these, 72.3 per cent were found to be infected with hookworm disease. The average rate of infection in the prairie section was 66 per cent, as compared with 90 per cent in the fertile wooded area. Hemoglobin averages, which varied from 73.8 in the region of lightest infection to 57.3 in the most heavily infected area, indicated that the degree of infection prevailing throughout the state was relatively high. Latrines are little used except in certain of the more progressive cities. Of the 8,499 persons examined, only 637 stated that they used latrines. The greater number of the persons who used latrines lived in suburbs of the cities, where there are more

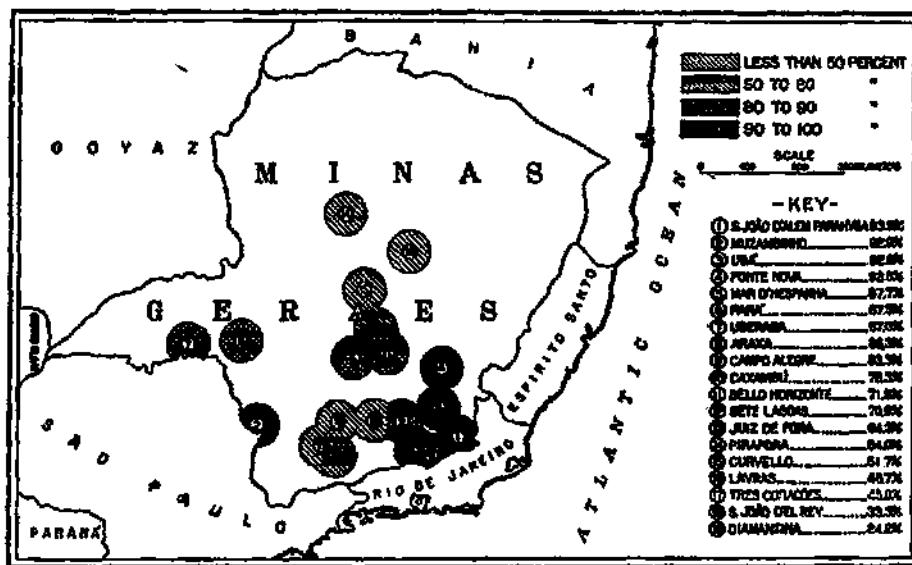


Fig. 48.—Distribution of hookworm disease in state of Minas Geraes, Brazil

or less complete sewerage systems. The people proved very amenable to suggestions regarding sanitary improvements, and a systematic educational campaign should be productive of wide-spread reform.

#### PREVALENCE OF HOOKWORM INFECTION IN PORTO RICO

As early as 1904, measures to control hookworm disease were inaugurated in Porto Rico by Ashford, King, and Guiteras; from that time on, the work has been continued with more or less regularity. Most of this work was of the dispensary type. Extensive measures for the control of soil pollution were not carried into effect. At the end of fifteen years the infection rate on the island remains well over 80 per cent. In the rural districts of the island fully three-

fourths of the homes are without latrine accommodations. Of the existing latrines, not one in one hundred is sanitary. Considerable soil pollution exists even in towns that have sewerage systems. Late in 1919 the Health Commissioner of the island invited the International Health Board to send a representative to Porto Rico for the purpose of ascertaining the present rate of hookworm infection. In response to this request an infection survey was inaugurated toward the close of the year.

**Findings of the Porto Rico Survey.** Ten representative areas were chosen for survey work, and 2,000 examinations were set as a sufficient number to give a fair index of the prevailing rate of infection. Each district was allotted a share of these examinations proportionate to the total number of its inhabitants. In consequence, examinations were representative of all types of the population. Results of microscopic examinations showed that except in urban centers, the incidence of hookworm infection was extremely high. The average rate of infection in the ten areas was 82.6 per cent. In certain coffee and sugar districts the percentage of infection reached 100. As determined by hemoglobin index and worm counts, infection was found to be not only high but severe. The hemoglobin average among infected persons was only 64.1 per cent. The co-operation of Government and of the people throughout the survey was all that could have been desired. There is every prospect that an energetic control program, which stresses latrine building and other proper preventive precautions, will produce excellent results in bringing about a reduction in the prevalence of the disease.

#### INFECTION SURVEY BASED ON WORM COUNTS

A new type of infection survey, with worm counts as its central feature, was developed by the Board's Uncinariasis Commission to the Orient. This method was employed in carrying out the survey of Java in 1916 and has since come into extensive use in Brazil. The customary microscopic examination of fecal specimens is dispensed with, and the counting of worms expelled as the result of treatment by representative groups of persons is substituted.

**Methods of Conducting Worm-Count Survey.** The patients to be treated are carefully selected from the different localities to be included in the survey. Effort is made at all times to secure groups whose state of health closely approximates the average for their communities. Not less than twenty-five nor more than thirty persons are usually chosen for each locality, adults comprising two-thirds of the group. Different activities and occupations find proportionate representation, and the number of males and females—of boys and girls as well as of men and women—is equalized wherever possible. The persons to be examined are treated with a vermifuge, and all stools which they pass for three days are retained, washed,

and searched for worms. The worms passed by each person are then counted and identified as to species. Treatment is usually repeated at ten-day intervals until three treatments in all have been taken.

**Advantages of New Type of Survey.** The principal advantage of this method of conducting a survey lies in the fact that it yields more accurate information as to the severity of the infection than does the ordinary microscopic search for eggs in the feces. It is especially valuable for determining not only the extent but the severity of hookworm infection in different localities, and the relation of occupation, age, and other factors to the number of worms harbored. By thus indicating more accurately the relative severity of the infection in different localities and among different groups, it enables control measures to be undertaken with greater assurance that the disease is being attacked first in those areas where it assumes its most serious aspect.

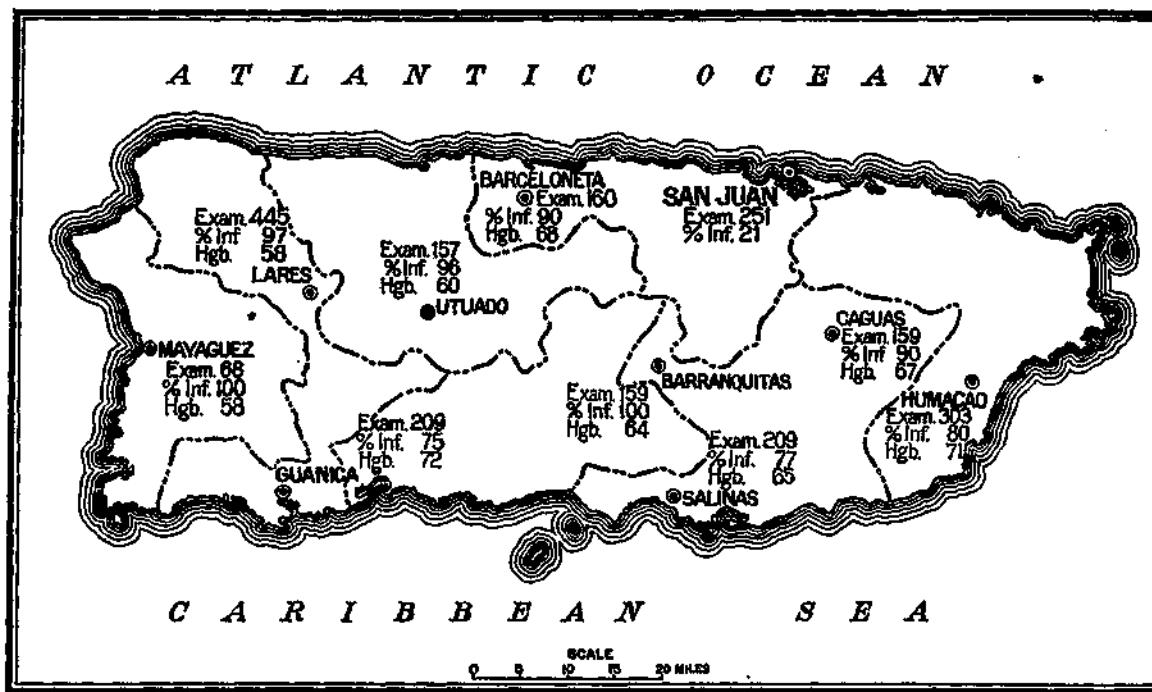


Fig. 49.—Hookworm infection survey map of Porto Rico

## VI

### HOOKWORM CONTROL OPERATIONS

Nothing could be simpler in theory than the few measures necessary for the control of hookworm infection. The cycle of the worm from the moment the egg is deposited on the ground until it has reached the small intestine of its human host and developed to its adult stage, is well understood, as are also the details of its life-story and environment. In addition, there are at least two drugs which are most potent in freeing the human system of the parasites. It should therefore be comparatively simple to cure those who have the disease, to prevent others from contracting it, and thus to bring about, within limited areas at least, its complete eradication.

**Complete Control Never Accomplished.** Although the problem of complete eradication is simple when stated on paper, it is not so in practice. The Board has been engaged in work against hookworm disease since 1910, similar work was undertaken in Porto Rico in 1904, and the attack on the disease in the mines of Belgium, Holland, and Germany began as early as 1902; yet it is impossible to point to any one mine or area from which the infection has been completely eradicated. In the mines of Germany it was reduced from 16.8 per cent in 1903 to .18 per cent in 1912; in those of the Netherlands, from 25 per cent in 1903 to .32 per cent in 1913; and in those of the Liege district of Belgium, from 22.8 per cent in 1902 to 1.2 per cent in 1913. These are the nearest recorded approaches to complete control.

**Difficulty of Completely Eradicating the Infection.** Many obstacles stand in the way of complete eradication, even in isolated areas having no immigration and with natural conditions that either limit or preclude intercourse with the outside world. It is seldom possible to examine every individual in an area or to treat until cured all who are found infected; when latrines of a proper type are installed in sufficient numbers to prevent soil pollution, it is still necessary to accustom the people to their use—and this is a task that usually requires a long period of education and enlightenment; and even when both the foregoing conditions are fulfilled, there still remains for a time the danger of re-infection from hookworm larvae already in the soil.

### RE-INFECTION IN TREATED AREAS

The failure to achieve complete control of the infection in any area is probably due in the main to three reasons: first, that in most of the areas of operation effective excrement disposal has not preceded the curative work by an interval of sufficient length to insure a sterile

soil; second, that there has been an error of greater or less degree in microscopic diagnosis; and, third, that there is at present a lack of data on certain points concerning which definite knowledge is essential for control. In six countries during the period under review, a large number of persons who had previously been treated and presumably cured were re-examined in order to ascertain whether infection was recurring in the areas in which they lived, and if so to what extent.

**Re-infection in Salvador.** In only one instance in which re-examination was made was there found to be an absence of re-infection. This was at an orphanage in San Salvador where among twenty-three children cured of hookworm disease three years previously, there was no evidence of a recurrence of the infection—a result doubtless due to the excellent sanitary conditions prevailing at the institution. In the town of Apopa, Salvador, however, where there are few latrines, an infection rate of 77.3 per cent was found among eighty-four persons cured three years earlier.

#### Low Rate of Re-infection on Costa Rican Plantations.

With the exception of the orphanage in San Salvador, the lowest re-infection percentages recorded were in Costa Rica, where on Aquiares estate only 4.0 per cent infection was found on re-examination of 223 laborers who had been cured eighteen months earlier. On another estate in this country—Rodeo—a rate of 14.4 per cent was found among 191 persons who had been cured from five to eighteen months earlier. On neither estate was every home provided with a latrine: Aquiares had provided but half and Rodeo but one-fourth its homes with this convenience at the close of the curative campaign.

In the canton of Bagaces, where at the time of the inauguration of control measures an infection rate of 72.1 per cent obtained, re-examination in 1919 of forty-four school children who had been cured three years earlier showed an infection percentage of only 2.3. At the time of re-survey 82 per cent of the homes in this canton were provided

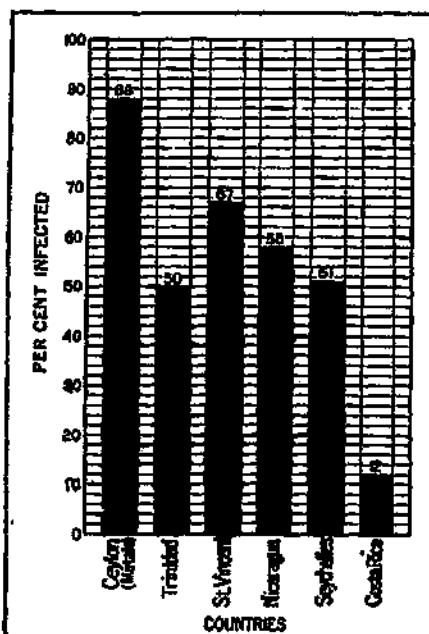


Fig. 50.—Re-infection rates among persons previously treated for hookworm disease, by countries. Interval of twelve or more months between treatment and re-examination

with latrines. In the canton of Liberia, where the original rate of infection was also very high, re-examination showed only 18 per cent infection among 238 soldiers who had been cured three years previously. The low re-infection rates for Costa Rica, however, are in striking contrast to the rates reported for areas in other countries where similar re-examinations were made.

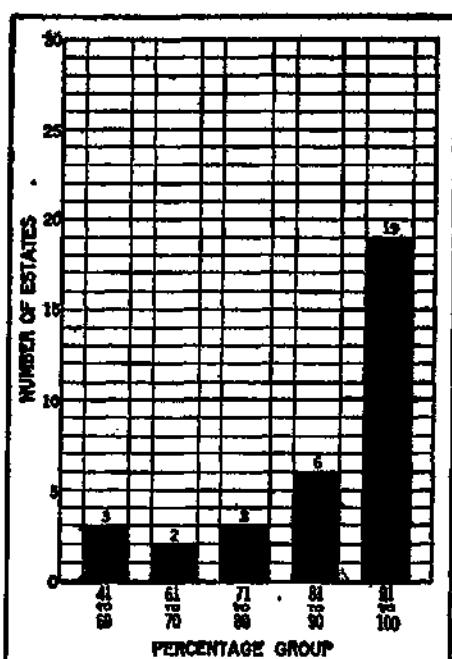
**Re-examination of Treated Patients in Trinidad.** In Trinidad, where the Ancylostomiasis Commission has been at work for more than five years, where over \$75,000 has been spent on the work of hookworm control, and where 35,000 persons have received the benefit of treatment, investigation was undertaken during 1919 to determine what proportion of the people who had been pronounced cured in the course of the control campaign had become re-infected. Sixteen districts in which treatment had been given from nine to twenty-nine months previously, were selected for re-survey. These districts were representative of the entire area in type of population and range of sanitary conditions. Conclusions drawn from the re-survey findings can therefore be safely applied to the whole region in which operations were carried out. Re-examination of 1,721 inhabitants of these districts, all of whom had been cured in the original campaign, showed that over 50 per cent had become re-infected.

The rates of re-infection ranged

Fig. 51.—Re-infection rates at end of one year or more. Thirty-three treated estates of Matale area, Ceylon. Persons examined, approximately 3,000

in the several districts from 18 to 87 per cent. They varied with the degree of sanitary improvement that obtained in the area. Poorly sanitized areas invariably had more than 60 per cent re-infection, and even those in good sanitary condition had relatively high rates of re-infection if poorly sanitized districts surrounded them. (See Fig. 14, page 101.)

**Re-infection Rates in Nicaragua and the Seychelles.** The director for Nicaragua states that at the end of eighteen months there was a re-infection rate of 57.9 per cent in the town of Nandismo, where every home had been provided with an approved



latrine during the progress of the curative campaign. Re-surveys, however, revealed the fact that not more than half of these latrines had been used with any degree of regularity. In the Seychelles Islands, among 4,927 persons known to have been cured a year or more prior to their re-examination in 1919, an infection rate of 51 per cent is reported, and this despite the fact that practically every home on the islands is now supplied with some kind of latrine and there is little evidence of soil pollution.

**High Re-infection Rates on Estates in Ceylon.** It is from Ceylon, however, that the highest rates of re-infection have been reported. On the thirty-three estates of the Matale area whose laboring force was partially re-examined during 1918, after the lapse of at least a year, the average percentage of re-infection was 88 among a total of approximately 3,000 persons examined. The rate ranged from as low as 45 per cent on one estate to as high as 100 per cent on ten. Nineteen of the estates had re-infection percentages between 91 and 100; six between 81 and 90; three between 71 and 80; and only five less than 70. On thirty-eight estates of this area where re-examinations were made during 1919, re-infection rates varied, among persons cured twenty-two months earlier, from 40 to 91 per cent.

In the Bogawantala and Dickoya areas—the two other estate areas completed at practically the same time as Matale—systematic re-examinations have not yet been made on a large number of estates, but the information received from Bogawantala shows that on the three estates for which reports have been received, the re-infection rates at the end of twelve months or more were 70, 88, and 100 per cent.

**Re-examinations on Ceylon Estates Completed During 1918.** A limited number of re-examinations were made in those estate areas of Ceylon in which operations were terminated during 1918. Three months after completion of work on the estates in the Upper Maskeliya area, specimens from 348 laborers who had been reported

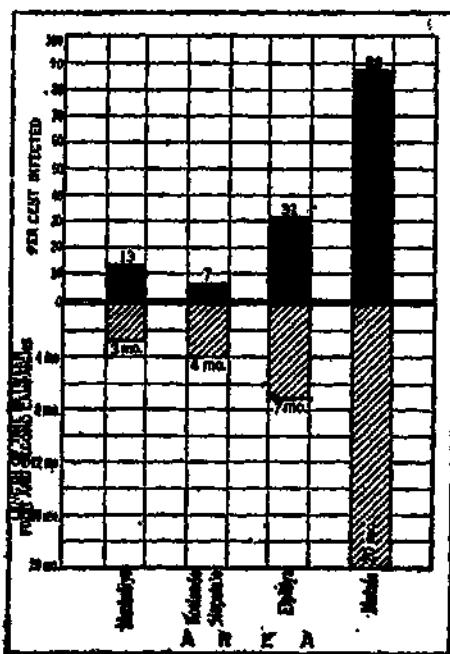


Fig. 52.—Re-infection rates in Ceylon. Relationship between length of time elapsing between treatment and re-examination, and rates of infection recorded

cured, were re-examined and 13 per cent were found to be infected. On nine estates in the Elpitiya area a small proportion of the inhabitants were re-examined from six to eight months after the close of the campaign. Here the infection percentages ranged from 6 to 47, the average being 31. In the Koslanda-Haputale area, among seven estates a number of whose residents were re-examined at the end of four months, the rates ran from 2 to 31 per cent, the average being only 7 per cent. It should be pointed out, however, that in the case of all three of the estate areas last mentioned, the re-examinations were made too soon after the completion of the original campaign. It is to be expected that other re-examinations which will follow at the end of twelve months or more will establish re-infection percentages more closely approaching those recorded for Matale and Bogawantala.

**Reduction of Mass Infection First Essential to Control.** These high rates of re-infection should not be accepted as indicating that no considerable progress has been made toward bringing the disease under control. It should be remembered that the problem of hookworm control is primarily one of reducing mass infection. The practical phase of the task is concerned with the removal of the largest possible number of worms from the largest possible number of infected persons. Upon this basis the best criterion for judging the effectiveness of a curative campaign in any area is not the percentage of infected persons who are cured or who remain cured, but the proportion, expelled and destroyed, of the total worms harbored by the population.

**Factors Determining Percentages of Re-infection.** Even though in certain of the areas mentioned, from 50 to 100 per cent of the persons formerly cured of the disease have since become re-infected, there can be little doubt that as a result of treatment the average number of worms harbored by each infected person has been very materially reduced. Conditions extremely favorable for the prevalence and persistence of the infection exist practically throughout all countries in which the work has been conducted; there is at present lack of definite knowledge as to how long larvae remain infective in the soil; the latrine accommodations provided in many areas have been defective or inadequate, the habits of the people grossly insanitary, and in addition war conditions have interfered seriously with due and effective sanitary supervision and reasonable regimentation. Under these circumstances re-infection was bound to occur in greater or less degree, but it will unquestionably diminish as effective sanitation is introduced and the curative measures are extended.

#### NEED OF SCIENTIFIC KNOWLEDGE ON FACTS ESSENTIAL FOR CONTROL

The fact that after a series of efforts at control in different parts of the globe, extending over a period of more than fifteen years, it is still

impossible to point to any single area from which the disease has been completely eradicated, suggests that perhaps the work is being carried out with a lack of scientific information on certain points concerning which definite knowledge is indispensable if complete control is to be achieved. It is hoped that a series of studies can soon be made which will supply definite experimental proof on those phases of hookworm control that still require further investigation.

**Viability of Hookworm Larvae in Soil and Feces.** One of the most important factors calling for further study is that relating to the viability of hookworm larvae in soil and feces. In the past it has been commonly supposed that after a period of from six to ten months the soil would become sterile and the disease would gradually die out, but the evidence now at hand seems to indicate that soil once heavily infected—particularly in tropical countries, where the temperature seldom or never drops to the freezing point—must remain infected for a considerable time even after sanitary conditions have been improved. Thus, Kofoid has recently reported that in the soil of California the larvae remained alive for sixteen months, and it is probable that in more tropical climates they persist for even longer periods.

a. *Life of larvae in garden soil of China.* There was opportunity for limited investigation of this question in China during 1918. In that country much of the soil is under cultivation the year round, assisted by intensive fertilization with human excreta. In the middle of August, 1918, a plot of land in which no larvae could be demonstrated was fenced off. This plot was then divided into three sections. In (A) the ground was dug up in the manner adopted in planting a Chinese vegetable garden, and feces that were known to contain hookworm eggs and larvae were mixed with the soil. In (B) infected feces were merely sprinkled over the top. In (C) the ground was left undisturbed and uncontaminated. The plot of ground selected for the experiment was 1,000 feet above sea level and during the period of five months that had elapsed up to December 31, 1918, had been subjected to temperatures varying from 38° C. to 4° C. (100° F. to 25° F.). The soil in the meantime had been directly exposed to the summer sun as well as to ice and snow.

For the entire five months' period, plot (C) gave negative results. On the other hand, until December, when the cold weather set in, larvae could always be found in (A) and (B) on the first slide examined. Afterwards it was necessary to pour water on the culture to draw the larvae out, and the last time the test was made three slides had to be prepared before a larva was found. The larvae were always actively motile in (A) and (B), and in December were still present in enormous numbers.

In other experiments, conducted during the month of September and again at the end of December, fifteen fields were indiscriminately chosen and samples of soil were obtained and cultivated. All were positive for hookworm larvae.

*b. Investigation of larvae viability in storage pits.* It is customary for Chinese farmers to store excreta in storage pits after purchasing it for use as fertilizer. An investigation was made during 1918 to determine the probable duration of life of hookworm ova and larvae in these pits. For economical reasons none of the farms visited had feces that had been in storage for more than two and one-half months, despite the fact that the farmers claim that the older the excreta the more valuable it is for fertilizing purposes. On one occasion thirteen pits were visited and on another twelve, and samples of feces were obtained from all. The age of the feces from which the samples were taken ranged from three to seventy-two days. All specimens contained both hookworm and ascaris ova, but larvae were not numerous except on cultivation.

*c. Penetration of larvae through sand.* Dr. Dershimer investigated this question in connection with his work at the Onderneeming Industrial School in British Guiana. In spite of the fact that pail latrines had been in use in this institution for some time, an unusually high percentage (95.8) of the 142 boys living there were found infected. On investigation it was discovered that the contents of the latrines were buried around lime trees to fertilize them, and that a large proportion of the boys who worked round these trees when the ground was wet subsequently developed ground-itch. A pound or more of sand taken from the surface near the trees was examined microscopically and numerous larvae were discovered. All had worked through two feet or more of sand to gain the surface.

**Viability of Hookworm Larvae in Water.** Although oxygen is necessary to the development of hookworm ova, and both oxygen and food are required by the young larvae, adult larvae need no food and can survive for a long period in atmospheres completely devoid of oxygen. In fact it has been noted that at this stage of development larvae exhibit a marked preference for a water habitat. Adult larvae observed by Looss remained alive in water for more than 300 days. This prolonged viability of larvae in water would account for the high rate of hookworm infection which obtains among laborers in rice fields.

**Transmission of Infection by Flies and Dust.** Some data from Arkansas and Texas brought together by means of the laboratory car *Metchnikoff*, during the treatment of infected soldiers in the Southern States, suggest that there is a possibility of the infection being transmitted by dust. This subject is worthy of further study. The role played by insects, particularly flies, in transmitting the infection, also remains to be thoroughly investigated. Miyagawa, in a series of investigations conducted in Japan, found that the water washed from maggots secured in and around latrines yielded, upon centrifugation, several hookworm eggs. The problem of fly transmission was studied to a limited extent in China during 1918. On two occasions several hundred flies of the "blue-bottle" species were

taken from several native latrines. Those from each latrine were placed in separate bottles and thoroughly washed. The water was then centrifuged and microscopic examinations were made. All the specimens gathered from the seven latrines visited on the first occasion showed ascaris and one showed hookworm ova, while those from all five latrines visited on the second occasion again showed ascaris and one showed hookworm ova. The water in which the flies were washed was then cultured by the charcoal method, but no additional hookworm larvae were demonstrated. No explanation can be offered as to why the eggs of one parasite should be found more frequently than those of another, as the percentage of the population infected with both parasites is about the same. The terminating of the fly season prevented further investigation being made of this interesting subject.

#### MODIFIED WORKING METHODS TO REDUCE MASS INFECTION

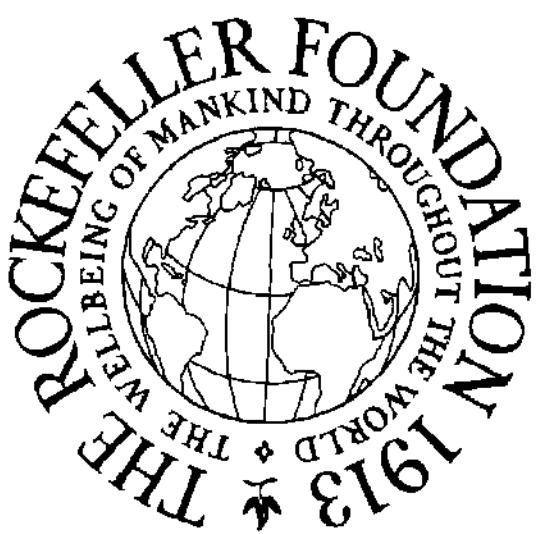
It has long been evident that if treatment is to be extended to the hundreds of millions of East Indians, Egyptians, and Chinese, to say nothing of the dense masses of humanity inhabiting other tropical and sub-tropical lands, a means must be found of lowering the cost of the work without seriously impairing its efficiency. The great bulk of the people in these lands are agriculturists, and practically 100 per cent of the adolescents and adults among them are infected. Two means exist of making treatment more readily available for them: (1) preliminary microscopic examination can be omitted in regions of heavy infection, and the time and personnel now employed in this phase of activity can be utilized for actual curative or preventive work; and (2) since it seems neither necessary nor feasible to attempt the immediate removal of the very last hookworm which these persons harbor, a quickly efficient and reliable method of treatment can be developed which can be administered as a routine, with the expectation that effective sanitation and post-campaign treatment will eliminate whatever light infection remains.

**Impracticability of Insisting Upon Absolute Cure.** Large numbers of worm counts conducted by the Department of Hygiene of the University of São Paulo have shown that two standard treatments ( $1\frac{3}{4}$  mils each) of oil of chenopodium remove an average of 95 per cent of the hookworms harbored by an individual, and that three treatments remove an average of 98 to 99 per cent of all worms. To strive for the absolute cure of each infected person—i. e., the removal of the very last worm—often involves a long series of treatments and re-examinations, and besides is in certain other respects an impracticable standard. In present practice by this plan it is not usual for all worms to be expelled. Instead, they are reduced to a

minimum. When microscopic examination aided by the centrifuge is the method of diagnosis employed, there is a material error in first examinations as well as in re-examinations after treatment has been taken—an error which may be conservatively estimated as exceeding 15 per cent. Thus there is considerable unreliability in the very standard upon which cure is based. Then, too, infected cases not detected by the present method of diagnosis not only are given no opportunity to receive treatment for hookworm or for other parasites, but these, as well as the cases inaccurately pronounced cured after treatment, are given the impression that they are free and as a result they continue to spread the disease. There are, moreover, large numbers of persons who cannot be cured, because of refusal to take treatment or for medical or other reasons. This group commonly represents about 20 per cent of those infected. While striving for cures in four-fifths of the infected population, this group escapes and continues to seed its environment.

**Mass Treatment Without Preliminary Diagnosis by Microscope.** After all, it is not the few worms left after treatment, but the average of 150 or more worms harbored by the great mass of infected and untreated humanity in tropical and sub-tropical lands, that is the important factor in hookworm control. Communities in which the adults have an average of fifty or fewer worms obviously do not require treatment so urgently as more heavily infected localities. Where there is a high rate of infection and the average number of worms per person exceeds fifty, it would seem that the people might be treated *en masse* without preliminary microscopic examination, every person in the group except the very young and very old receiving a routine treatment. Even though in a few instances more than 10 per cent of the worms remained after treatment, this would be offset by the error in microscopic diagnosis under the present plan of work. Therefore, though the modified plan, when considered theoretically, may appear to lack a certain degree of thoroughness, in actual operations by this plan it would seem that but little thoroughness should be lost.

**Experimental Plan of Control for Ceylon Estates.** Ceylon was the first country in which the modified intensive plan of control was attempted. More than 99 per cent of the Tamil laboring population of this country is infected with hookworm disease. Preliminary fecal examination was therefore omitted in the case of all except 10 or 20 per cent of the laborers on each estate. If the specimens obtained showed over 80 per cent infection, the whole labor force, except persons less than a year old, those physically unfit for treatment, and pregnant women beyond the third month, were given one or two medium doses of chenopodium with an interval of one week between. All were examined clinically to find whether they were fit to take treatment and also to impress them with the scientific soundness and value of the work. Ten days after the first or second treatment,



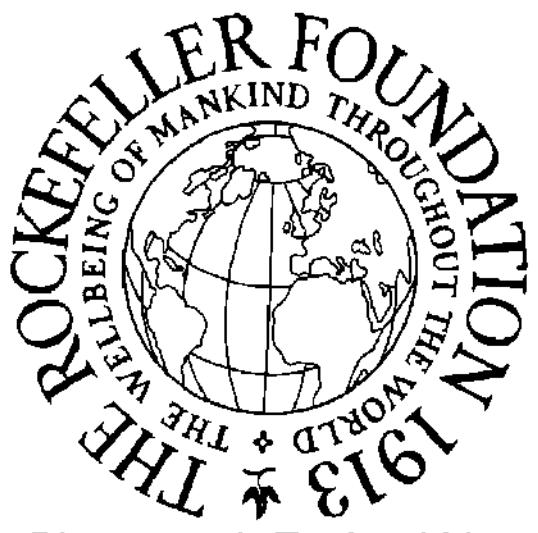
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Fig. 53.—Medical director examining patients to determine their fitness for receiving hookworm treatment. Ceylon

fecal specimens were obtained from all those who had been treated, and as a rule it was found that about 70 per cent of those who had had two treatments had been cured. Persons found positive after two treatments were given a third treatment.

**Modification of Intensive Plan Tentatively Adopted for Brazil.** In Brazil, too, where more than ten million people, scattered over a vast and sparsely settled area, are awaiting treatment, similar effort is being made to accelerate the rate of treatment by conservative modification of the plan originally followed. In certain of the posts in this country it is now customary to take a census that includes every individual and to examine all once, and once only, microscopically. Every individual found infected with hookworm disease is treated twice with oil of chenopodium, with an interval of ten days between treatments. Individuals with hemoglobin below 50 per cent are treated three times without additional microscopic examination, unless malaria is a controlling factor in the anemia. In addition, all persons suffering from any form of intestinal helminthiasis whatever are treated once, as well as all the members of any family which contains even one infected individual. It is believed that this plan of work will reach all infected persons and succeed in eliminating at least 95 per cent of the intestinal parasites they harbor. If at the same time the construction of latrines at all the homes is secured, the community will be permanently protected and the remaining worms will probably disappear. Summed up in a few words the system means: a latrine at every house, education sufficient to insure its proper use, and every infected individual treated at least twice.

**Study of Relative Efficiency of Regular and Modified Intensive Plans.** The Board is not yet prepared to commit itself definitely to the new plan of work. Before doing this it will have to test, under a wide variety of conditions and in a number of different fields, the relative merits of the regular and the modified intensive plans of work. An initial step in this direction was taken in São Paulo, Brazil, during 1918 and 1919. In one of the two posts maintained by the Board in this state, the standard was set of treating every infected individual to a cure as determined by microscopic re-examination. In the other post, every infected individual was given one microscopic examination and two treatments of chenopodium. In the case of persons with hemoglobin below 65 per cent, three treatments were administered. The conditions of race, infection, and laboratory efficiency were practically the same for both posts. At the first post, in sixteen months, 9,393 persons were treated (587 persons per month) at a per capita cost of \$3.05. At the second post, in  $7\frac{1}{2}$  months, 6,720 persons were treated (900 per month) at a cost of \$1.97 per person. From these results it is evident that the modified method insures a great saving of time and expense.



## Photograph Excised Here

Fig. 54.—Education is one of the most important features of the world-wide campaign against hookworm disease. Two groups assembled in Costa Rica to hear a lecture on the disease. Above, conference at La Unión, province of Cartago; below, conference at Heredia, province of Heredia

**POST-CAMPAIGN MEASURES ON CEYLON ESTATES**

Arrangements by which post-campaign measures will be conducted on all estates on which the regular work of treatment has been completed, were made with Government and with the planters of Ceylon during 1917. It is planned to have these measures continue for a period of eighteen months following the close of the initial demonstration in the different estate areas. They will be under the supervision of government medical officers, assisted by microscopist-dispensers trained in regular campaign work. At the end of the eighteen months' period of organized post-campaign measures, the estate dispensers will be expected to handle the situation, which will consist mainly in the treatment of small groups of new laborers coming to the estates from time to time.

**Extent of Post-campaign Work to End of 1919.** During 1918 and 1919, post-campaign measures were conducted on the estates in the Matale area where the original treatment had been completed during 1917. By the end of 1919 more than 8,000 laborers had received post-campaign treatment. It is significant of the increasing interest in anti-hookworm work in Ceylon that two districts in which campaigns were conducted during 1919 asked that post-campaign measures be carried out in these areas.

**Methods Followed in Post-campaign Work in Ceylon.** In carrying out the post-campaign work in Ceylon, the plan followed during 1918 and 1919 was to take a complete census of each estate and to distribute tins for excreta to at least fifty coolies taken indiscriminately from among men, women, and children who had been treated in the original demonstration campaign. Examination of the excreta served to indicate roughly what percentage of re-infection had occurred. The medical officer clinically examined every person and prescribed for those who were to be treated. Two treatments, separated by an interval of ten days, were administered, and then the staff left the estate.

**Proposed Modification of Post-campaign Methods.** In future work it is proposed to modify the plan in the case of those estates on which, after careful survey of the latrines and of a zone within a radius of seventy-five yards around each of the lines or groups of lines, the post-campaign medical officer finds that the latrines are in general use and are being properly kept, and that the zones around the lines are free, and are being kept free, from visible soil pollution. On such estates a third treatment is to be given to all found to be still positive on microscopic examination after the second treatment. This will complete the work on such estates if arrangements are made for the treatment of all new coolies immediately upon their arrival. On all other estates, additional treatments, after the first series, are to be deferred until eighteen months after the close of the original demonstration campaign, by which time specific soil pollution should be controlled.

**RE-CAMPAIGN FOR COMPLETELY ERADICATING  
HOOKWORM DISEASE FROM THE SEYCHELLES ISLANDS**

Because of the loyal co-operation which Government and the people of the Seychelles Islands have accorded the work of hookworm control, and also because of the isolation of the islands and their small population, it is believed that this field offers most favorable conditions for the complete eradication of hookworm disease. It was therefore determined that upon completion of the first campaign in the Islands, a re-campaign for the extermination of the disease would be attempted. This second campaign began on June 1, 1919, after control operations had been extended to all of the Seychelles with the exception of the small islands which lie some hundreds of miles from the main group. The second campaign began in the South Mahe area, where the first had been conducted two years before. In August similar measures were undertaken in Central Mahe. By the end of the year 8,964 persons had received post-campaign treatment.

**Re-campaign Methods in the Seychelles.** The plan adopted in re-campaign work in the Seychelles Islands calls for a census of the entire population, the microscopic examination of all inhabitants for the presence of hookworm infection, and the treatment of all infected persons until microscopic re-examination indicates that they have been cured. Re-examinations are made seven days after treatment; first re-examinations are made after second treatments, and thereafter re-examination follows each treatment. About two months prior to the inauguration of post-campaign measures, government sanitary inspectors visit each home and prosecute all persons whose latrines are not in satisfactory condition.

**CO-OPERATION OF NUMEROUS AGENCIES NECESSARY  
TO CONTROL HOOKWORM INFECTION**

Efforts toward the control of hookworm disease are slowly progressing throughout the vast regions of infection. At the rate at which the campaign is marching, however, many years will be required to rid the world of the disease, and enormous rural populations will wait in vain for relief from a great scourge, unless numbers of auxiliary agencies can be organized to assume the burden of systematic and permanent control measures in the various infected areas. Some progress has already been made in this direction, and although these efforts are as yet sporadic and unorganized, they are hopeful signs of an onward movement.

**Student and Army Forces as Propagandists.** The schools, colleges, and army camps of a country are valuable sources from which the gospel of sanitation and curative work may be spread abroad among the population, and for this reason attention is being

concentrated more and more upon the work of treatment and propaganda among students and military forces. In Siam during 1919, over 2,000 soldiers received treatment for hookworm infection, and in Nicaragua, Salvador, Guatemala, and other areas extensive curative and educational work was carried on among the school children. In Ceylon, lectures, demonstrations, and treatment campaigns were conducted, among other places, at the Government Training College for Teachers, at Colombo, and at the training colony for teachers conducted by the Church Missionary Society at Peradeniya. Teachers go from these institutions into government and mission schools throughout Ceylon. The co-operation of the schools will therefore be of inestimable value in future campaign work.

**Co-operation of Business Organizations in the Work of Hookworm Control.** In practically all areas in which anti-hookworm operations are being conducted the work has the co-operation of the managers of estates and manufacturing corporations. It is usually the custom for these organizations to allow their laborers a day at home with pay at the time of treatment, and many companies continue systematic examination and treatment of their employes after the original campaign has been brought to a close. The Demerara Bauxite Company of British Guiana, the São Jeronymo Coal Company of Rio do Sul, Brazil, the Pingshiang Colliery of China, the rubber estates of Sumatra, and the cane plantations of Fiji, represent a few of the organizations which are conducting systematic health work among their employes.

Corporations are awakening to the fact that care for the health of their employes will pay dividends in the form of greatly increased production. This fact is evidenced by the number of requests for co-operation in anti-hookworm campaigns which are being received from planters and manufacturers. Twenty large sugar manufacturers in Rio de Janeiro have agreed to furnish \$3,000 a year for three years toward the work of hookworm control among their employes, and a large number of Brazilian coffee planters have agreed to sanitize their plantations and to pay a share of the expenses of curative operations on these plantations. In British Guiana the Planters' Association has expressed a willingness to pay half or even two-thirds of the cost of an anti-hookworm campaign, and in anticipation of the completion of arrangements for this campaign one group of estates has appropriated \$10,000 to cover its share of the cost of the work.

**Constant Vigilance the Keynote to Hookworm Control.** When the co-operation of every available organization in hookworm-infected regions has been enlisted for the work of control, the solution of the hookworm problem will be in sight. The crux of the problem, however, was well stated by the Governor of British Guiana in a speech at the opening of the Combined Court of that

colony in December, 1919:—"I wish to express my emphatic disbelief in the idea that it is possible by any means whatever to stamp out hookworm disease once for all. The matter must receive constant attention all over the colony. By treatment and by sanitary measures in villages and on estates, it may be possible to reduce the hookworm to an almost negligible quantity, but the disease is like the locust plague in Cyprus. For forty years the crops there have been free from the ravages of these pests, but the scourge would be renewed were it not for the annual campaign against it."

## VII

### SOIL SANITATION AS A MEANS OF CONTROL

Fecal matter which contaminates the hands and feet is the crux of the hookworm problem. The contamination occurs mostly under rural conditions. The most important undertaking in all efforts to stamp out the disease is therefore to prevent the deposit, on the surface of the ground, of hookworm eggs contained in the feces. This may be accomplished by securing the provision and use of properly built and adequate latrines to serve as receptacles for the contaminated matter. To insure the installation, maintenance, and use of sufficient and satisfactory latrines is, however, a formidable undertaking. It involves the task of inducing hundreds of millions of people in the infected regions to abandon habits ingrained by centuries of usage and often dictated by the religions to which they adhere, and to accustom themselves to new and in some respects difficult habits, the necessity for which they must in some manner be brought to appreciate.

**Defining the Problem by Sanitary Surveys.** The original sanitary problem of each area of operations is defined by means of a house-to-house canvass during which the facilities that exist at each house for safely disposing of human excrement are carefully noted. This initial sanitary inspection is generally carried out in advance of the curative work. During the past year, statistics have been gathered as to the latrine conditions at homes in 185 rural or semi-rural areas in various tropical and sub-tropical lands. Classing as satisfactory any type of latrine that effectually prevents soil pollution and is fly-proof, only 9,381, or 9.8 per cent, of the homes in these areas were reported to have satisfactory accommodations, while 50,749, or 53.0 per cent, had no accommodations whatever when the curative work was undertaken. The situation on first inspection in a number of widely-separated but typical rural localities is instanced below to show the need of thoroughgoing sanitary reform if soil contamination is to be prevented and hookworm disease eventually controlled. The conditions in the areas mentioned are not unusual, but repeat themselves with greater or less fidelity in the different countries in which control measures are being undertaken.

*a. Lack of latrines on São Paulo plantations.* The survey of São Paulo completed during 1918 showed that on the coffee plantations of this state the owners' and managers' houses are generally the only ones provided with latrines. As a result, the soil around the coffee plants is infected with larvae and the workers constantly re-infect themselves. The soil is porous and is kept moist by the shade of the

coffee trees, and for the greater part of the year the temperature is fairly high. Conditions are therefore ideal for the eggs to hatch and for the larvae to develop.

*b. Sanitary situation in selected areas of Southern States.* In the entire rural area of Hart county, Georgia, not a single sanitary latrine was found at the time of first inspection. In South Carolina, among 5,703 homes in three counties, 3,334, or 58.5 per cent, were found to be provided with insanitary latrines of the open-back, open-seat variety. An additional 1,518, or 26.6 per cent, were without facilities of any sort for disposing of excrement. In Texas, only 13.7 per cent of 4,758 homes located in eight counties, had satisfactory conveniences when the work began. Two hundred eighty-five, or 6.0 per cent, had no conveniences at all.

*c. Facilities for feces disposal in Queensland and Trinidad.* In the infected regions of Queensland, Australia, the pail system, with burial of the contents, was in general use on first inspection, but the latrines were mostly of the open-back, open-seat variety, inadequate for preventing soil contamination. In the Caroni, Maracas, and Laventille areas of Trinidad, the sanitary conditions were reported to be very bad. In the Caroni area there were a number of heavily-infected villages in which not a single latrine could be found.

**Methods Followed in Securing Sanitary Improvement.** Practically all the states and countries which are carrying on measures against hookworm disease have adopted one or more types of latrines, and have made provision for a more or less complete system of inspection to insure the erection and use of these latrines in sufficient numbers to guard against soil pollution. The staff engaged in the curative work endeavors through its educational activities to bring all the people to appreciate the necessity of providing themselves with some form of latrine that will permit the safe disposal of excrement, and in each instance recommends the type or types of latrines adopted by the Board of Health of the state or country in which the work is being conducted.

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#### INVESTIGATION OF SEWAGE DISPOSAL IN SOUTHERN STATES

The diversity of opinion among public health officials as to the best method of disposing of human excrement in rural communities with limited means, led the National Conference of State and Provincial Health Officers, at its meeting in Washington, D. C., on June 3 and 4, 1918, to urge the Surgeon General of the United States Public Health Service to appoint a special commission to study the subject and make recommendations. Action was taken and an experimental station was established at Wilmington, N. C. Preliminary reports indicate that the problem is even more complicated than was anticipated.

In January, 1916, the Board, recognizing that definite information on the subject would be of considerable assistance to local health authorities, had made provision for carrying out, under the direction of the Rockefeller Institute for Medical Research, a study of the types of latrines commonly used for disposing of feces in unsewered localities. It was hoped that from the facts brought to light it would be possible to evolve a method, or various methods, of disposal that would be safe and practicable under prevailing conditions.

**Method of Approaching the Problem.** The work was placed in charge of Dr. I. J. Kligler, of the Rockefeller Institute, whose studies, conducted over a period of two years, have sought to test experience under a variety of conditions. The problem was approached from both the field and experimental points of view. In the laboratory, repeated tests were made to determine the viability of typhoid and dysentery bacilli in soil and in excrement under different conditions, their ability to penetrate columns of soil of different degrees of porosity, their viability in septic fluids and effluents, and the nature of the antagonistic factors in soil and in septic material which influence their viability. In the field work, particular attention was paid to the extent of pollution of the soil surrounding privies, and the relationship that privies bear to the pollution of wells. The pit and the septic tank were the types of privies mainly studied, though other varieties, including the pail privy and the chemical toilet, came in for a limited share of attention.

**Method of Conducting Studies in the Field.** The studies of the septic tank centered on field investigations of thirty Kentucky sanitary privies, which had been in use for periods ranging from four months to three years. The L. R. S. type was investigated only in the laboratory. Practically all the Kentucky privies examined were of the rural type.

The pit privy was tested in five widely separated communities in the state of South Carolina. These communities presented practically all soil formations common to that state. The soil in the first was hard, red clay; in the second and third, sand-clay; in the fourth, sand on a sandstone bed, with a water-table eight to ten feet below the surface; in the fifth, sand and sand-clay. The privies, more than fifty in number, had been used from one to three years, and were studied during both the dry and rainy seasons.

In investigating the pit privy, specimens of soil were taken at different depths and at different distances from the pit, to learn the source and direction of any seepage that might be occurring. The effluent from septic tanks was also collected and examined, the soil samples being taken in the same manner as for pit privies.

**Results of the Investigations.** The main findings of the survey, subject to confirmation by more extended investigations, are: (1) that typhoid and dysentery bacilli succumb rapidly upon being



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Fig. 55.—Accustoming primitive peoples to the use of latrines is fundamental to hookworm control. Type of fly-proof pit latrine, with thatched roof, erected in province of Veraguas, Panama

exposed to unnatural environment, consisting either of the effluent from septic tanks, of solid feces, or of soil; (2) that the spread of pollution from a focal point is limited in scope; and (3) that pollution of the wells, when it occurs, is usually derived from the surface. The experiments indicated that the vertical distance between the source of pollution and the ground water level, as well as the character of the soil, are the important factors for consideration in choosing the method to be employed in disposing of sewage. The horizontal distance between the polluted area and the well was found to be of relatively slight importance except where there are underground channels or cracks in the soil.

In moderately compact clay, sand-clay, or sandy soil, free from cracks, the possibility of subsoil pollution of the ground water from pits and septic tanks seems to be negligible if a vertical distance of at least ten feet is allowed between the fecal deposits and the ground water level. The pit privy is not considered safe in limestone regions or in soil where the ground water level is near the surface. For such localities the Kentucky sanitary privy or a privy of similar design, with sufficient storage capacity to allow time for the destruction of pathogenic bacilli, and with the drain placed from three to five feet above the ground water level, is thought to be best.

The results of Dr. Kligler's work will be published during the latter part of 1920 as an appendix to the Journal of Experimental Medicine.

**Need of Additional Inquiry to Establish Preliminary Deductions.** It is recognized that these experiments and tests are only preliminary in character, and that they have not yet been carried far enough for definite conclusions to be drawn from them. Conditions growing out of the war made it necessary to await favorable opportunity for a more extended study of the problem. The further study to be undertaken should include, among other subjects, a thorough investigation of the viability of the eggs of intestinal parasites.

**Types of Latrines Recommended.** In general, any means of disposal is acceptable if it provides against dissemination of infected material by flies, against pollution of the ground in places accessible to bare feet, and against the contamination of drinking water. Several methods that do this have been proposed. Among them may be mentioned the pit latrine, when fly-proof and so located as not to pollute the drinking-water supply; the fly-proof pail latrine, where the ultimate disposal of the night soil is under careful supervision and is satisfactory; septic tanks properly constructed; treatment of the feces with an effective chemical; incineration plants; and sewerage. There are practical considerations touching upon the relative merits of each of these methods, and in many countries, where the choice lies between two or more forms of disposal, it is



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Fig. 56.—Type of latrine erected for boys' school in Santiago, Panama. Fly-proof, cement lined. Latrines such as this teach the gospel of sanitation to the growing generation

only the cheapest that the people in large numbers can be induced to use. This goes far toward explaining the present popularity of the pit privy.

a. *The earth pit latrine.* This is the simplest type of latrine. It is inexpensive and easily installed, and in sparsely settled areas where soil conditions give reasonable assurance that the water supply will not be endangered, it may be justifiable to use it. It is not, however, to be recommended for town or village use. Nor should it be employed in low, swampy lands where the ground water level is high, or in limestone regions where the stratified rock comes as close as ten feet from the surface. Where the rock strata are tilted the danger is particularly great. Tunnels made by beetles or other insects may be responsible for contamination between pit and water supply.

b. *The concrete vault latrine.* A recent development in tight vaults that has given satisfactory results, is the double-compartment concrete vault latrine. The compartments of this latrine are used alternately for periods of at least six months. When a compartment becomes filled, it is completely closed and its contents are allowed to remain untouched during the time the second compartment is in use. During the period of disuse, the excrement in the first compartment diminishes in volume and becomes comparatively inoffensive to handle, especially if a little dry earth or, preferably, lime has been added each time the latrine is used. Experiments are now under way to determine whether this residue would be safe and valuable as a fertilizer. This latrine can be erected in any location. Like the earth pit type, it can be home-made.

c. *The pail latrine.* This type of latrine, in which a pail, enclosed in a fly-proof compartment, is substituted for a pit or vault, is, next to the earth pit latrine, the most inexpensive type to install. A community can be quickly and cheaply supplied with these conveniences by letting out to one carpenter the contract for the entire number required. The latrine has in addition the advantage of being adaptable for indoor as well as outdoor use. Its capacity, however, is extremely limited, and it should be emptied every few days. It is not to be recommended except for communities having well organized and carefully supervised scavenger service. Moreover, with the present high cost of labor, its upkeep involves considerable expense.

d. *The septic tank.* The septic tank is based on the principle that when fecal matter is deposited in water in certain proportion and permitted to remain in storage for a suitable length of time, there is propagated a growth of bacteria which converts the greater portion of fecal solids into inoffensive liquid form, thereby facilitating ultimate disposal by absorption into the ground or discharge into streams. The small residue of fecal material which does not yield to the liquefying action of the bacteria settles in the bottom of the

tank. Only at yearly intervals or longer must this accumulation be removed. The cost of maintaining this type of latrine is therefore very small. It involves only the purchase of toilet paper, which must be used because of the fact that other materials clog the latrine and destroy its effectiveness.

The superiority of the septic tank over other types of latrine cannot be questioned. The initial cost of the structure, however, is so high as to make it prohibitive for general use in the average rural community or small town. It is important that the septic tank be carefully differentiated from the so-called septic latrine. The former receives the necessary water supply by means of automatic flushing, while the latter requires that the user add water, from time to time, in required quantities.

e. *The chemical latrine.* The basic principle of the chemical latrine, like that of the septic tank, is the liquefaction of excrement. In this case the process is accomplished by the action of some caustic substance. The latrine is provided with an iron tank of sufficient size to allow the storage of the liquefied waste for from six months to a year. When the tank becomes filled, the liquefied matter is removed, either by drainage into an underground filter-bed or cess-pool, or by being pumped out into a tank wagon. The liquefying powers of this latrine surpass those of the septic tank latrine, and in addition it accomplishes a higher degree of purification and deodorization. It is better suited to indoor use than any other type of latrine. But both its initial cost and the cost of maintenance are high, and in its present state of development the chemical latrine is not permanent but must be replaced from time to time.

f. *Incineration plants.* A good incineration system effectually prevents the pollution of water in wells, lakes, or streams, and at the same time provides a thoroughly sanitary method for the accumulation and disposition of waste matter. By this method the waste is usually collected in an especially devised container which ordinarily is so planned and constructed as to preclude the possibility of human contact or of approach by flies. When this container has been filled to capacity, the waste is fired and reduced to ashes. The incinerator is then ready for another accumulation. There is one very marked advantage of the incineration method of sewage disposal: it can be used where a sewer system is impractical on account of certain soil conditions, drainage difficulties, discharge outlet, or other obstacles.

g. *Sewerage.* The water-carrier sewerage system, with safe and satisfactory disposal of the sewage, is, from the standpoint of health and sanitation, the ideal method of waste disposal. It is not always practicable or economically possible to install such a system, particularly in towns or cities with small populations or limited resources, and it is seldom feasible in rural areas. For such localities the health officer may have no choice but to recommend some other less satis-

factory form of disposal. Sewerage is, nevertheless, the one system which can be given unqualified endorsement, and is the one toward which all communities—rich or poor, large or small—should be encouraged to strive.

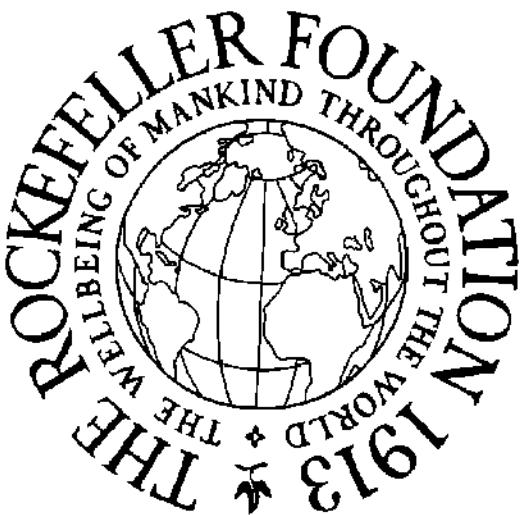
### SOIL SANITATION IN ADVANCE OF TREATMENT

There is a growing tendency for governments to arrange for the proper disposal of excrement in advance of the examination and treatment of the people. Ceylon led the way in this movement. Government regulations enacted in that colony during 1916 required all estates to erect adequate latrines for their laborers before the expiration of one year. As a result, the new estate areas in which work was undertaken during the past three years were provided with latrine accommodations before the curative work was inaugurated. This situation will hold true with respect to all other estate areas that are selected for work in this colony. A similar movement is reported from Brazil, Queensland, the Seychelles Islands, China, Siam, Costa Rica, Nicaragua, Salvador, and from all the West Indian colonies in which work is being conducted or is proposed. The Australian authorities also are reported to be favorably disposed toward making the installation and use of latrines a pre-requisite to the opening of work for hookworm control on the estates of Papua.

**Value of Elapse of Dry Season Between Sanitary Operations and Curative Measures.** During the original campaign in Nandismo, Nicaragua, a portion of the population received treatment and were provided with latrines during the dry season. Another portion did not receive treatment or inaugurate sanitary measures until after the onset of the rains. Re-examinations made eighteen months later showed that among persons in the former group there was 43 per cent re-infection, while in the latter group a re-infection rate of 67 per cent obtained. Since it is probable that a large part of the re-infection in this area was caused by old soil infection, the disparity in re-infection rates between the two groups indicates that the danger from old soil infection is greatly lessened during the dry season, owing probably to the desiccation of a large proportion of the larvae. This fact suggests that if sanitary work is done in an area far enough in advance to permit one dry season to intervene before the inauguration of curative measures, old soil infection will be reduced to a minimum, and, with the proper enforcement of sanitary regulations, there will be less danger of re-infection.

### PRE-CAMPAIGN SANITATION IN WEST INDIAN COLONIES

In every West Indian colony in which measures for the control of hookworm disease were conducted during 1919, and in every colony where it is proposed to conduct work during 1920 or 1921, Govern-



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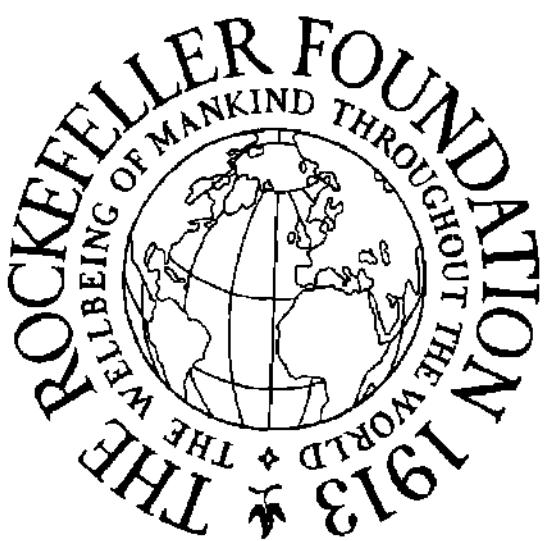
Fig. 57.—Type of fly-proof pit latrine with wooden superstructure. Many hundreds of latrines of this type have been erected on the estates of Ceylon, in an effort to overcome wholesale pollution of the soil

ment has obligated itself to sanitize thoroughly each area of operation well in advance of the inauguration of treatment campaigns. Latrines of a standard type approved by the boards of health of the respective colonies will be required, and permanent staffs of sanitary inspectors will be provided to enforce sanitary regulations. All areas worked during 1919 in Trinidad and Jamaica secured a satisfactory percentage of latrine installation prior to the inauguration of control measures. In Trinidad the Central Board of Health passed a resolution making it an offense punishable by law to deposit human excreta, or to defecate, except in properly constructed latrines, anywhere within a quarter of a mile of an occupied building. For the enforcement of sanitary regulations in this colony seven sanitary inspectors were employed during 1919 and provision was made for the employment of twelve inspectors during 1920.

### SANITARY PROGRESS IN CENTRAL AMERICA

In Central American countries exceptional difficulties stand in the way of latrine construction. Most of the inhabitants are so poor that they find it difficult to sustain existence. They have therefore been backward in accomplishing definite results in sanitation. During 1919, however, excellent progress was made in latrine construction in all the republics in which control operations were conducted. These countries, moreover, are developing an effective personnel for the enforcement of sanitary regulations. In many areas earnest effort was made to secure the sanitation of all homes at least six months in advance of treatment campaigns. In Nicaragua, 3,500 latrines were erected, the largest number constructed during any year since the work of hookworm control began, and the greater number of these latrines were provided in areas where it is proposed to establish curative measures during 1920. In the course of the year, Government appropriated \$3,000 for the employment of four sanitary inspectors, and several municipalities contributed funds to maintain local inspectors.

In Costa Rica, Government furnished eleven inspectors to enforce sanitary regulations, and each municipality in which work was conducted furnished at least one. In the counties of Alajuela and Tibas, municipal inspectors started compulsory latrine construction three months prior to the inauguration of control measures. Salvador reports greater progress in sanitation during 1919 than in any previous year. Several municipalities in this republic claim to have secured the pre-campaign sanitation of 60 per cent of their homes. These encouraging results are due in large measure to the earnest co-operation of government officials. During the year the President of Salvador sent a letter to governors of departments, suggesting that latrines be erected by every householder throughout the departments, and that monthly reports of latrine construction be forwarded



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Fig. 58.—New latrine of the bucket type with brick superstructure, erected on the Syston estate. It was on this estate that the first latrine was built in connection with the campaign against hookworm disease in Ceylon

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regularly to him. The Minister of Public Instruction issued an order that all schools be provided with latrine facilities and that inspectors be appointed to enforce the ordinance. Attention was also concentrated during the year on the erection of latrines at military barracks. In Panama, Government put into execution a decree making the construction of latrines obligatory throughout the country. The number of latrines erected in the interior of this country during the year, surpassed the total number built during all previous years of work.

### ESTATE SANITATION IN CEYLON

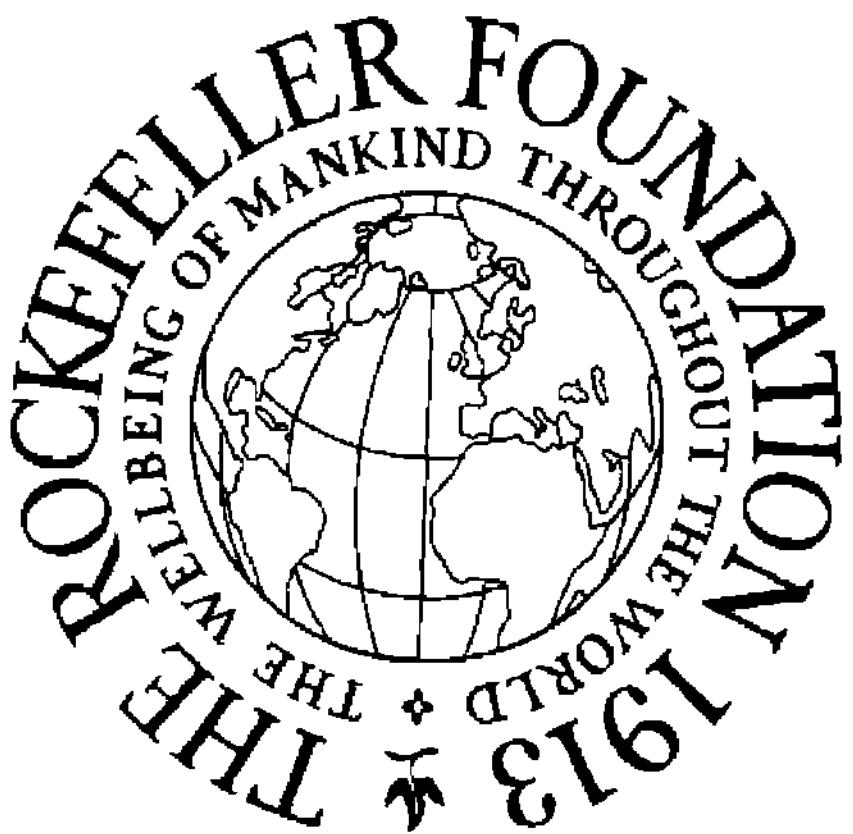
Before the opening of work against hookworm disease in Ceylon, few estates had latrine accommodations for their labor, and the houses in the villages were seldom equipped with sanitary conveniences. Now practically all estates have latrines. From the beginning of work in January, 1916, up to the end of 1918, approximately 50,000 latrine compartments, sufficient to provide accommodations for 700,000 persons had been installed. The great problem now confronting campaign workers is to bring about the use of the latrines that have been built.

**Difficulty of Enforcing Use of Latrines on Estates.** On all the estates the latrines are used to greater or less extent, but there is still considerable evidence that the soil is being polluted. This pollution commonly occurs about laborers' quarters and along bridle paths. The estate superintendents' efforts to improve sanitary conditions will require time to yield results, as the laborers are indifferent in using latrines. Nevertheless, it is encouraging to report that the number who do use them is steadily increasing.

**Adequate System of Latrine Inspection Needed for Estates.** During 1919 Government issued a decree making soil pollution an offense punishable by law. It now remains to establish a regular system of inspection to bring about the proper use of latrines and as a last resort to apprehend offenders. The Senior Sanitary Officer has a competent body of trained sanitary inspectors, but their activities are confined in the main to sanitary board areas and to special districts where conditions are particularly unsatisfactory. The extension of this work to reach all of Ceylon is to be the next step.

### VILLAGE SANITATION IN CEYLON

Much of the infection and re-infection on estate areas is probably acquired in the villages and bazaars included within the boundaries of these areas or situated closely adjacent to them. Until recently no latrines had been erected in these localities, but Government,



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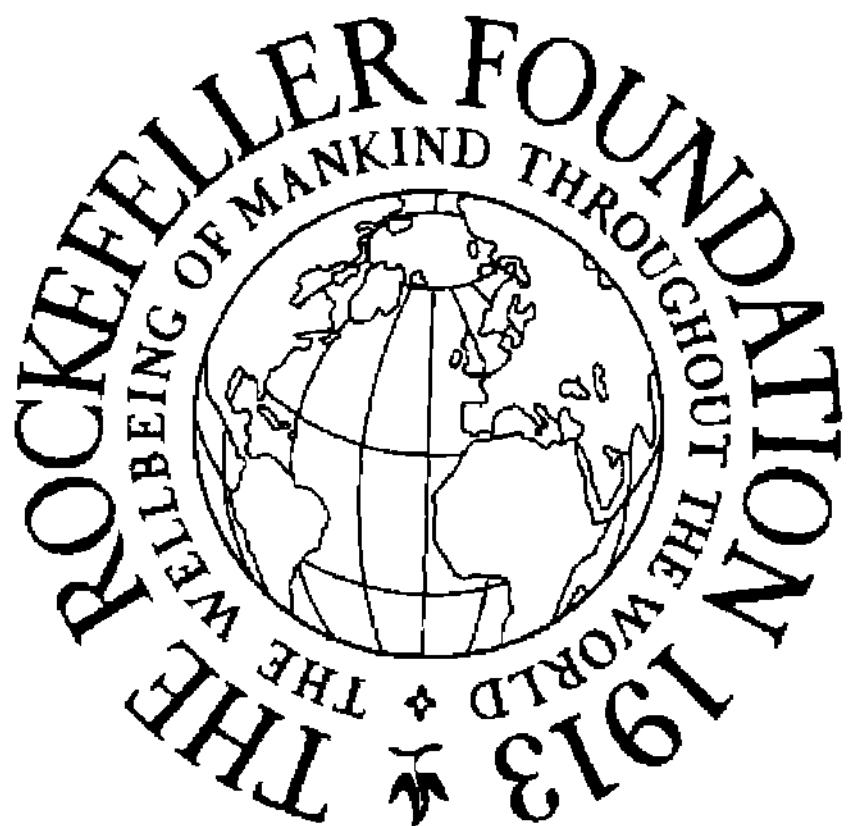
Fig. 59.—Different countries employ different means of guarding against soil pollution. Type of pail latrine adopted for use in Queensland, Australia. Manufactured and sold in wholesale lots

recognizing the futility of treating and curing the estate laborers only to have them re-acquire the infection on their visits to the villages or to the largely patronized bazars, has lately issued orders to the village headmen and other authorities to have latrines constructed for village and bazar communities. In the Matale area the sanitary department has had from two to four qualified inspectors at work for more than three years, extending the latrine and privy system throughout the villages. Nearly 3,800 village latrines were erected in this area during 1919. In the village communities in or near other estate areas in which treatment campaigns were conducted up to December 31, 1919, many additional latrines have been installed, but the absence of an adequate system of inspection has sometimes resulted in these latrines being of an inferior type.

**Installation of Latrines in Southern and Western Provinces.** It is estimated that in villages located in other parts of the colony, between 75,000 and 90,000 latrines have been built since the beginning of 1916, nearly all of them by the villagers themselves. Of these, 480 were installed in 1916 and 25,215 in 1917. About 12,000 were erected in 1918 and over 37,000 in 1919. In the rural parts of the Southern province, with a population of about 600,000, privies to the number of 45,000 have been erected during the past three years, more than 40,000 of them during the past eighteen months. These are sufficient to provide accommodations for at least 200,000 persons.<sup>1</sup> The villagers built all of these latrines without prosecution and are using them without reluctance. By special tax and with a government grant and loan, 40,000 rupees were made available for the erection of latrines in two towns of this province—Matara and Weligama—during 1919. Extensive sanitary improvements have also been made at Minuwagonda and surrounding villages in Western province. Here the whole township, with a population of about 9,000, and the villages within a two-mile radius, having a combined population of 3,000 or 4,000, have been provided with sufficient latrines. Sanitary surveillance is to be maintained by qualified inspectors, who will also carry on educational work, including lantern talks, on health subjects. In the whole of Western province during 1919, more than 10,000 latrines were erected.

**Latrine Building As Means of Interesting Villagers in Hook-worm Relief Measures.** Paradoxically, the installation and use of latrines afford the best entering wedge for work among the Singhalese villagers who form the permanent population of Ceylon. Lantern talks by native dispensers gain the sympathy and interest of the villagers, lead to extensive privy building, and later to a request for the establishment of dispensaries to extend to the villagers the opportunity of being treated. If opportunity for treatment is held out to them as a preliminary first step, they refuse; but after they

<sup>1</sup>These figures take no account of local board or sanitary board activities.



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Fig. 60.—Example of one of the better methods of night soil disposal. Type of incinerator adopted for use on all estates belonging to Messrs. George Steuart and Company, Ceylon

have been brought to install latrines in large numbers and to realize the benefits which attend their use, effective curative work can readily be conducted among them.

### **SOIL SANITATION IN BRAZIL**

In Brazil extensive provision is being made for the sanitation of rural areas. The states of São Paulo, Minas Geraes, Paraná, Bahia, and Rio de Janeiro have already adopted rural sanitary codes requiring the provision of latrine accommodations at every home within their jurisdiction. Under forthcoming regulations of the National Department of Public Health, any state accepting aid from the Federal Government for control of rural endemic diseases must adopt a modern rural sanitary code prepared by the department. The Federal Government will appoint officials to execute the law within each state. The greatest progress made in soil sanitation in Brazil during 1919 was on Governor's Island where, by the end of the year, all but a dozen of the 8,000 homes were provided with latrine accommodations.

### **INSTALLATION OF LATRINES IN THE SEYCHELLES ISLANDS**

During the three years in which control measures have been in operation in the Seychelles Islands remarkable progress has been made in sanitation. When work was begun there in 1917 hardly a latrine was to be found anywhere in the colony outside of the town of Victoria. By the end of 1919, however, it was difficult to find a home on the islands unprovided with latrine accommodations. Sanitary laws are strictly enforced throughout the colony and most of the latrines are kept in good repair. There are few instances of soil pollution, and such offenses of this nature as do occur are usually traceable to children. On the islands of Praslin and La Digue, where curative work was conducted during 1919, over 98 per cent of the homes were supplied with good pit latrines before control measures were undertaken. The government of Mauritius has recently given \$32,400 to the Seychelles Government, and the Governor has sanctioned the use of as much of this sum as may be necessary for the installation of public latrines at the most convenient locations throughout the Seychelles.

### **LATRINE PROVISION IN QUEENSLAND**

Scarcity of labor and the almost prohibitive cost of lumber have stood somewhat in the way of complete compliance with the health act of Queensland, which empowers local authorities of each shire or township to enforce latrine construction throughout their districts.

To counteract the difficulties of securing labor and material, a standardized box latrine unit has been adopted which can be manufactured in large quantities and can have placed upon it any superstructure that the householder may have available. This device reduces the cost of a unit to about \$10, a price usually within the reach of the householder. A high percentage of latrine improvement was secured during 1919 through the co-operation of the town councils, which are enforcing throughout their jurisdictions the installation and use of sanitary devices for sewage disposal. Several towns in the state have let contracts for incinerators for night soil disposal, each of these devices to cost approximately \$5,000.

### SANITATION OF THE SOIL IN SOUTHERN STATES

During recent years considerable progress has been made in soil sanitation throughout the Southern States, and the movement is steadily gaining momentum. Harrison, Stone, and Jackson counties, of Mississippi, report that an improved latrine has been installed at every one of their rural homes. Harrison was the first county in the South to achieve this enviable distinction. The work done in this area afforded practical illustration of what can be accomplished in health protection, and stood out as one of the prominent movements in the state. In various other Southern counties the record of latrine construction for rural homes ranges between 50 per cent and 100 per cent. Nine state boards of health report that during 1919 an aggregate of 12,250 new latrines were erected and 6,660 old latrines were improved. In North Carolina, the General Assembly enacted a state-wide sanitary latrine law which requires all latrines located within 300 yards of a home to be constructed and maintained in a manner satisfactory to the State Board of Health.

### HEALTH IMPROVEMENT FOLLOWING SOIL SANITATION

Hookworm disease is not commonly a reportable disease. Consequently there are few morbidity or mortality statistics to aid in ascertaining its prevalence at any particular time. Following the inauguration of control measures in nine counties of North Carolina, the rate of hookworm infection was reduced from 35 per cent for the years 1911-1914 to 19 per cent for the years 1917-1919. In the Pinghsiang Colliery, China, where sanitary regulations are being strictly enforced, the incidence of infection among the mining population has been reduced from 85 per cent in 1917 to 36 per cent in 1919, and in the Seychelles Islands the infection rate shows a reduction from 96 per cent in 1917 to 51.1 per cent in 1919.

Typhoid fever is a reportable disease, and interesting statistics are available showing the reduction in morbidity and mortality rates for this disease, following the use of adequate latrines. In Orangeburg county, South Carolina, where a rural sanitary campaign has been in progress for three years, the typhoid death rate has been reduced 75 per cent, and in Darlington county in the same state, a two-year campaign has reduced the death rate from this disease 80 per cent. As practically no typhoid inoculations have been given in these areas it would seem that soil sanitation was the controlling factor in this reduction. Adjoining these counties are several counties where no sanitary work has been done. In two of these the typhoid death rate for 1919 showed an increase of 200 per cent, and in another, an increase of 25 per cent, over the preceding year.

In Troup county, Georgia, where in the course of a two-year health campaign 2,895 sanitary latrines were installed, there has been a marked decrease in the incidence of typhoid fever and dysentery. Morbidity statistics for 1919 show typhoid fever to be only about 30 per cent, and dysentery about 12 per cent, as prevalent as before the work of sanitation was begun.

Vital statistics for the year 1919 for Smith and Gibson counties, Tennessee, show very definite diminution in morbidity and mortality rates for intestinal diseases, following rural sanitary campaigns inaugurated in those areas in May, 1919. Smith county reports a reduction of 50 per cent in the number of typhoid fever deaths. In deaths from typhoid fever and all other intestinal diseases combined, there was a reduction of 55 per cent. Gibson county shows a reduction of 20 per cent in the incidence of typhoid fever, and of a fraction more than 50 per cent in that of intestinal diseases inclusive of typhoid.

In Stone county, Mississippi, an intensive campaign against soil pollution was begun in May, 1918. At this time there were less than a dozen sanitary latrines throughout the entire area. By June 1, 1919, when intensive operations were completed, every home in the county had been provided with an improved latrine. During the first six months of 1919, for the first time in the history of the county, not a single case of typhoid fever was reported. In the same state, in Marion county, an intensive sanitary campaign was waged from February 1 to December 31, 1919. At the beginning of the work less than 1 per cent of the homes met the sanitary requirements of the state board of health. By December, as many as 1,192 homes had sanitary latrines. County statistics for the year show a decrease of 25 per cent in typhoid fever cases and of 68.9 per cent in cases of amebic dysentery.

In Fairfax county, Virginia, where a crusade against soil pollution was begun in April, 1917, there has been a notable decline in typhoid incidence and mortality. In 1917 the morbidity rate for this disease was 2.0 per thousand and the mortality rate .13 per thousand. In 1918 the morbidity rate fell to .5 per thousand and no deaths

occurred. In 1919 the morbidity rate was .34 per thousand and the mortality rate .04 per thousand.

In the town of Salisbury, North Carolina, where in 1918 a sanitary latrine was built at every home not connected with a sewer, there were only two cases of typhoid fever during 1919, as against forty-three cases during the preceding year. In the entire state of North Carolina during 1914, the first year in which deaths from all causes were recorded, there were 839 deaths from typhoid fever. Since that year there has been steady progress in rural sanitary work throughout the state, and a correspondingly steady decrease in the incidence of typhoid fever. In 1919 there were only 427 deaths from this disease, or 412 fewer deaths than in 1914. Each death from typhoid means at least ten cases. A decrease of 412 in the number of deaths means, therefore, the prevention of 4,120 cases of the disease. Rosenau places the average cost of a case of typhoid fever at \$400. On this basis the prevention of 4,120 cases of typhoid may be estimated as having saved the state about \$1,648,000 a year. The prevention of typhoid is but one of many beneficial results of soil sanitation.

## VIII

### MALARIA CONTROL

Measures for the control of malaria in densely populated communities, by means of the prevention of mosquito breeding, were inaugurated early in 1919 in four Arkansas towns: Eudora, McGehee, Blissville, and Tillary. In addition, supervision was given throughout the year to the maintenance of conditions which had been established as the result of the earlier efforts at mosquito control, by the same means, which had been carried out in six other Arkansas towns: Crossett, Hamburg, Lake Village, Dermott, Monticello, and Bauxite. The program was carried out in conjunction with the United States Public Health Service, the municipalities concerned, and the Arkansas State Department of Health.

**Malaria Control by Anti-mosquito Measures: in Towns.** The plan of operations followed in the original work at Crossett and Hamburg, with improvements suggested by experience or required to adapt the work to local conditions, was followed in the four towns to which the work was extended during 1919. For the four communities combined, physicians' calls were reduced from 3,394 (the average for the two previous years) to 1,120 in 1919—a reduction of 67 per cent. The per capita cost of the entire work, with overhead expense omitted, was \$0.60. The results and costs by communities are shown graphically in Fig. 61, page 219.

The maintenance record for the towns of Crossett, Hamburg, Lake Village, Dermott, Monticello, and Bauxite, in which control measures had been inaugurated in earlier years, is exhibited graphically in Fig. 8, page 87. Fig. 62, page 220, gives the percentage of reduction and the per capita cost of the work in these towns, as ascertained over the whole period of operations. The statistics demonstrate the practicability of anti-mosquito measures as a means of controlling malaria in communities of this type, from the standpoint both of expense and of degree of control attained.

**Extension of Anti-mosquito Measures to Towns in Other States.** The success of the extra-cantonment work for the control of malaria, as conducted by the United States Public Health Service during the war, and of the demonstrations in malaria control which have been conducted in Arkansas over the four-year period extending from 1916 to the beginning of 1920, have led to the development of a program for continuing the work in Arkansas and for extending it to selected towns in nine other southern states. The plan calls for joint participation by the United States Public Health Service, the state boards of health of the respective states, selected towns in each state, and the International Health Board. Surveys were begun during the latter part of 1919.

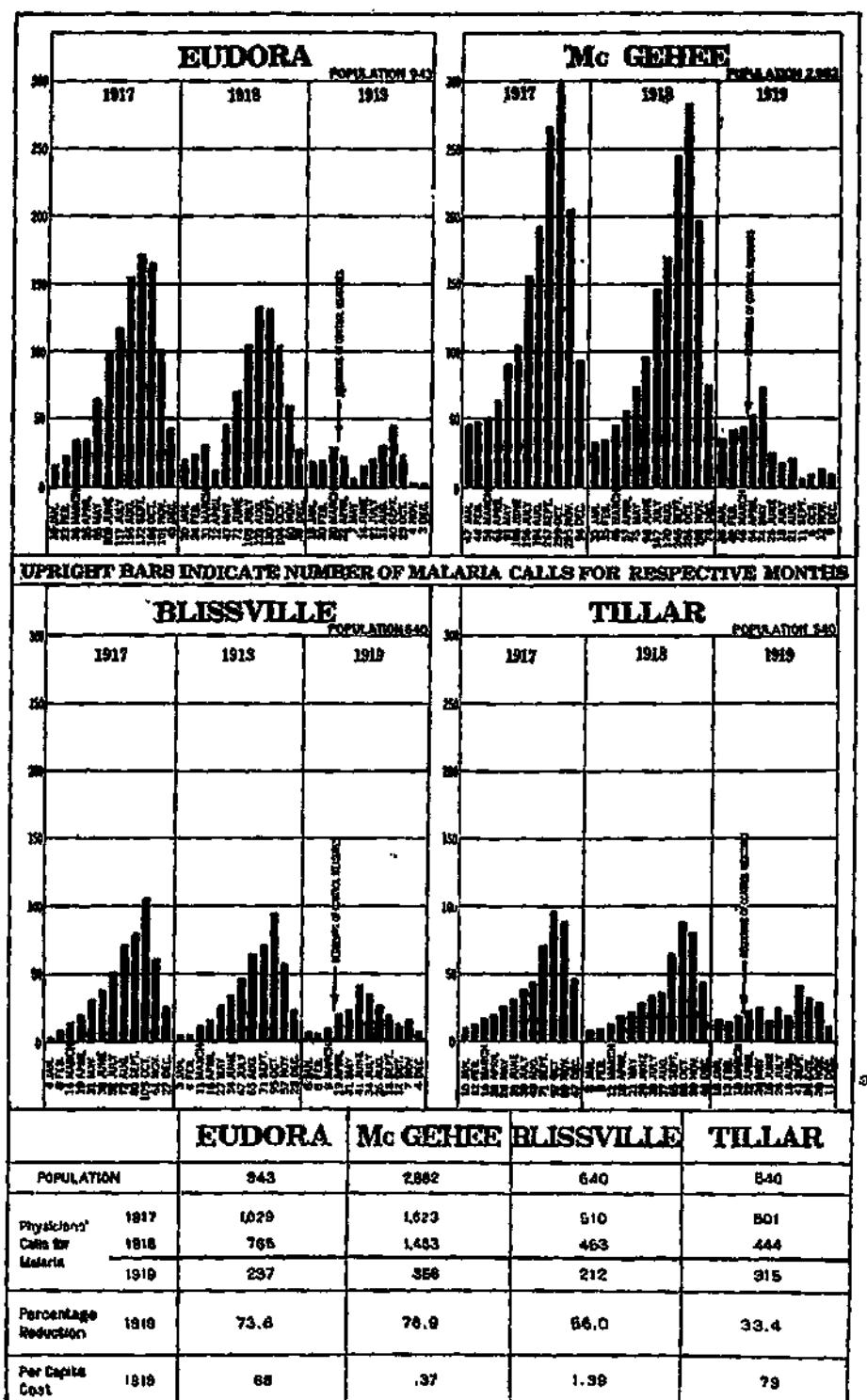


Fig. 61.—Record of malaria control in four Arkansas towns. Work was inaugurated in these four towns in 1919

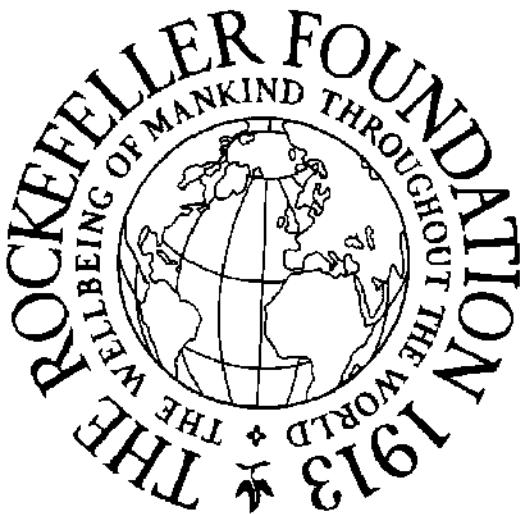
	CROSSETT	HAMBURG	LAKEVILLAGE	DERMOTT	MINTIELO	BAUXITE
POPULATION	2,029	1,285	978	2,780	3,023	2,500
Physicians' Calls for Malaria						
1916	2,600	.....	.....	.....	.....	.....
1916	741	2,312	1,817	1,389	1,413	862
1917	200	216	1,328	1,249	1,274	729
1918	78	56	85	162	137	175
1919	77	33	98	84	51	47
Percentage of Reduction for Entire Period of Work	96.9	98.5	94.0	93.6	94.0	94.1
Per Capita Cost, <sup>**</sup>	\$1.24	\$---	\$---	\$---	\$---	\$---
1916	.85	1.45	---	---	---	---
1917	.85	.44	1.26	.54	.46	1.11
1918	.62	.78	1.08	.88	.24	1.14

Fig. 62.—Results and costs of anti-mosquito measures in six Arkansas towns, 1916-1919

The new program contemplates that operations will be limited in the main to towns of from 500 to 6,000 inhabitants. Co-operative work is proposed for forty towns, having an aggregate population of 177,320, located in seven states: Alabama, Louisiana, Mississippi, North Carolina, South Carolina, Texas, and Virginia. Excessive rainfall and a shortage of sanitary engineers caused a temporary delay in completing the programs for Arkansas, Georgia, and Tennessee. It is hoped that the strategically located demonstrations over wide areas in the South will eventually lead to the organization of state-wide crusades for reducing the prevalence of the disease in the various commonwealths of the United States which now suffer from malaria.

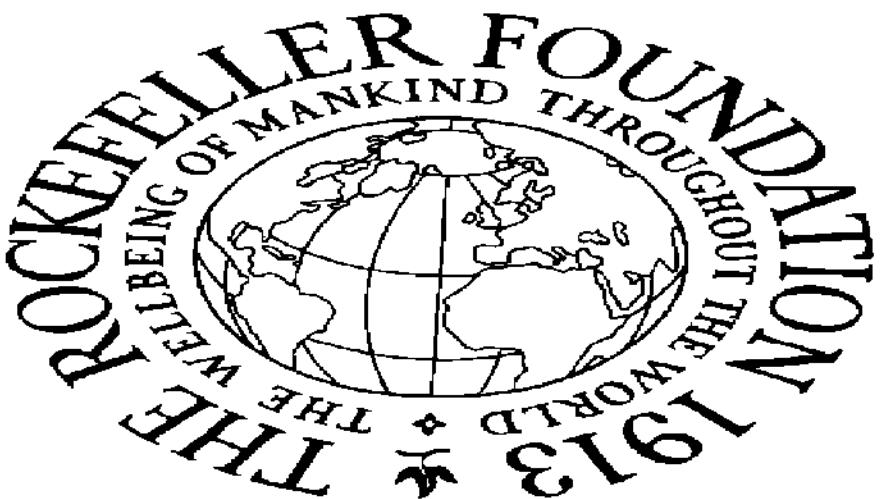
**Malaria Control by Anti-mosquito Measures: At Scattered Farm Homes.** The field work in Arkansas having demonstrated the feasibility of anti-mosquito measures as a means of controlling malaria in selected urban communities, Dr. H. H. Howard began, in June, 1918, a series of investigations to test the practicability of controlling malaria in rural regions. For these studies a rural district was selected in the northern part of Hinds county, Mississippi. This district has an area of approximately thirty-six square miles and a population of 830. During the year 1918 work was limited to a survey of the district and to a study of mosquito breeding within the area. Early in 1919 plans for mosquito control were put into operation in a selected area of twenty-two square miles within the district previously surveyed. It was decided that the remaining fourteen square miles of the area surveyed should be kept under observation but should not be included in the actual control operations.

**Results of 1919 Control Measures in Hinds County.** During 1918 there was 18.1 per cent of clinical malaria among the 595 inhabitants in the section of Hinds county above referred to; under control



**Photograph Excised Here**

Fig. 63.—One phase of mosquito control in rural regions. Mill pond in Hinds county, Mississippi. Was breeding anopholes continuously throughout season



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Fig. 64.—Same pond as in Fig. 63, after being drained, cleaned, and edged. The control operations put a stop to breeding in this pond

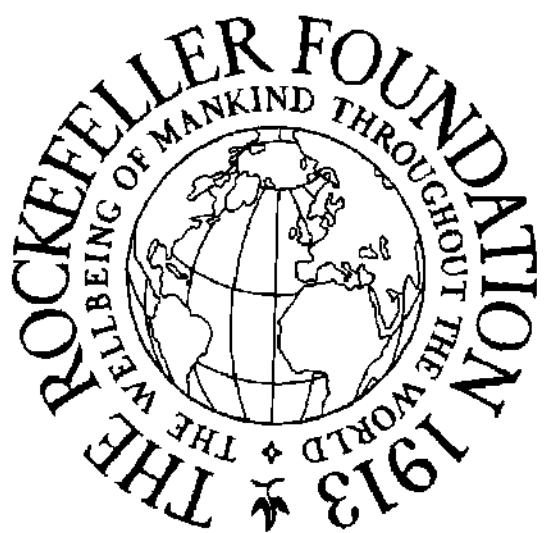
work the rate for the same area during 1919 was 5.5 per cent. The reduction for 1919 was therefore 69.2 per cent. In the section of the county which was kept under observation but not covered by the control campaign, the incidence of infection among the 214 inhabitants was 17.3 per cent during 1918, as against only 10.3 per cent during 1919—a reduction of 40.5 per cent. Taking 40.5—the reduction rate for the area not under control during 1919—as the normal decrease that would have occurred without systematic efforts to reduce the incidence of infection, the reduction that resulted from the control measures may be estimated at 28.7 per cent.

**Cost of 1919 Operations in Hinds County.** In anti-mosquito work in rural regions the large area to be controlled per individual makes it extremely difficult to maintain low per capita costs, and thus bring the work within the means of the people. The total cost of the operations conducted in Hinds county during 1919 was \$1,550.90, without overhead expense; the cost per capita, on the basis of a population of 595, was therefore \$2.60. This cost is high in comparison with the figures established for the Arkansas towns, and it still remains to be demonstrated that effective malaria control can be accomplished within the resources of local communities. During 1920 further effort will be made to reduce the per capita cost to the lowest possible figure consistent with a satisfactory degree of control.

**Use of Top Minnow to Prevent Mosquito Breeding.** The chief feature of the 1919 experiment in Hinds county was a thorough test of the efficacy of the top-feeding minnow (*Gambusia affinis*) as an agent in the prevention of mosquito breeding. This fish was used especially to destroy mosquito larvae in stock ponds and other similar breeding places. Heavy rains greatly retarded the progress of operations, and it was not until July 1 that effective control measures could be applied throughout the area. By September 30, however, 88.7 per cent of all the mosquito-breeding places in the area were being controlled, with a large measure of success, by top minnows alone. These agents continued their work until cold weather intervened and stopped mosquito production. If the further tests to be conducted with these fish in Hinds county during 1920 substantiate the earlier indications, this simple and inexpensive measure will doubtless be widely employed as a recognized agency for reducing malaria in regions where conditions will permit of its use.

#### MALARIA CONTROL BY TREATING THE CARRIERS

The control of malaria in sparsely settled and frequently flooded rural areas is more difficult than in towns or rural areas where the prevention of mosquito breeding by oiling or draining is economically feasible. In the former regions, the method of attack most commonly relied upon is that of attempting to destroy the parasite in the



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Fig. 65.—Pond in Hinds county, Mississippi, after being cleaned and edged, and stocked with top minnows. Mosquito breeding in this pond was satisfactorily controlled by the use of fish

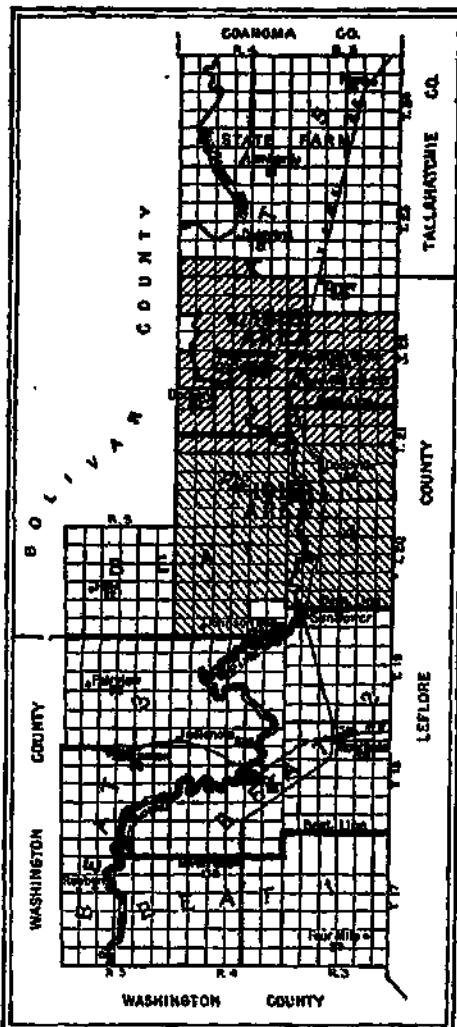


Fig. 66.—Map of Sunflower county, Mississippi, with location of 1918 and 1919 demonstration areas in malaria control by treatment of carriers

county by discontinuing the free distribution of quinine and substituting mass education for the house-to-house propaganda of the previous year. It was soon learned, however, that with the personnel available the contact with the people was not intimate enough to result in large numbers taking quinine regularly for a period sufficiently long to immunize their blood. The treatment campaign was accordingly restricted after July 1 to an area of 110 square miles, with a population of approximately 5,500. The plan pursued here was similar in all respects to that followed in the 1918

blood of the human carriers. A two-year field experiment in control measures by this plan was carried out in a section of Bolivar county, Mississippi, during the years 1916 and 1917. During 1918 and 1919 the control measures developed in the initial experiment were given trial in two limited areas of Sunflower county in the same state. The demonstrations conducted in the latter areas during the last two years have been suggestive, but far from complete. They will need to be continued over a period of years and under a variety of conditions, in this and in other areas, and with a greater measure of success, before they can be regarded as definite and final.

**Plan of Malaria Control Work Pursued in Sunflower County.** The first demonstration in malaria control by treating the carriers was undertaken in Sunflower county in 1918. It was conducted in an area of 100 square miles, and was based upon the gratuitous distribution of quinine to the people as a means of curbing malaria attacks and driving the parasites from the blood. When the 1919 work was projected it was thought that operations might be extended to the entire

work, except that no free quinine was provided. Throughout the remainder of the county, publicity work and the sale of quinine at cost were continued.

**Results of 1918 Efforts in Sunflower County.** Re-surveys were made during 1919 in more than half of the communities of Sunflower county in which anti-malaria operations had been conducted during 1918. Each community was re-visited approximately twelve months from the date of the first survey. Record was taken of the number of malaria attacks that had occurred in the interval; blood examinations were made; and for the first time during the demonstrations of control by the treatment of carriers, figures were compiled showing

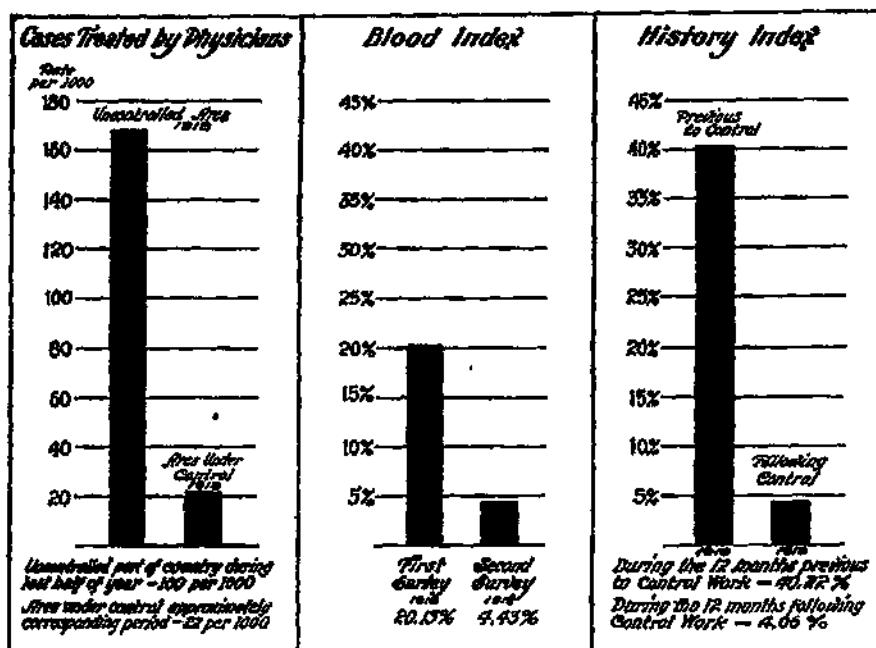


Fig. 67.—Reduction of malaria through treatment of carriers. 1918-1919 control areas in Sunflower county, Mississippi

the number of physicians' calls for malaria. The figures for physicians' calls covered the record for the county as a whole. Fig. 67 shows graphically the reduction in malaria accomplished by the control operations, as indicated by each of the three separate measures of results: history index, blood index, and physicians' calls. As based on history index, the 1919 incidence was 90 per cent lower than that of 1918; as based on blood examination, 78 per cent lower. The record of physicians' calls indicated, furthermore, that within the restricted area where control measures were applied, the 1919 incidence of malaria was 87 per cent lower than throughout the county as a whole.

**Cost of 1918 and 1919 Control Demonstrations in Sunflower County.** During 1918 the per capita cost of the intensive control measures conducted in Sunflower county, within the selected area of 100 square miles, was \$1.08. The per capita cost of operations within the area of 110 square miles chosen for the control demonstration of 1919, was approximately \$1.09. From the evidence at hand it appears that within this area the disease has been measurably reduced at a per capita cost well within the means of the average rural community, and that in addition the fundamental facts concerning malaria and its treatment have been brought to the attention of a large proportion of the county's entire rural population.

### STUDIES IN QUININE ADMINISTRATION

The administration of quinine by mouth quickly destroys the adult germs, but the spores are not so readily reached and killed. Within the last twenty years quinine in enormous quantities has been administered in various parts of the world, particularly to soldiers or other persons who visit malarious districts. Many investigations have been made as to the effect on the human system of different dosages of the drug under varying conditions of treatment, and as to the efficacy of the drug in curbing acute attacks and driving the parasites from the blood. This was one of the points that was given foremost consideration in the early experimental work in Bolivar and Sunflower counties. More than 25,000 cases were closely observed over a period of three years.

**Standardized Quinine Dosage Used in Bolivar and Sunflower Counties.** The standardized immunizing dosage adopted as a result of the experiment was ten grains daily for eight weeks for adults, with graduated doses for children. For curbing acute attacks in adults, a dosage of ten grains three times a day was adopted. The proportionate dose required to produce in children of different ages the same effect as the full dose produces in adults is shown below:

Age	Proportion of Adult Dose	Dose for Children of Different Ages as Based on Adult Dose of 10 grains
Under 1	0.05	½ grain
1 year	0.1	1 grain
2 years	0.2	2 grains
3-4 years	0.3	3 grains
5-7 years	0.4	4 grains
8-10 years	0.6	6 grains
11-14 years	0.8	8 grains
15 and over	1.0	10 grains

Administration by mouth was the only method used except in rare instances. The administration of the dosage every day for eight weeks disinfected 90 per cent of the infected persons to whom it was administered. The remaining 10 per cent, who suffered from acute attacks, had to be given ten grains three times a day for three or four days, and then ten grains daily for eight weeks. Daily administration disinfected a considerably larger proportion of cases in a given length of time than intermittent treatment on one or two days of the week. The entire eight weeks' treatment was prescribed at one time, and the patients were advised and urged to take it without missing a single day. Otherwise, it was pointed out to them, there was a possibility of relapse.

**Adoption of Standardized Immunizing Dose of Quinine by National Malaria Committee.** Other investigators in different parts of the world have suggested the same immunizing dose of quinine as was adopted for the experimental work in Bolivar and Sunflower counties. The National Malaria Committee has adopted the dosage, and has recommended it to the publishers of medical textbooks and to practicing physicians. The method offers hope of contributing in no small degree to the control of the infection. Already there are indications that it is being extensively employed by physicians, plantation owners, and the public in general.

## IX

### CONTROL OF YELLOW FEVER

The operations for freeing Guayaquil, Ecuador, from yellow fever, which were begun on November 25, 1918, were continued throughout 1919. Preceding the inauguration of these measures a Yellow Fever Commission visited Guayaquil, and during a stay of two months made an intensive study of the disease and of the sanitary conditions under which it had persisted. Dr. Hideyo Noguchi, a member of the commission, conducted a series of laboratory investigations in the course of which he succeeded in isolating an organism which is apparently the causative agent of yellow fever. The curative serum and the immunizing vaccine which he prepared as a result of his Guayaquil work were used during 1919, and gave indications of developing into important agents for the cure as well as the prevention of the disease.

**Control Measures Pursued in Guayaquil.** Aside from the isolation, behind metallic screening, of all suspicious cases indicative of yellow fever, the chief feature of the control program put into effect in 1918 and 1919 was the prevention of Stegomyia propagation by the covering of tanks; by drainage, ditching, and oiling; and by the use of fish to devour mosquito larvae in water barrels and miscellaneous small containers. In the carrying out of the work the city was divided into districts of such size as to permit weekly house-to-house inspection by the sanitary squads. Fig. 68 shows the division of the city into working districts at the period of greatest expansion. Government authorities and the people entered heartily into the control efforts, and gave the measures their warmest support throughout the entire course of operations.

**Success of Control Work in Guayaquil.** The average number of cases of yellow fever in Guayaquil annually during the period from 1912 to 1918 was 259. During 1918 there were 460 cases. The statistics for 1919 show a record of 150 cases for the period from January to May, and an entire absence of cases during the remainder of the year. Fig. 9, page 89, gives a record of the monthly incidence of the infection during 1918 and 1919. The disease appears to have been brought under control, but it is proposed to continue active operations, with a reduced personnel, throughout the year 1920. As a final safeguard against the recrudescence of the disease, the entire region will be kept under observation for at least a year after the disappearance of the last evidence of the infection.

**YELLOW FEVER IN CENTRAL AND SOUTH AMERICA**

Outbreaks of yellow fever were reported during 1919 from Peru and Brazil in South America, from Honduras, Salvador, and Nicaragua in Central America, and from Mexico. In the Canal Zone one case of the disease was detected upon a vessel in quarantine, in a person who had recently come from Nicaragua. This was isolated and no further cases occurred. In the opinion of competent authority, ports which control the breeding of *Stegomyia* mosquitoes are in no danger even if a case of yellow fever is introduced.

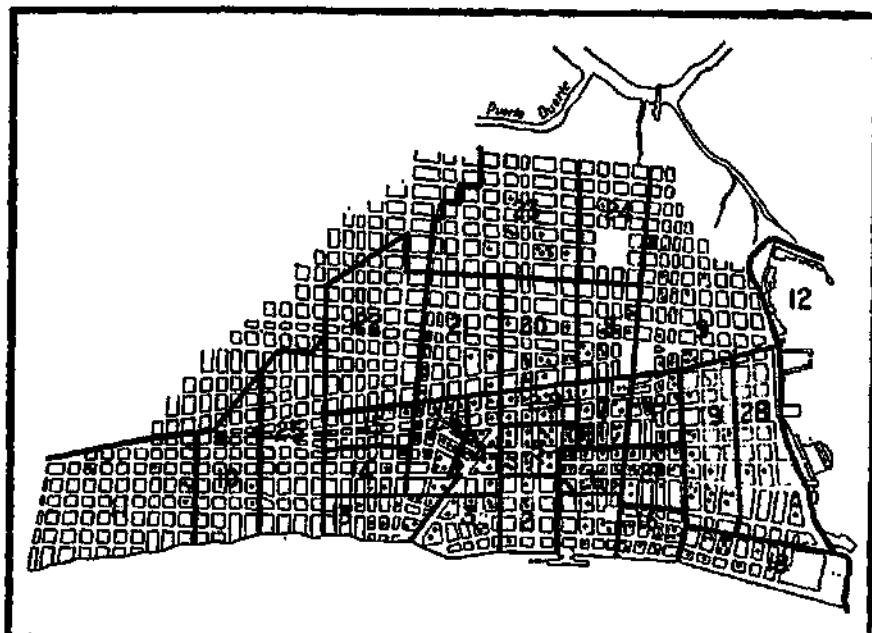


Fig. 68.—Map of Guayaquil, Ecuador, showing division of city into working districts, at period of greatest expansion. Each spot indicates a case of yellow fever. Note concentration of cases near center of city where water tanks are most numerous

**The 1918 Outbreak in Guatemala.** The report for 1918 told of an epidemic of yellow fever which had developed in Guatemala in June of that year, and had involved seventeen small communities, most of them on or near the west coast. The infection had been introduced into Guatemala from Tapachula, Mexico. Investigation indicated that the disease had spread from its endemic focus in Merida, Yucatan, and had reached Tapachula either by an overland or coastwise route by way of Puerto Mexico, thence proceeding along the route of the railroad (see map, Fig. 69). The total incidence of the disease in the seventeen communities was over 550, with a death rate of approximately 36 per cent.

**Bringing Under Control the Guatemalan Outbreak of 1918.**  
 Operations for freeing Guatemala from yellow fever were inaugurated in July, 1918, under the immediate direction of Dr. Joseph H. White. Quarantine was established and maintained, a system of daily house-to-house inspections was instituted in each community, suspected cases were isolated, and measures were carried out for the destruction or control of the breeding places of the Stegomyia

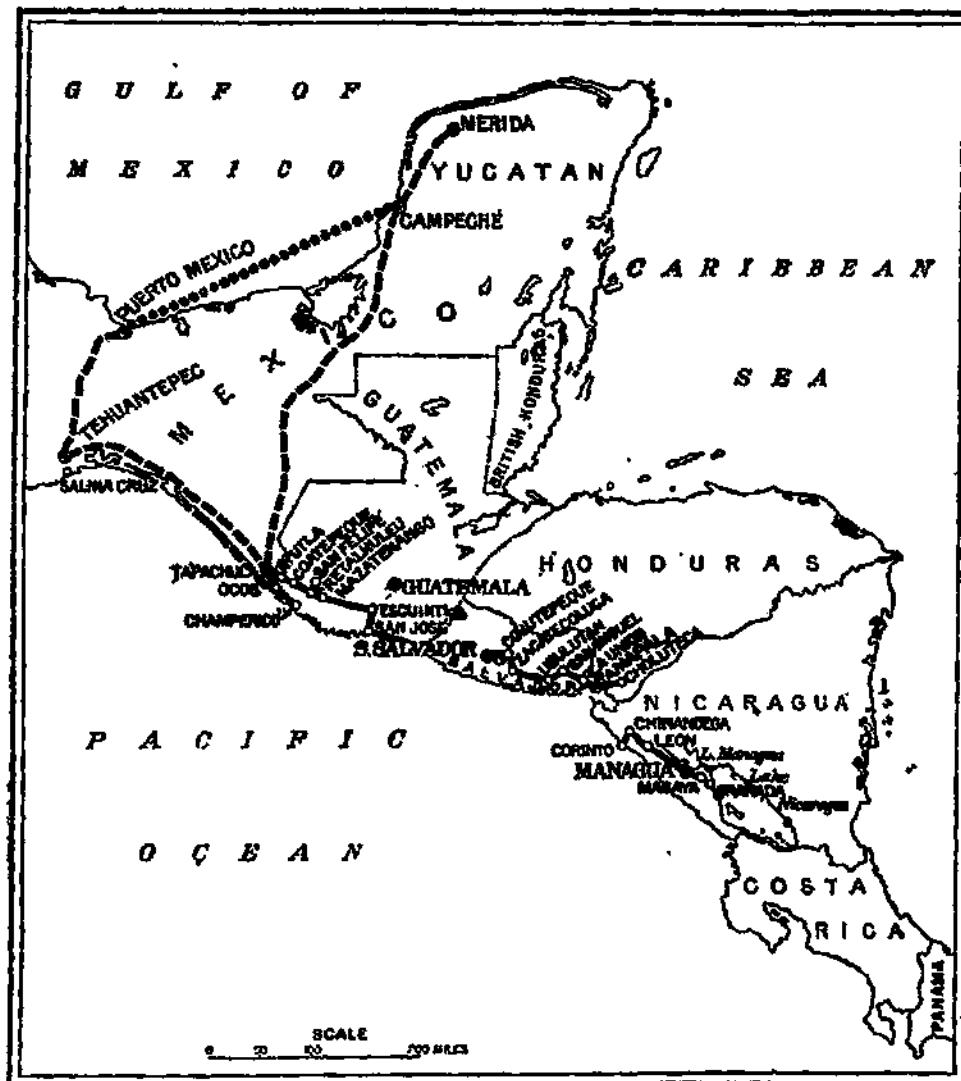
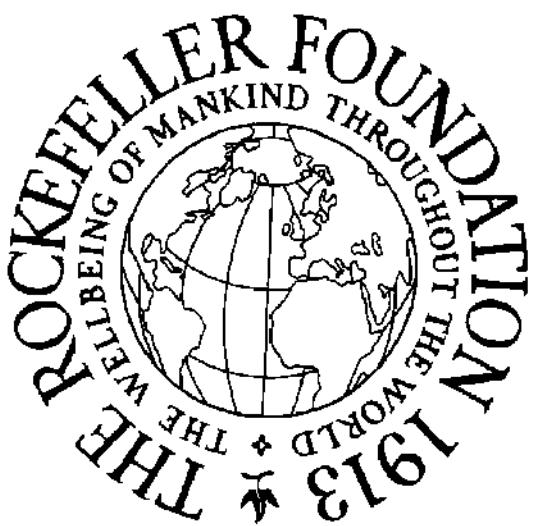


Fig. 69.—Epidemic route of yellow fever in Central America, 1918-1919. Broken lines indicate probable route of infection from Merida, Yucatan, into Guatemala. Solid line connects points visited by yellow fever in Central America

mosquito. The last case occurred in December, 1918. Protective work was carried on by Government throughout the year 1919 in Pacific coast towns and in communities on or near the Mexican border, and there was no recurrence of the outbreak during the year.



## Photograph Excised Here

Fig. 70.—Patio in tenement house district of Guayaquil, near center of city. Note large numbers of water containers. In nearly all of these, before control measures, yellow fever mosquitoes were breeding

**Course of the Disease in Central America during 1919.** Yellow fever was first detected in Central America during 1919 at Amapala (Fig. 69). Thence it spread to San Salvador and to Nicaragua. In the former republic thirty positive and ten suspicious cases of the disease were reported in San Salvador city; ten positive and several suspicious cases in San Miguel; and one case in La Unión. There were also reports of suspicious cases in other towns, as Quetzaltepeque, San Vivié, and Guayabal, but on investigation the rumors could not be verified. About 50 per cent of the bona fide cases died. In December a case of yellow fever in the person of an American who had come directly from Salvador, was detected at the New Orleans quarantine station.

In Nicaragua the disease first appeared in León about the middle of July, and a little later in Managua. The outbreak in this country has been attributed to refugees from the Honduran revolution. There were about 100 cases in León up to October 26, counting as positive all typical and highly suspicious cases. The cases up to August 10 were confined almost entirely to people from Matagalpa and the Segovias; until then, none of the cases at Leon had occurred among natives of that place.

In the latter part of August, Dr. C. A. Bailey, the Board's representative in Salvador, accompanied General Lyster and Dr. Pareja, two members of the Board's Yellow Fever Commission, on a visit of investigation to Amapala, Honduras. On arrival there the commission was informed that three persons had recently died with symptoms closely resembling those of yellow fever. On board the U. S. S. Chicago, at that time lying at anchor in the harbor, there were two positive cases in the early stages of the disease, both of which had undoubtedly received their infection while on shore leave in Amapala. Reports of suspicious cases had also been received from San Lorenzo, Pespose, and Choluteca. The last-named place could not be visited because of a revolution, but the commission on its visits to San Lorenzo and Pespose found no yellow fever in either place. In both, the Stegomyia index was low. The commission saw, between August 30 and September 6, the respective dates of its arrival at and departure from Amapala, a total of seven positive and several suspicious cases. There was one death. These cases were in addition to the three which were reported as having died, with typical symptoms, before the commission's arrival.

**Creation of Yellow Fever Boards in Central America.** The National Health Departments of Salvador, Nicaragua, and Honduras invited the Board's representatives to join with them in efforts to control the disease. As a result, sanitary inspection corps were organized and active campaigns against the Stegomyia mosquito were instituted in localities which either had been visited by yellow fever, or were in danger of being visited. The people co-operated heartily in the programs, and the outbreaks were quickly suppressed. The



Photograph Excised Here

Fig. 71.—Typical patio in outskirts of city of Guayaquil, Ecuador. The sanitary inspector (in uniform) is straining water through muslin to discover whether mosquitoes are breeding

last case was reported from Honduras in September, from Nicaragua in November, and from Salvador in December. Permanent local yellow fever boards have been organized in all these countries, as well as in Guatemala, and protective anti-mosquito measures are being continued under the supervision of commissions on which the International Health Board has representatives.

**Recurrence of Yellow Fever in Brazil.** During the first quarter of the year, yellow fever appeared in six of the northern states of Brazil. Reports from the state of Bahia, whose principal city is believed to be an endemic stronghold of the disease, indicated that there were many cases in that city during the year. In May and June two cases were discovered as far south as the city of Rio de Janeiro,

both in persons who had recently arrived there from Bahia. Five cases were reported from Rio Grande do Norte during the year, two from Sergipe, five from Pernambuco, and an indeterminate number from Ceara (see map, Fig. 72).

**Results of Control Measures Instituted by Brazilian Authorities.** Operations against yellow fever were centralized under the newly reorganized Brazilian national public health service, and vigorous campaigns were instituted in all the northern localities in which the disease was suspected of

Fig. 72.—Map of Brazil indicating, by cross hatching, states visited by yellow fever during 1919

being endemic. At the close of the year the infection seemed to be confined, in endemic form, to the coastal area between Bahia and Pernambuco. The last case was reported from Ceara in June, from Sergipe in August, from Rio Grande do Norte in September, from Pernambuco in October, and from Bahia in November. The work throughout the region was well in hand at the close of the year, and prospects appeared bright for the early, complete, and final elimination of the infection.

**Appearance of the Disease in Peru.** The frequent intercourse between Guayaquil (in Ecuador) and Piura, a city of 30,000 inhabitants in northern Peru, doubtless occasioned the mild epidemic of yellow fever which appeared in the latter region during the first half



of 1919. Up to the middle of July there had been thirty cases with ten deaths. In addition to Piura, the port of Payta was affected. The newly created health service of Peru has undertaken control measures, and at the close of the year was prosecuting a vigorous anti-Stegomyia campaign.<sup>1</sup>

**Recrudescence of Yellow Fever in Mexico.** Yellow fever in epidemic form had not been reported from Mexico for some years. In 1919, it was reported in the state of Yucatan, where in November it caused the death of two persons. The disease assumed epidemic tendencies and spread to the states of Campeche and Chiapas. Later a number of cases were reported from Manzanillo on the Pacific coast. The Mexican authorities notified the health officials of other countries of the presence of the disease, so that the latter might establish a protective quarantine.

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<sup>1</sup>Later, May, 1920: Since February, 1920, yellow fever has occurred in at least ten places, with more than 250 cases reported. Work for the control of the infection continues in progress throughout the infected region.

# X

## PREVENTION OF TUBERCULOSIS IN FRANCE

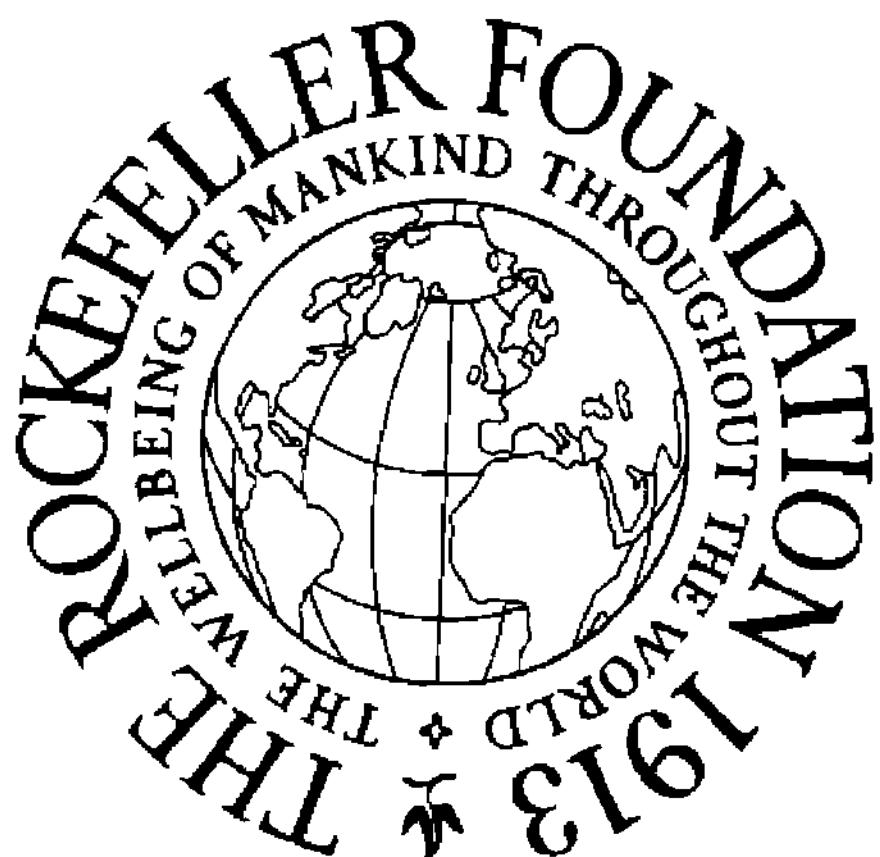
The work of the Commission for the Prevention of Tuberculosis in France is carried out under four main departments: the medical department, which operates model dispensaries for the demonstration of working methods; the department of extension, which organizes and equips dispensaries in various provinces of the country; the department of nursing, which maintains training schools for public health visitors, and sends out these visitors to meet the ever-increasing demands of public health work; and the department of education, which organizes exhibitions, holds mass meetings, and distributes public health literature throughout France. The main activities of each of these departments during 1919 are summarized below.

### WORK OF THE MEDICAL DIVISION

Under the direction of the medical division, the demonstration units in the 19th arrondissement of Paris and in the department of Eure-et-Loir were continued and developed; the work of dispensary organization was begun in three departments of the war-devastated area—Aisne, Marne, and Meurthe-et-Moselle; surveys were conducted in portions of five other departments; laboratory service in Paris and in Eure-et-Loir was centralized; and a graduate course in the theory and practice of treating tuberculosis was organized in co-operation with the Paris Faculty of Medicine and the physicians of the Paris hospitals.

**Progress in the Department of Eure-et-Loir.** During 1919 there were twenty-two dispensaries in operation in the department of Eure-et-Loir, eleven of which were opened after July 1. By the end of the year, two pavilions for advanced cases of tuberculosis were operating satisfactorily, and work was progressing on two additional pavilions and on a building which was being remodeled to serve as a sanatorium. With the opening of the three latter buildings, and of the two new dispensaries which are to be completed in January, 1920, the program adopted for the department will be practically in full operation.

**Developments in the 19th Arrondissement of Paris.** The important developments in the 19th arrondissement of Paris were the centralization of dispensary work at two dispensaries—the large new central dispensary, and a smaller one in another part of the arrondissement—and the appointment of a French physician as chief of dispensaries. The French physician succeeds an American. This change is in keeping with the established policy of replacing,



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Fig. 73.—One of the posters used for creating interest in public health work in France

as soon as practicable, the American with French personnel. The staff of the Commission's medical service in the arrondissement is now entirely French.

**Graduate Course for Physicians.** A six weeks' training course in the diagnosis and treatment of tuberculosis, open to graduate physicians, was inaugurated on October 20 at the Faculty of Medicine in Paris. In addition to theoretical instruction, the course included practical work under specially qualified experts in hospitals and dispensaries. Twenty-eight physicians took advantage of the course during 1919. The Commission provided sixteen of these with full, and six with partial, scholarships. A similar course is to be given in April, 1920. Registration for this course is already in excess of the number of pupils that can be accommodated.

### DEPARTMENT OF NURSING

During 1919, seven training schools for public health visitors were in active operation. All of these were under French direction, and all had teaching staffs almost wholly French. Altogether, 205 scholarships were granted in these schools, and fifty-one pupils were graduated. Through this department the Commission assigned seventy-six visiting nurses to various departments of France. The salaries of these nurses, at first paid by the Commission, are gradually being assumed by the local department authorities. At present these authorities are paying the full salaries of eighteen nurses, and portions of the salaries of nine others.

### DEPARTMENT OF EDUCATION

The department of education continued its traveling exhibits, its distribution of literature, and its publicity in newspapers and magazines. By the end of the year the exhibits had visited twenty-eight departments of France. In each department large meetings were held at all the important centers; addresses were made by local authorities, by prominent physicians, and by the Commission's lecturers; films giving scientific and popular instruction in tuberculosis were shown; and literature was distributed to each member of the audience. Simple popular talks were also delivered to each class in all the schools in the cities visited. Punch and Judy shows with hygiene as their subject proved a popular feature of the propaganda work, and were particularly valuable in enlisting the interest of the children. In all, more than three million people were reached by the educational activities and more than three million pieces of literature were distributed.



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Fig. 74.—Taking health messages to the schoolchildren of France

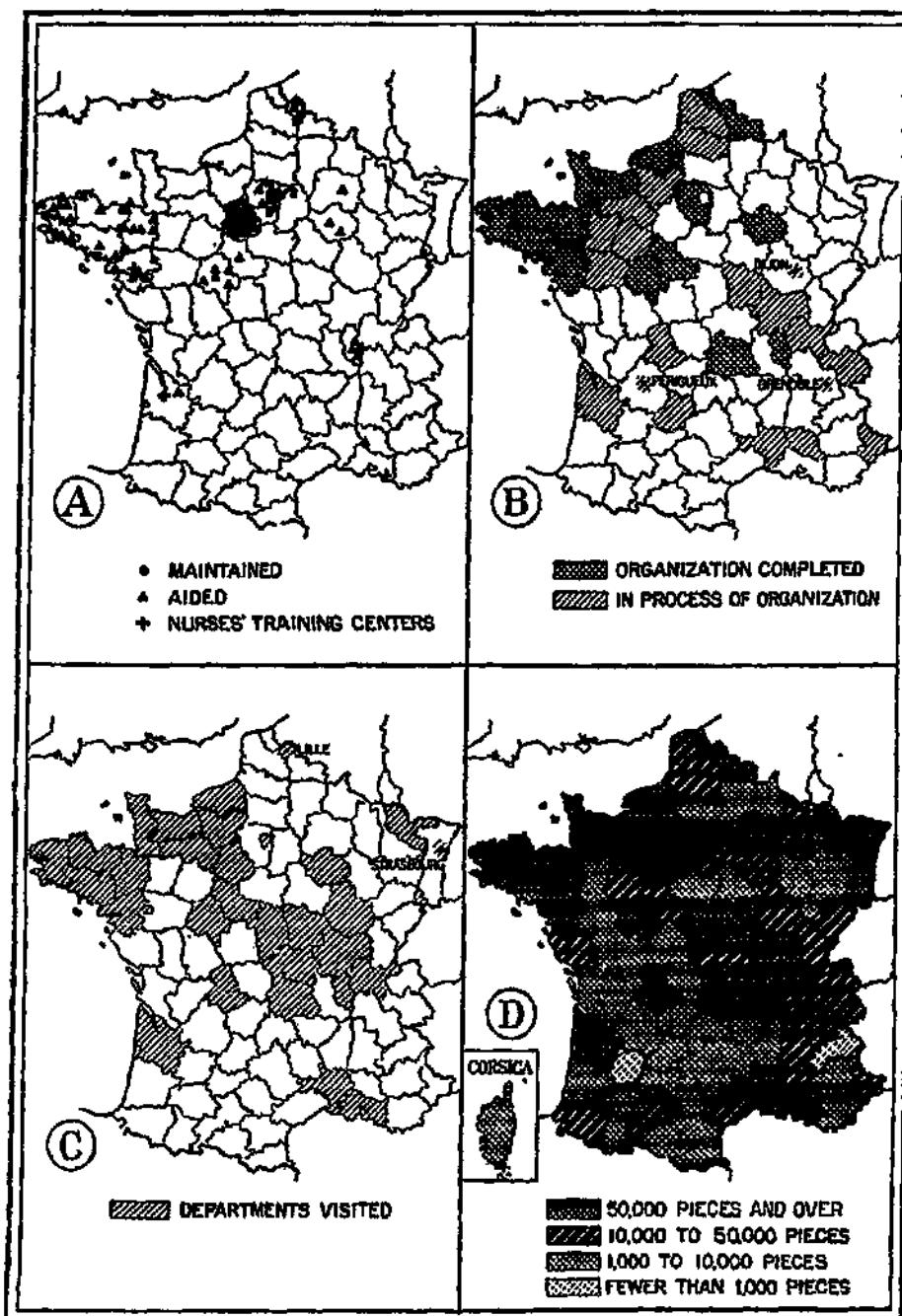


Fig. 75.—Organization and activities of Commission for the Prevention of Tuberculosis in France. A. Work of medical division and department of nursing, showing dispensaries maintained or aided and location of nurses' training centers; B. Work of division of departmental organization, showing departments in which anti-tuberculosis organization has been effected; C. and D. Work of educational division, C. showing departments visited by traveling exhibits and D. the number of pieces of literature distributed in each department.

**DEPARTMENT OF EXTENSION**

The efforts of the Department of Extension resulted in the organization, in fourteen departments of the country, of departmental committees for the control of tuberculosis. Preliminary work toward this end has been pushed forward in twelve additional departments. As one result of the work of the Department of Extension, forty-two new dispensaries were opened during 1919, thirty-six others were in process of construction at the close of the year, and plans were being perfected for fifty-two more.

**SUMMARY OF WORK ACCOMPLISHED IN 1919**

- 33 departments surveyed and organized.
- 14 departments organized during the year.
- 21 departmental tuberculosis associations formed.
- 75 new local tuberculosis committees formed.
- 48 local tuberculosis committees being formed.
- 56 new dispensaries opened in 1919, outside of Eure-et-Loir.
- 58 new dispensaries are in process of installation.
- 50 new dispensaries are immediately planned for.
- 60 new health visitors in the field, of which 35 are for dispensaries co-operating with the Commission.

1,866,200 Francs donated by the American Red Cross and the Rockefeller Commission for certain departments.

4,162,000 Francs raised and voted by the French in these same departments.



## **TABULAR SUMMARY**

TABLE 3: All Countries—Persons Enumerated in Census, Microscopically Examined, Found Infected, Given First Treatment, and Cured of Hookworm Disease in Areas Completed During 1919, by Geographical Regions. Figures Excluded for Areas in Which Work Was Still in Progress

GEOGRAPHICAL REGION	CENSUS	MICRO-SCOPICALLY EXAMINED		FOUND INFECTED		GIVEN FIRST TREATMENT	CURED		
	Number	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total . . . . .	..	..	..	..	..	237,434	..	130,236	54.9
Southern States <sup>1</sup> . . . . .	..	26,226	..	10,255	39.1	9,380	91.5	225	2.4
West Indies . . . . .	20,637	20,350	98.6	14,537	71.4	13,534	93.1	10,347	76.5
Central America <sup>2</sup> . . . . .	..	175,201	..	98,857	56.4	86,079	87.1	43,151	50.1
South America (Brazil) . . . . .	54,387	48,989	90.1	30,387	62.0	26,751	88.0	..	..
The East <sup>3</sup> . . . . .	..	..	..	..	..	101,690	..	76,513	75.2

<sup>1</sup> During 1919, in the Southern States, the main emphasis was placed on the building and improving of latrines.

<sup>2</sup> In Central America the bulk of the work is by the dispensary plan. This does not afford opportunity for frequent re-examinations to determine cure. Consequently the percentage of persons known to be cured is low in comparison with other regions.

<sup>3</sup> In Ceylon, throughout 1919, estate laborers were assumed to be infected, and accordingly were given first treatment without preliminary microscopic diagnosis. This explains the blank spaces for "Census," "Microscopically Examined," and "Found Infected" in the lines for "The East" and "Total."

TABLE 4: Southern States—Persons Enumerated in Census, Microscopically Examined, Found Infected, Given First Treatment, and Cured of Hookworm Disease in Areas Completed During 1919, by States. Figures Excluded for Areas in Which Work Was Still in Progress<sup>1</sup>

STATE	CENSUS	EXAMINED		INFECTED		TREATED		CURED	
		Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total . . . . .	..	26,226	..	10,255	39.1	9,380	91.5	225	2.4
Alabama . . . . .	..	46	..	6	13.0	6	100.0	6	100.0
Georgia . . . . .	38,911	1,518	3.9	373	24.6	336	90.1	107	31.8
Mississippi . . . . .	27,510	16,036	58.3	8,479	52.9	8,471	99.9	6	9
South Carolina . . . . .	..	4,966	..	1,057	21.3	327	30.9	..	..
Tennessee . . . . .	8,857	378	4.3	17	4.5	9	52.9	3	33.3
Texas . . . . .	4,573	3,044	66.6	322	10.6	230	71.4	103	44.8
Virginia . . . . .	2,881	238	8.3	1	0.4	1	100.0	0	0.0

<sup>1</sup> During 1919, in the Southern States, the main emphasis was placed on the building and improving of latrines.

<sup>2</sup> Less than one-tenth of one per cent.

TABLE 5: West Indies—Persons Enumerated in Census, Microscopically Examined, Found Infected, Given First Treatment, and Cured of Hookworm Disease in Areas Completed During 1919, by Countries. Figures Excluded for Areas in Which Work Was Still in Progress

COUNTRY	CENSUS	MICRO-SCOPICALLY EXAMINED			FOUND INFECTED		GIVEN FIRST TREATMENT		CURED	
	Number	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number
Total . . . . .	20,637	20,350	98.6	14,537	71.4	13,534	93.1	10,347	76.5	
British Guiana . . . . .	4,079	3,991	97.8	2,895	72.5	2,659	91.8	1,757	66.1	
Jamaica . . . . .	2,935	2,842	96.8	1,552	54.6	1,346	86.7	1,058	78.6	
Saint Lucia . . . . .	4,366	4,350	99.6	2,597	59.7	2,547	98.1	2,364	92.8	
Trinidad . . . . .	9,257	9,167	99.0	7,493	81.7	6,982	93.2	5,168	74.0	

TABLE 6: Central America—Persons Enumerated in Census, Microscopically Examined, Found Infected, Given First Treatment, and Cured of Hookworm Disease in Areas Completed During 1919, by Countries. Figures Excluded for Areas in Which Work Was Still in Progress

COUNTRY	CENSUS Number	MICRO- SCOPICALLY EXAMINED		FOUND INFECTED		GIVEN FIRST TREATMENT		CURED <sup>1</sup>	
		Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total . . . . .	..	175,201	..	98,857	56.4	86,079	87.1	43,151	50.1
Costa Rica . . . . .	72,075	64,371	89.3	29,872	46.4	26,551	88.9	16,019	60.3
Guatemala . . . . .	46,220	44,495	96.3	28,752	64.6	25,283	87.9	11,978	47.4
Nicaragua . . . . .	..	12,246	..	5,820	47.5	4,829	83.0	1,443	29.9
Panama . . . . .	18,384	15,307	83.3	13,490	88.1	11,812	87.6	5,927	50.2
Salvador . . . . .	42,967	38,782	90.3	20,923	54.0	17,604	84.1	7,784	44.2

<sup>1</sup> In Central America the bulk of the work is by the dispensary plan. This does not afford opportunity for frequent re-examinations to determine cure. Consequently the percentage of persons known to be cured is low in comparison with that for other regions.

TABLE 7: *The East—Persons Enumerated in Census, Microscopically Examined, Found Infected, Given First Treatment, and Cured of Hookworm Disease in Areas Completed During 1919, by Countries. Figures Excluded for Areas in Which Work Was Still in Progress*

COUNTRY	CENSUS Number	MICRO- SCOPICALLY EXAMINED		FOUND INFECTED		GIVEN FIRST TREATMENT		CURED	
		Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total . . . . .	..	..	..	..	..	101,690	..	76,513	75.2
Ceylon <sup>1</sup> . . . . .	..	..	..	..	..	88,602	..	69,032	77.9
China . . . . .	2,025	2,025	100.0	937	46.3	848	..	1,359	..
Seychelles . . . . .	10,824	10,801	99.8	6,924	64.1	6,702	96.8	6,122	91.3
Siam <sup>2</sup> . . . . .	..	..	..	..	..	5,538	..	..	..

<sup>1</sup> In Ceylon, throughout 1919, estate laborers were assumed to be infected, and accordingly were given first treatment without preliminary microscopic diagnosis. This explains the blank spaces for "Census," "Microscopically Examined," and "Found Infected" in the lines for "Ceylon" and "Total."

<sup>2</sup> First Quarter only.

# **FINANCIAL STATEMENT**

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## FINANCIAL STATEMENT

The statement on the following pages shows that in the work of the International Health Board during the year 1919, a total of \$1,436,-355.00 was expended. This statement is based on expenditures actually made during the calendar year 1919, regardless of when financial reports were received at the New York office. It will be seen that the figures differ from those given in the Treasurer's statement on pages 345 to 406. The Treasurer's Report includes amounts paid in the field during the first three quarters of 1919, to which in many instances have been added amounts paid during the fourth quarter of 1918, but not recorded until early in 1919. This discrepancy between the two reports is caused by the necessity of closing the Treasurer's books shortly after the first of the calendar year, before detailed financial reports can be received from the foreign countries in which a large part of the work of the Board is conducted.

TABLE 8: *Expenditures of the International Health Board During the Year 1919*

FIELDS OF ACTIVITY	AMOUNT EXPENDED
<b>Grand Total . . . . .</b>	<b>\$1,436,355.00</b>
RELIEF AND CONTROL OF HOOKWORM DISEASE	511,011.10
MALARIA CONTROL . . . . .	34,965.08
YELLOW FEVER CONTROL . . . . .	94,526.42
TUBERCULOSIS IN FRANCE . . . . .	602,775.78
PUBLIC HEALTH EDUCATION . . . . .	38,367.71
PHILIPPINE HOSPITAL SHIP . . . . .	6,500.00
INVESTIGATION OF SEWAGE DISPOSAL AT RURAL HOMES . . . . .	778.60
FIELD STAFF SALARIES, EXPENSES, AUTOMOBILES, ETC., NOT PRORATED TO SPECIFIC BUDGETS . . . . .	21,524.93
MISCELLANEOUS . . . . .	47,598.71
ADMINISTRATION . . . . .	78,306.67
 ITEMIZATION BY STATES AND COUNTRIES	
RELIEF AND CONTROL OF HOOKWORM DISEASE . . . . .	511,011.10
Southern States . . . . .	113,299.42
Administration . . . . .	10,577.32
Alabama . . . . .	5,283.74
Georgia . . . . .	4,604.21
Kentucky . . . . .	1,978.40
Louisiana . . . . .	1,370.18
Maryland . . . . .	2,264.25
Mississippi . . . . .	15,773.21
North Carolina . . . . .	13,924.04
South Carolina . . . . .	14,754.86
Tennessee . . . . .	10,201.59
Texas . . . . .	22,380.20
Virginia . . . . .	10,012.42
West Virginia . . . . .	175.00
West Indies . . . . .	48,457.24
Administration . . . . .	4,624.50
British Guiana* . . . . .	9,984.28
Dutch Guiana* . . . . .	613.23
Jamaica . . . . .	9,832.48
St. Lucia . . . . .	8,109.32
Trinidad . . . . .	15,293.43

\*For administration reasons, British and Dutch Guiana, although on the mainland of South America, are considered West Indian Colonies.

TABLE 8: *Expenditures of the International Health Board During the Year 1919—Continued*

FIELDS OF ACTIVITY	AMOUNT EXPENDED
<b>RELIEF AND CONTROL OF HOOKWORM DISEASE— <i>Continued</i></b>	
Central America . . . . .	<u>\$111,684.19</u>
Administration . . . . .	9,785.86
Costa Rica . . . . .	20,492.01
Guatemala . . . . .	19,514.73
Nicaragua . . . . .	26,164.44
Panama . . . . .	18,565.05
Salvador . . . . .	17,162.10
South America . . . . .	<u>157,555.86</u>
Brazil . . . . .	155,430.38
Colombia . . . . .	2,125.48
The East . . . . .	<u>80,014.39</u>
Administration . . . . .	3,619.43
Australia . . . . .	15,902.95
Ceylon . . . . .	32,497.87
China . . . . .	12,187.58
Seychelles Islands . . . . .	8,291.90
Siam . . . . .	7,514.66
<b>MALARIA CONTROL . . . . .</b>	<b><u>\$34,965.08</u></b>
Arkansas . . . . .	13,505.66
Mississippi . . . . .	21,167.37
Brazil . . . . .	292.05
<b>YELLOW FEVER CONTROL . . . . .</b>	<b><u>94,526.42</u></b>
Ecuador . . . . .	48,396.77
Guatemala . . . . .	967.82
Salvador . . . . .	890.71
Salaries, Expenses, Equipment, etc. of Director and Associates . . . . .	44,271.12
<b>TUBERCULOSIS IN FRANCE . . . . .</b>	<b><u>602,775.78</u></b>
Central Administration . . . . .	72,394.12
Medical Division . . . . .	389,328.32
Educational Division . . . . .	141,053.34
<b>PUBLIC HEALTH EDUCATION . . . . .</b>	<b><u>38,367.71</u></b>
Department of Hygiene—Faculdade de Medicina e Cirurgia de São Paulo:	
Equipment . . . . .	\$ 1,734.95
Operating Expenses . . . . .	<u>21,847.62</u>
	23,582.57

TABLE 8: *Expenditures of the International Health Board During the Year 1919—Continued*

FIELDS OF ACTIVITY	AMOUNT EXPENDED
<b>PUBLIC HEALTH EDUCATION—Continued</b>	
Fellowships:	
Bello Horizonte Medical School . . . . .	\$2,461.65
Czecho-Slovakian . . . . .	2,858.66
Public Health . . . . .	2,420.69
São Paulo—Department of Hygiene . . . . .	3,020.89
Miscellaneous . . . . .	2,356.58
University of Pennsylvania . . . . .	1,666.67
<b>MISCELLANEOUS . . . . .</b>	<b>47,598.71</b>
Analysis of Records of the United States Army in respect to Hookworm disease . . . . .	43.95
Drugs for conserving Health of Field Staff . . . . .	76.94
Medical Examination of Applicants of Field Staff . . . . .	100.00
Field Equipment and Supplies . . . . .	23,434.94
Surveys and Exhibits . . . . .	16,870.71
Survey—Public Health Administration in Mass. . . . .	26.09
Pamphlets and Charts . . . . .	5,499.50
Portable House for Salvador . . . . .	476.19
Express, Freight and Exchange . . . . .	1,070.39



**CHINA MEDICAL BOARD**  
**Report of the General Director**



To the President of the Rockefeller Foundation:

Sir:—

I have the honor to submit herewith my report as General Director of the China Medical Board for the period of January 1, 1919, to December 31, 1919.

Respectfully submitted,

GEORGE E. VINCENT,  
General Director.



## CHINA MEDICAL BOARD

The republic of China covers an area of approximately 4,300,000 square miles. Its climate ranges from that of the tropics to that of the north temperate zone. The population is reported to be 400,000,000, about one sixth of the total for the globe. No definite statistics are available on this point, but any number from 250,000,000 to 600,000,000 has been estimated. The most conservative authorities believe that 400,000,000 is a fairly correct figure. For this large country with its dense population, widely varied climate, intense poverty, and many diseases, there are very few doctors and still fewer medical institutions.

The central government and provincial governments maintain several medical schools, usually with Japanese trained teachers. The Japanese schools in turn have looked to Germany for their medical inspiration. Usually the Chinese and Japanese teachers in these medical schools have not been trained in the best Japanese schools. The various missionary societies of America and Europe have made valuable contributions to medical learning in

China. Through hospitals, large and small, through widely scattered dispensaries, and through a few medical schools, they are bringing to the door of China the learning of the western world.

European and American physicians in Treaty Ports, a British medical school in Hongkong, a Japanese medical school in Moukden, and various hospitals locally organized and supported have had an educative effect on public opinion. Two organizations, the Chinese National Medical Association and the China Missionary Association, have done much to bring together the various forces for medical progress and to standardize the ethics and methods of the profession. There is still, however, an acute need in China for well trained native practitioners and nurses, and for thoroughly equipped and adequately staffed hospitals.

It is the purpose and hope of the China Medical Board to co-operate with the various existing agencies in the gradual and orderly development of a system of scientific medicine in China. It is believed that the following are the necessary steps toward this ideal:

1. Pre-medical education.
2. Undergraduate courses for physicians.
3. Graduate study for investigators, laboratory workers, teachers, and clinical specialists.



## Photograph Excised Here

Fig. 76.—First year class in the Pre-Medical Department of the Peking Union Medical College



4. Short courses for private practitioners and missionary doctors, both foreign and Chinese.
5. Medical research, especially with reference to the problems peculiar to the Far East.
6. Standardized hospitals as training centers for internes, as models for imitation by the Chinese, as headquarters for practicing physicians, and as a means of popular education.
7. Organized efforts to diffuse among the Chinese a knowledge of modern medicine and public health.
8. The fostering of professional ethics through the development of character and idealism.

The work of the China Medical Board is still in its infancy. While the Board's accomplishments are small in comparison with the vast field it has entered, it feels encouraged by the stimulation of missionary enterprise which it believes has resulted in part from its entrance into the field, and by the growing interest which the Chinese, due to the various agencies at work, are taking in western medicine. As its own special contribution to the cause of medicine in China, the wholly reorganized and greatly enlarged Peking Union Medical College has been opened. Pre-medical work began in 1917 and the first medical classes in the autumn of 1919. The reopening of the medical course

in Peking marks a new period in the work of the China Medical Board. This seems to be an appropriate time to review the past five years of the Board's activity. The Resident Director has prepared such a report, which appears on pages 305 to 343. A statement of the progress of the past year is presented in the following pages.

## I. MEDICAL EDUCATION

### A. The Peking Union Medical College

The attention of the China Medical Board for the past three or four years has been focused on the development of the Peking Union Medical College. The school was built, equipped and is maintained with funds supplied by the Rockefeller Foundation through the China Medical Board. The management is in the hands of a Board of Trustees composed of seven persons chosen by the China Medical Board, and one by each of the six missionary societies which supported the former school. During the year 1919 the personnel of the Board of Trustees was as shown on page 266. Administration of details was vested during the year in the Local Administrative Board, which represented the different departments of the school. The composition of this Board is shown on page 267.

Construction, equipment, and the selection of a faculty have occupied the time and attention of the officers during the year. The pre-medical school has continued its work. In October, 1919, a first year class entered the medical school and began regular studies.

**BOARD OF TRUSTEES, PEKING UNION MEDICAL  
COLLEGE (IN NEW YORK)**

*Chairman*  
**JOHN R. MOTT**

*Vice-Chairman*  
**ARTHUR J. BROWN**

*Secretary*  
**EDWIN R. EMBREE**

*Executive Committee*  
**George E. Vincent, Chairman**

<b>Arthur J. Brown</b>	<b>Simon Flexner</b>
<b>Wallace Buttrick</b>	<b>Frank Mason North</b>

*Members*

*To serve until the Annual Meeting of 1922*

<b>F. H. Hawkins</b>	<b>Frank Mason North</b>
<b>Paul Monroe</b>	<b>William H. Welch</b>

*To serve until the Annual Meeting of 1921*

<b>J. Auriol Armitage</b>	<b>Simon Flexner</b>
<b>James L. Barton</b>	<b>Robert H. Kirk</b>
<b>John R. Mott</b>	

*To serve until the Annual Meeting of 1920*

<b>Arthur J. Brown</b>	<b>James Christie Reid</b>
<b>Wallace Buttrick</b>	<b>George E. Vincent</b>

These members have been elected as follows:

*By the Rockefeller Foundation*

<b>Wallace Buttrick</b>	<b>John R. Mott</b>
<b>Simon Flexner</b>	<b>Paul Monroe</b>
<b>Robert H. Kirk</b>	<b>George E. Vincent</b>
<b>William H. Welch</b>	

*By the London Missionary Society*

**F. H. Hawkins**

*By the Medical Missionary Association of London*

**James Christie Reid**

*By the American Board of Commissioners for Foreign Missions*  
James L. Barton

*By the Society for the Propagation of the Gospel in Foreign Parts*  
J. Auriol Armitage

*By the Board of Foreign Missions of the Methodist Episcopal Church*  
Frank Mason North

*By the Board of Foreign Missions of the Presbyterian Church in the  
United States of America*  
Arthur J. Brown

**ADMINISTRATIVE BOARD, PEKING UNION MEDICAL  
COLLEGE (IN PEKING)**

*Chairman*  
**HENRY S. HOUGHTON, ex-officio**

*Vice-Chairman*  
**ROGER S. GREENE**

*Secretary*  
**A. M. DUNLAP**

*Executive Committee*

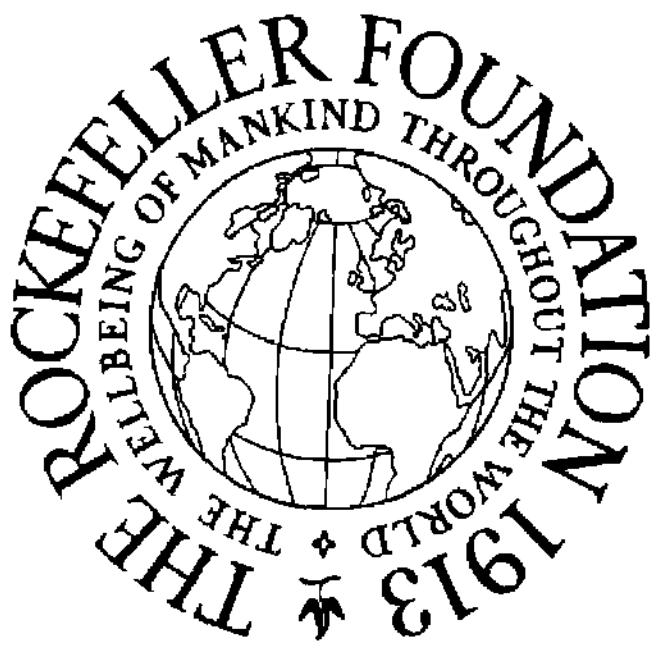
Henry S. Houghton, Chairman, ex-officio	
Roger S. Greene, ex-officio	Donald E. Baxter, ex-officio
Edmund V. Cowdry	William Warren Stifler

*Members, ex-officio*

Donald E. Baxter	Harvey J. Howard
Edmund V. Cowdry	John H. Korns
Albert M. Dunlap	Bernard E. Read
Roger S. Greene	W. W. Stifler
Henry S. Houghton	Philip Allen Swartz
	Anna Dryden Wolf

PLANT. The nucleus of the plant of the Peking Union Medical College is formed by the group of buildings which belonged to the original missionary school. The pre-medical school is now housed in the laboratories and classrooms of the old buildings; the men's hospital is still in use; and the residence compounds have been taken over and additional houses built. The new buildings for the medical school occupy, in the heart of the city, a large tract which was formerly the site of the palace of a Manchu prince. A few plots of land adjacent to the property already owned have been purchased during the past year.

In the architectural scheme of the new buildings, Mr. Harry Hussey, the designer, has attempted to combine both Chinese and American forms. The inside of the buildings is very much what would be found in a first class medical school in the States; the outside is almost wholly Chinese. The construction is of gray brick with jade green, glazed-tiled roofs, and scarlet pillars. Under the eaves and around all porticoes and entrances there are decorations in Chinese design, beautifully executed by Chinese artisans, in red, blue, green, and gold. The effect is striking. Already, even before the completion of construction, the



Photograph Excised Here

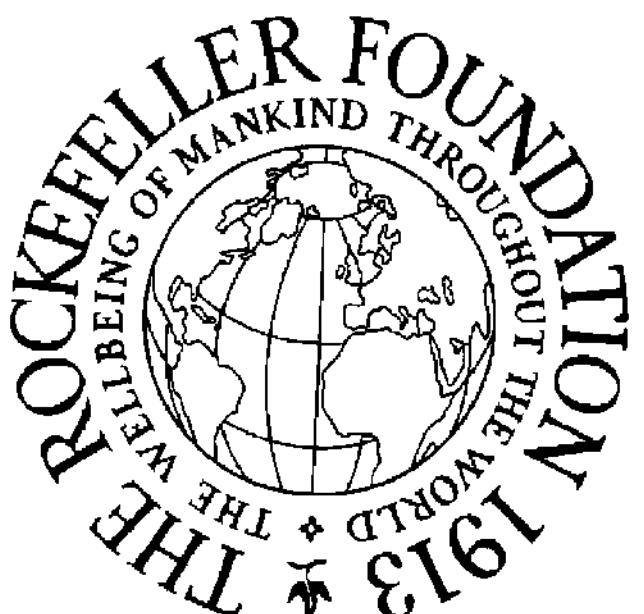
Fig. 77.—Unit of the Peking Union Medical College, showing general type of architecture

group forms a landmark in Peking; the Chinese call it "The Green City."

The completed plant will include laboratories for anatomy, physiology, and chemistry; a pathology building; a 250-bed hospital with provision for about thirty private rooms; a large out-patient department; a hospital administration unit with quarters for resident physicians and internes; a nurses' home; an animal house; and plants to supply water, heat, electric light, power, and fuel gas. The medical school group—anatomy, physiology, and chemistry—was opened in the fall of 1919. It is hoped that the entire plant may be completed early in 1921.

The faculty residences are grouped in two walled compounds five or ten minutes walk from the medical school. They are of brick and concrete with slate roofs, and contain all the conveniences of western life. The fourteen new residences in the south compound, adjacent to the original men's hospital, were completed in September and October. Those in the north compound (on land formerly belonging to the London Mission) will probably be finished in time to be occupied in the early autumn of 1920.

Many difficulties have been encountered in construction. Owing to the war, materials and scientific equipment have been hard to



Photograph Excised Here

Fig. 78.—Detail of the roofs of the Peking Union Medical College

secure; export and transportation embargoes have caused embarrassing delays; prices have increased; and the adverse rate of exchange has practically doubled the cost of the work. The present estimate of the total cost of buildings, equipment, and land is almost seven million dollars in gold.

Besides the large staff of western trained engineers, artisans, draftsmen, and mechanics, nearly three thousand coolies have been employed. Supervision has been vested in the following persons:

Henry S. Houghton, M.D., *acting director*  
Coolidge and Shattuck, *consulting architects*, Boston  
Henry Adams, *consulting engineer*, Baltimore  
Donald E. Baxter, M.D., *superintendent of Peking Union Medical College*, New York and Peking  
B. Frank Bennett, *chief of construction force*, Peking  
Robert R. Kendall, *architect*, Peking  
Charles E. Lane, *architect*, Peking

Dr. Houghton has devoted the major part of his time to directing the construction work. The purchase of scientific equipment has gone forward under Dr. Donald E. Baxter, who, for that purpose, has spent part of the year in the home office.

The purchase of books for the library is another branch of the work that has been delayed on account of the war. During 1919, however, it was possible to negotiate with book

dealers in France and Germany. Late in the year arrangements were made for Mr. James F. Ballard, assistant librarian of the Boston Medical Library, to go abroad to secure books and sets of periodicals for the college. A full and adequate scientific library is more important in Peking than it would be for a similar school in the United States, because in China there are no other complete libraries available for the use of the staff. A total of \$65,000 has thus far been appropriated for the library. It seems probable that an even larger amount will be required if Mr. Ballard succeeds in finding in European markets the additional books and periodicals that are desired.

**WORK OF THE SCHOOL: *Teaching.*** The medical school opened in the fall of 1919 in three completed new buildings—anatomy, physiology, and chemistry. Seven students were registered, most of whom were graduates of the Peking pre-medical school. Nineteen graduate students were also registered all of whom have carried specialized programs under the direction of the department heads.

Doctors Cowdry and Black, of the department of anatomy, and Dr. Bernard E. Read, associate professor of physiological chemistry, began undergraduate teaching in their subjects. In-

struction is in English; and proficiency in English, as well as a knowledge of Chinese, is a requirement for admission.

No women have as yet applied for admission to the medical school. If any do apply, however, they will be admitted on the same basis as are men. There are two women in the first class of the pre-medical school.

Short summer courses are planned for medical missionaries and for other doctors who desire to spend their vacation periods in keeping abreast of scientific medical progress. This opportunity for association with others who, like themselves, are deeply interested in medicine and public health, should be of inestimable value to missionaries who spend their lives in small hospitals and in isolated communities.

*Research.* Doctors Cowdry and Black, of the department of anatomy, have been active in the promotion of anatomical and anthropological research. They plan a small museum, and Dr. Cowdry has made an appeal for human embryos to be used in a detailed study of the relative growth of Chinese foetuses. Dr. Black has formed connections with others in China who are interested in anthropology, and has arranged to be kept informed about possible opportunities for research.

Dr. Bernard E. Read has been working on factors which control the food supply of China, and on certain studies in comparative physiology. The department of ophthalmology, of which Dr. Harvey J. Howard is the head, has been formulating interesting tests for Chinese aviators. A number of papers have been published by various members of the staff.

*Hospital.* Pending the completion, early in 1921, of the new general hospital, clinical work has been carried forward in the men's hospital. This building adjoins the south residence compound. Dr. Korns has acted as superintendent.

During the year 1919 there have been many private cases. As a piece of community service, the staff undertook the medical examination of the servants of the school. Illustrated lectures were also given on general hygiene and the prophylaxis of disease. The working capacity of the hospital has been increased by providing equipped laboratories and technicians. The present is, of course, a transition period, and, with the opening of the new general hospital, many changes may be expected.

*Nurses' training school.* Miss Anna D. Wolf, assistant superintendent of the Johns Hopkins Hospital, was appointed superintendent of nurses of the Peking Union Medical College early in

1919. She sailed for Peking in July and was followed by twelve nurses, most of whom entered the language school. The beginning of the training school for Chinese nurses may precede the opening of the new hospital by a short period, but not much work will be undertaken in the new training school until the hospital is ready for use.

It is the hope of the Trustees that Chinese women nurses may be trained for all nursing work, including that of the men's wards. This is an innovation in China and one that will be undertaken slowly and cautiously. The candidates will be carefully selected, the course will be thorough and ample, constant supervision will be provided, and every effort will be made to foster a professional spirit and a sense of ethical responsibility. Pending the introduction of the new system in the men's hospital, Chinese male nurses are still being trained. It is uncertain how much longer this will be necessary.

*Religious and social.* The Rev. Philip A. Swartz has conducted, with energy and enthusiasm, the work of the religious and social department in the hospital and among the students. The department has arranged for religious meetings, addresses by the faculty, and chapel exercises, at which attendance is volun-

tary. Athletics and physical direction are also in the hands of Mr. Swartz. Successful efforts are being made to arouse, on the part of the Chinese students, an interest in sports and games.

The social service work, which it is planned to develop in connection with the hospital, has been assigned to the oversight of this department.

**SPECIAL ARRANGEMENTS FOR SERVING THE FACULTY.** For the convenience of those members of the faculty whose children are of school age, the Board has contributed to the support of the Peking American School. This is financed and managed by missionary societies, business houses, and individuals in Peking. It provides the only available educational opportunities for English speaking children in the city.

The learning of the Chinese language is necessary for some of the faculty; for many others it is interesting and important. The North China Language School in Peking, for the study of Chinese, was founded by various missionary organizations. The China Medical Board has recently made a contribution of \$40,000 toward a building for this school. An annual grant for current maintenance is also provided.

FACULTY. At the end of December, 1919, the following persons composed the faculty of the Peking Union Medical College:

#### THE MEDICAL SCHOOL

*Franklin C. McLean, Ph.D., M.D.*, Professor, and head of the department of medicine, and director. University of Chicago, B.S., 1907, M.S., 1912, Ph.D., 1915. Rush Medical College, M.D., 1910. Assistant Resident Physician, Hospital of the Rockefeller Institute, 1914-1916.

*Henry Spencer Houghton, Ph.B., M.D.*, Acting director. Ohio State University, Ph.B. Johns Hopkins Medical School, M.D. Formerly dean and professor of tropical medicine, Harvard Medical School of China.

*Albert Menzo Dunlap, B.A., M.D.*, Associate professor of otology, rhinology, and laryngology, and dean. University of Illinois, B.A., 1906. Harvard Medical School, M.D. Formerly professor of otology, rhinology, and laryngology, and chief of out-patient department, Harvard Medical School of China.

*Edmund V. Cowdry, Ph.D.*, Professor and head of the department of anatomy. University of Toronto, B.A., 1909. University of Chicago, Ph.D., 1912. Associate in anatomy, Johns Hopkins University, 1913-1917.

*Ralph Garfield Mills, B.A., M.D.*, Professor and head of the department of pathology. University of Illinois, B.A., 1903. Northwestern Medical College, M.D., 1907. Formerly director of department of research, Severance Union Medical College, Seoul, Korea.

*Adrian Stevenson Taylor, M.D.*, Professor and head of the department of surgery. Universities of Alabama and Virginia. University of Virginia, M.D., 1905. Formerly in charge of Southern Baptist Hospital, Langchow, China.

*Harvey James Howard, M.A., M.D., D.Oph.*, Professor and head of the department of ophthalmology. University of Michigan, B.A., 1904. University of Pennsylvania, M.D., 1908. Formerly in charge of eye, ear, and nose department, Canton Christian College.

*J. Preston Maxwell, B.S., M.D., L.R.C.P., F.R.C.S.*, Professor and head of the department of obstetrics and gynecology. London University, B.S., M.B., 1898, M.D., 1910. Formerly in charge of Yungchun Hospital, Fukien.

*Davidson Black, B.A., M.D.*, Professor of embryology and neurology. University of Toronto, M.D., 1906, B.A., 1911. Formerly assistant professor of anatomy, Western Reserve Medical School.

*Bernard E. Read, Ph.C., M.S.*, Associate professor of physiological chemistry. Yale University, M.S., 1918. Connected with the Union Medical College, Peking, 1909-1916.

*Oswald H. Robertson, M.S., M.D.*, Associate professor of medicine. University of California, B.S., 1910, M.S., 1911. Harvard Medical School, M.D., 1915. Formerly assistant in pathology and bacteriology, Rockefeller Institute for Medical Research.

*Andrew H. Woods, B.A., M.D.*, Associate professor of neurology and psychiatry. Washington and Lee University, B.A., 1893. University of Pennsylvania, M.D., 1898. Formerly connected with Canton Hospital and Canton Christian College.

*Adolf Eduard Zucker, Ph.D.*, Instructor in modern European languages. University of Illinois, B.A., 1912, M.A., 1913. University of Pennsylvania, Ph.D., 1917. Formerly teacher of French and German, Tsing Hua College, Peking.

*K. M. Ma, Hsiu-ts'ai*, Instructor in Chinese. Formerly taught in preparatory department of Government University at Peking.

*Hartley C. Embrey, M.S.*, Associate in physiological chemistry. University of Nashville, B.A., 1907. University of Chicago, M.S., 1915. Head of department of science, Central High School, Chattanooga, Tennessee, 1917-1918. Experimental work with DuPont Company, 1918-1919.

*Ernest C. Faust, Ph.D.*, Associate in parasitology. Oberlin College, B.A., 1912. University of Illinois, M.A., 1914, Ph.D., 1917. Instructor in zoology, University of Illinois, 1917-1919.

*En-Tseng Hsieh, M.D., D.P.H.*, Associate in pathology. Union Medical College, Peking, M.D., 1911. Harvard Medical School, D.P.H., 1917. Postgraduate work, University of Pennsylvania Medical School.

*Edgar T. H. Tsen, M.D.*, Associate in pathology. Boone University, Wuchang, and Harvard Medical School of China. Postgraduate work at Harvard Medical School, Boston, and College of Physicians and Surgeons, Columbia University.

*John H. Korns, M.A., M.D.*, Associate in medicine. Ohio Wesleyan University, B.A., 1904. Rush Medical College, M.D., 1909. Appointed to Union Medical College faculty under former management in 1915.

*William G. Lennox, B.A., M.D.*, Associate in medicine. Colorado College, B.A., Harvard Medical School,

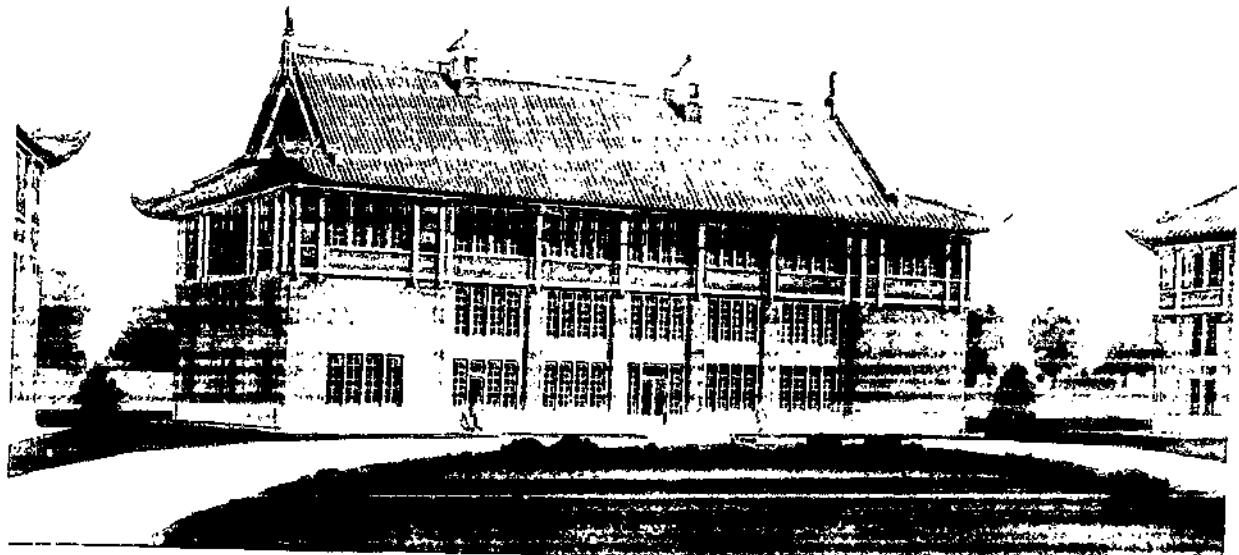


Fig. 79.—Architect's drawing of the new Science Building of St. John's University. The China Medical Board has contributed \$80,000 toward the construction of this building

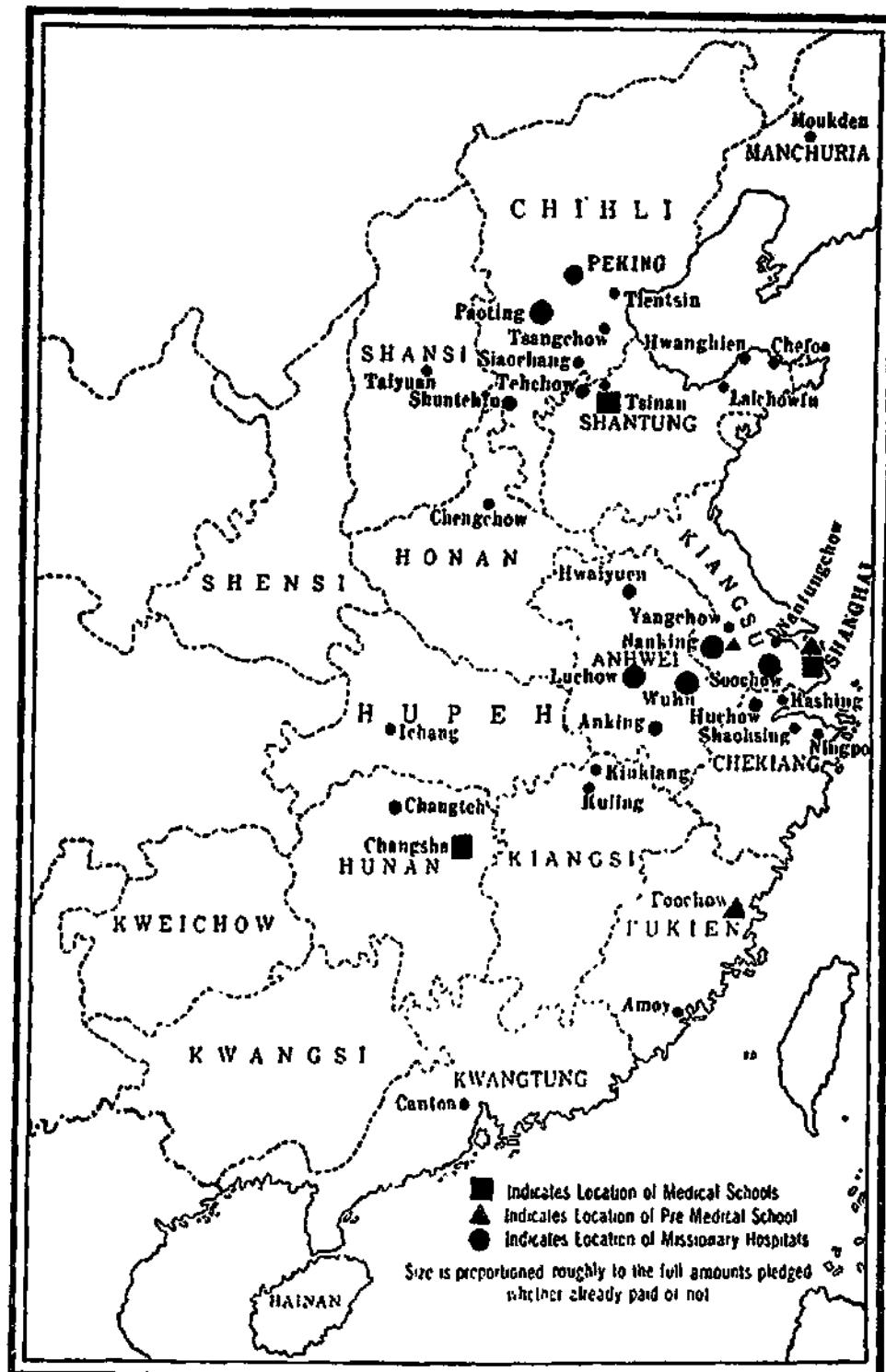


Fig. 80.—Map of China, showing medical institutions aided by the China Medical Board (in addition to the Peking Union Medical College, supported in full.)

M.D. Formerly instructor in medicine and assistant physician, Union Medical College, Peking.

*H. Jocelyn Smyly, M.A., M.D., F.R.C.S., I.*, Associate in medicine. Trinity College of Dublin University, undergraduate and medical work. Appointed to Union Medical College faculty under former management in 1913.

*Charles W. Young, B.S., M.D.*, Associate in medicine. University of Illinois, B.S., 1897. Johns Hopkins Medical School, M.D., 1903. Connected with the Union Medical College under former management from 1906, for several years dean.

*Frederick E. Dilley, M.D.*, Associate in surgery. Western Reserve University, M.D. Formerly acting head of department of surgery in the Union Medical College and superintendent of hospital.

*Jui-heng Liu, B.S., M.D.*, Associate in surgery. Harvard University, B.S., 1910; M.D., 1913. Formerly connected with Red Cross General Hospital, Shanghai.

*Way Sung New, M.D.*, Associate in surgery. Harvard Medical School, M.D., 1914. In charge of department of anatomy, Harvard Medical School of China, 1915-1916.

*Tsing-meu Li, M.D.*, Associate in ophthalmology. Oahu College, Honolulu, T.H. St. John's University, Shanghai, School of Medicine. University of Pennsylvania, M.D., 1909. Formerly on staff of Hunan-Yale Hospital.

*Paul C. Hedges, B.S., M.D.*, Associate in roentgenology. University of Wisconsin, B.S. Washington University School of Medicine, M.D., 1918. Formerly photomicroscopist to department of surgery, Washington University School of Medicine.

*Robert Spencer Stone, B.A.*, Assistant in anatomy.

Completed seven-year course in biology and physiology, University of Toronto, June, 1919, including first two years of medical course.

*S. Y. Wong, M.S.*, Assistant in physiological chemistry.  
University of Chicago, B.S., 1916, M.S., 1917.

*Geo. Y. Char, B.S., M.D.*, Assistant in surgery. Boone University, Wuchang. Harvard Medical School of China, M.D., 1914. Postgraduate study at Harvard Medical School, Boston City Hospital, New York Polyclinic Hospital, and hospital of the Rockefeller Institute. Resident urologist, Long Island College Hospital, and surgical house officer, Bellevue Hospital.

*Arthur Waitah Woo, M.R.C.S., L.R.C.P.*, Assistant in obstetrics and gynecology. University College, London, M.R.C.S., L.R.C.P., 1913. Formerly obstetric and gynecological house surgeon, Middlesex Hospital, England.

*Jui-hua Liu, M.D.*, Assistant in otology, rhinology, and laryngology. Anglo-Chinese College, Tientsin. Peiyang Medical College, Tientsin, M.D., 1915. Post-graduate work, 1917-1918, Harvard Medical School; 1918-1919 New York Eye and Ear Infirmary.

*W. D. Swanson*, Assistant in modern European languages.

*C. M. Yü*, Assistant in Chinese.

#### THE DEPARTMENT OF RELIGIOUS AND SOCIAL WORK

*Philip Allen Swartz, B.A.*, Director of religious and social work. Lafayette College, B.A., 1910. Union Theological Seminary. Ordained by Presbytery of Newark, 1917. Formerly pastor of church of Forest Hills, Long Island (union, undenominational).

*Stephen Wang, B.A.*, Assistant to the director of religious and social work.

#### THE TRAINING SCHOOL FOR NURSES

*Anna Dryden Wolf, M.A., R.N.*, Superintendent of nurses.

*Mary Louise Beaty, B.S., R.N.*, Instructor.

*Ruth Ingram, R.N.*, Assistant supervisor.

#### Departmental Supervisors

<i>Annie Brown, R.N.</i>	<i>Mary S. Purcell, R.N.</i>
<i>Florence Brown, R.N.</i>	<i>Hsiu-lan Pai</i>
<i>Kathleen Caulfield, R.N.</i>	<i>Martha Schaur, R.N.</i>
<i>Florence Kelley Goodman, R.N.</i>	<i>Bertha L. Sutton, R.N.</i>
<i>Frances S. Hall, R.N.</i>	<i>Lula Sweet, R.N.</i>
<i>Mary McCoy, R.N.</i>	<i>Faye Whiteside, R.N.</i>
<i>Callie Munger, R.N.</i>	<i>Cora J. Wong</i>
<i>Sophie Packer, R.N.</i>	

#### GRADUATE MALE NURSES ASSISTING IN WARDS

<i>Shao-jen Chuan</i>	<i>Hau-mien Tu</i>
<i>Yu-hwa Kao</i>	<i>Chun-ying Wang</i>
<i>Wen-shang Li</i>	<i>Hsu-hsien Wang</i>
<i>Yu-lin Lo</i>	<i>Hsueh-hai Wang</i>
	<i>In-chi Wang</i>

#### THE HOSPITAL AND PHYSICAL PLANT

*Donald E. Baxter, M.D.*, Superintendent. Hiram College. University of Louisville, M.D. Wide engineering and administrative experience. Director of New York Committee on After Care of Infantile Paralysis Cases. Worked on organization of hospitals under Red Cross in France.

*Donald W. Salisbury, B.Sc.*, Assistant superintendent. Middlebury College. Formerly engineer and chemist for the General Carbonic Company, New York.

*Maynard V. Hull, B.A.*, Purchasing agent. Ohio State University. Research work, U. S. Public Health Service.

*Edward Watson*, Operating engineer.

*George G. Wilson*, Superintendent of buildings and grounds. On staff of college under former management; has been for several years on leave in war service.

*H. C. Mao*, bookkeeper.

*A. J. D. Britland, M.P.S.*, Pharmacist.

*Emily Gilfillan, B.A.*, Librarian, University of Michigan, B.A., 1914. Two and a half years assistant librarian of the Rockefeller Foundation.

*E. Grace McCullough*, Dietitian. Studied at Washington School of Cookery and Southern Homeopathic Medical College. Formerly dietitian, Massachusetts General Hospital, and Peter Bent Brigham Hospital, Boston. In 1913 investigated and reported on von Noorden Clinic, Vienna, Austria.

#### RESIDENT STAFF

*Richard H. P. Sia*, Assistant resident physician.

*Ju-chi Chiang*, Assistant resident surgeon.

<i>Lee-chong Chu</i>	<i>Ju-kang Liu</i>
<i>Chung-hsin Han</i>	<i>Ta-chih Pa</i>
<i>Ying-teh Hu</i>	<i>Hua-teh Pi</i>
<i>Shih-en Kao</i>	<i>Ch'ing-sheng Shih</i>
<i>Hsien-wa K'ung</i>	<i>Yao-wen Sü</i>
<i>Sih-tse Wang</i>	

**B. Shanghai Medical School**

For several years past it had been the intention of the China Medical Board to erect at some time a second medical school which should be located in Shanghai. During the war, as a result of the difficulties in securing material, the export embargoes, the high prices and unfavorable exchange, as well as the uncertainty concerning all future enterprises, action in regard to the Shanghai school was necessarily postponed.

**C. Other Medical Schools**

Besides supporting the Peking Union Medical College, the China Medical Board has undertaken to aid in the educational work of a few medical schools which are administered by other organizations. Up to the present time these have all been missionary schools, but in the future it may be that appropriations will also be made to educational work under other auspices. During the past year no large sums have been appropriated with the exception of allowances designed to cover loss in exchange on earlier appropriations for the Hunan-Yale Medical School and the Shantung Christian University. Payments have been continued on appropriations already made for the salaries

of personnel and for maintenance in the medical courses of Yale in China and St. John's University, and in the medical school of the Shantung Christian University.

## II. PRE-MEDICAL EDUCATION

### A. Peking Pre-Medical School

With the undertaking of medical education in Peking, the problem of adequate preparation of students became serious. A good grounding in the English language and in the sciences of physics, chemistry, and biology is essential for modern medical work. As yet the schools and colleges in the vicinity of Peking are not prepared to provide this fundamental training. They have not the essential laboratories and equipment, nor the specialized teaching faculties. The Trustees therefore decided to open a pre-medical school in connection with the Peking Union Medical College. Eventually it is hoped that pre-medical training will be given by other agencies, and that the Board will be able to give up this branch of its work.

The pre-medical school opened in the autumn of 1917. Originally a two-year course was planned, but it has recently seemed necessary to prefix a third year to the course. The subjects taught are biology, chemistry, physics (including a certain amount of higher mathe-

matics), English, and Chinese. The last two years of the work are of strictly college grade. At the end of 1919 the pre-medical school had an enrollment of thirty-four students, twenty of whom were in the first year class. There were two women students enrolled. On graduation from the pre-medical department a certificate is issued which entitles the holder to enter the medical school without further examination. Four graduates of the pre-medical school have entered the medical school.

**FACULTY.** The present faculty of the pre-medical school is composed as follows:

*William Warren Stifler, Ph.D.*, Assistant professor of physics, and dean. Shurtleff College, B.A., 1902. University of Illinois, M.A., 1908, Ph.D., 1911. Instructor in physics at Columbia University, 1911-1916.

*Stanley D. Wilson, Ph.D.*, Assistant professor of chemistry. Wesleyan University, B.A., 1909, M.A., 1910. University of Chicago, Ph.D., 1916. Instructor in organic chemistry, Rice Institute, Houston, Texas, 1916-1917.

*Charles W. Packard, Ph.D.*, Assistant professor of biology. Syracuse University, B.S., 1907, M.S., 1908. Columbia University, Ph.D., 1914. Instructor in biology at Columbia University, 1914-1918.

*Adolf Eduard Zucker, Ph.D.*, Instructor in modern European languages. (See under faculty of medical school.)

*K. M. Ma, Hsiu-ts'ai*, Instructor in Chinese. (See under faculty of medical school.)

*Bird R. Stephenson, M.S.*, Instructor in physics. Albion College, Michigan, B.A., 1914. University of Illinois, M.S., 1917. Assistant in physics, University of Illinois, 1917-1918.

*Alice Middleton Boring, Ph.D.*, Assistant in biology. Bryn Mawr, B.A., 1904, M.A., 1905, Ph.D., 1910. University of Pennsylvania, fellow in zoology, 1905-1906. Wurzburg and Stazione Zoologica, Naples, 1908-1909. Associate professor of biology, University of Maine, 1913-1918.

*C. T. Feng*, Assistant in chemistry. Assistant in chemistry at the Union Medical College, 1915-1916. Postgraduate course in chemistry at Weihsien, 1916-1917.

*W. D. Swanson*, Assistant in modern European languages.

*C. M. Yü*, Assistant in Chinese.

#### B. Aid to Pre-Medical Education in Other Institutions

While it has seemed necessary to open a special pre-medical school in Peking, there are in the vicinity of Shanghai several colleges and universities with scientific departments which need only a certain amount of strengthening to enable them to prepare students for the Peking Union Medical College or for other institutions of good standing.

The following schools have thus far received aid from the China Medical Board for their pre-medical work:

St. John's University . . . . .	Gold \$ 80,000
Fukien Christian University, total during five years . . . . .	Gold 163,500
Ginling College, total during five years .	Mex. 12,000
Ginling College, equipment . . . . .	Gold 5,000

In 1918 St. John's University in Shanghai had received a tentative promise of \$80,000 as soon as plans for increasing its scientific department had been perfected. Twelve hundred dollars was used in 1918 for a fellowship for a Chinese teacher of science for study in the United States. The remainder (\$78,800) has now been granted to be used toward the building and equipment of a science laboratory.

Appropriations for Fukien Christian University, conditioned on the raising of certain additional funds, were made in 1917. The Trustees of this school have found some difficulty in securing the required amount, but the money is now in hand and building plans have been prepared. The pre-medical school was opened in February, 1919, with nine students.

Ginling College, an institution for women, was recently opened in Nanking. It has a small, but able and enthusiastic, scientific staff.

As the Peking Union Medical College expects to admit women students on the same basis as men, a grant to this institution was appropriately made.

### C. Aid to Mission Hospitals

From the beginning of its work, the China Medical Board has been interested in the development of mission hospitals, and has offered to share in increasing the staffs, enlarging the buildings, and supplying new equipment for a few selected, well managed hospitals.

While the strengthening of hospitals is of the greatest importance for the sake of their service to the sick, it has a bearing also on the work of the medical schools. After graduation, service as an interne in a good hospital is required. Some of the students of the Peking Union Medical College will be taken into the hospital in Peking. Many others will go into mission hospitals, and a well equipped, adequately staffed hospital is necessary to provide for this further training.

Since the establishment of the China Medical Board, grants have been made to thirty-three hospitals. The present program looks toward the limiting of appropriations to a few strong hospitals. Selection will be made on the basis of the size and adequacy of the buildings and

equipment, the efficiency of management, the number of the staff, and the accessibility and importance of the center in which the institution is located. Hereafter, appropriations will be made only when the controlling society is prepared to put into the proposed enlargement an amount equal or more than equal to the contribution of the China Medical Board.

A total of \$77,378.49 was paid out during the year on account of appropriations to nineteen missionary hospitals, plus a further sum of \$50,244.36 on account of loss by exchange. The unfavorable exchange rate has made it necessary for missionary societies to guarantee a fixed rate, on payments in the field, of two dollars in Mexican currency for one dollar in gold. The earlier appropriations of the China Medical Board were made at a time when the exchange rate was normal, and it was the natural expectation of the missionary societies that the Board's grants would bring a doubled amount in Mexican silver.

While the Board was not legally obligated to make good the loss by exchange, it felt that it was only fair and proper to meet the missionary societies in their endeavor to keep payments in China on a normal basis, regardless of the amount it would cost in the United States. At the present time, new grants are made in

Mexican currency, so that variations in exchange will not affect the sums made available in China.

During the year new appropriations were made to hospitals in Anking, Kiukiang, Soochow, Tehchow, and Wuhu. Details will be found in the Treasurer's report, pages 345 to 406.

#### D. Fellowships and Scholarships

Pending the opening of the Peking Union Medical College, a number of fellowships for study in the United States have been granted, to both Chinese and missionary physicians and nurses. It is hoped that when the Peking school is fully established, the Chinese fellowships, at least, may be reduced in number, and that only specially qualified men will be sent to the United States for graduate work in advanced subjects which the Peking college may not be so well prepared to offer as some of the schools in the United States.

Summer courses and graduate courses will be provided in Peking for medical missionaries and for other physicians. The year on furlough in the United States, that is granted to all missionaries also affords a good opportunity for study; and as it may not always be convenient, even during the summer vacation, for practi-

tioners while in China to take time from their pressing duties and devote it to study, it is probable that small grants to cover tuition fees, books, and so forth, will be continued for physicians and nurses on furlough in the United States.

During the past year, thirty medical missionaries and nurses on furlough, twelve Chinese graduate students, eight Chinese undergraduate medical students, and seven Chinese nurses studied in the United States with the aid of fellowships which aggregated \$39,568. Fig. 81 shows by years the number of fellowships and scholarships that have been granted, the total payments made on them, and the pledges for future years.

The following is a list of persons who have studied in the United States during the past year under the auspices of the Board:

#### MISSIONARIES

*N. Worth Brown, M.D.*, Formerly Nanking University.  
Studied at Johns Hopkins University.

*James R. Cox, M.D.*, West China Union University,  
Chengtu. Studied at New York Postgraduate  
Medical School and New York Eye and Ear In-  
firmary.

*F. P. Gaunt, M.D.*, Wuhu General Hospital. Studied at  
Mayo Clinic, Rochester, Minn.

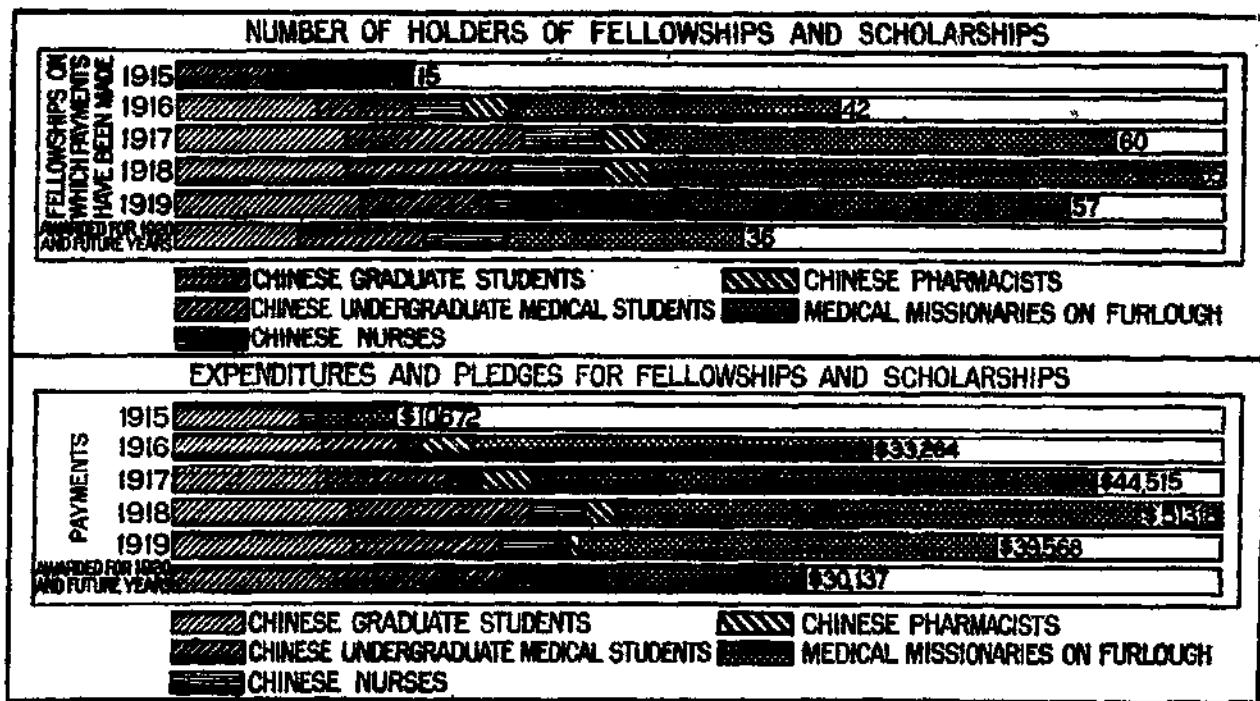


Fig. 81.—Number of fellowship and scholarship holders, by years, since the creation of the China Medical Board

- G. L. Hagman, M.D.*, Foreign Christian Hospital, Nantungchow. Studied at Harvard Medical School.
- J. Charles Humphreys, M.D.*, American Baptist Hospital, Ningyuenfu. (On return to China went to Yachow.) Studied at University of Pennsylvania and Hahnemann Hospital, Philadelphia.
- E. M. Johnston, M.D.*, Formerly Union Medical College, Peking. Studied at Mayo Clinic, Rochester, Minn.
- C. B. Kelly, M.D.*, West China Union University, Chengtu. Studied at New York Postgraduate Medical School.
- A. R. Kilgore, M.D.*, Formerly Red Cross General Hospital, Shanghai. Studied at Johns Hopkins University.
- George W. Leavell, M.D.*, Southern Baptist Hospital, Wuchow. Studied at Johns Hopkins University.
- C. S. F. Lincoln, M.D.*, St. John's University, Shanghai. Studied at Johns Hopkins University.
- O. T. Logan, M.D.*, American Presbyterian Hospital, Changteh. Studied at Johns Hopkins University.
- O. Houghton Love, M.D.*, American Board Hospital, Tungchow. Studied at Johns Hopkins University.
- P. L. McAll, M.D.*, Shantung Christian University. Studied at Toronto University and New York Post-graduate Medical School.
- J. Preston Maxwell, M.D.*,<sup>1</sup> Formerly English Presbyterian Hospital, Yungchun. Studied at Johns Hopkins University.
- W. S. T. Neville, M.D.*, Formerly Union Medical College, Peking. (Now at Moukden Medical College.) Studied at Johns Hopkins University and Mayo Clinic, Rochester, Minn.

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<sup>1</sup> Appointed to Peking Union Medical College.

*Alice M. Powell*, Nurse, Women's Methodist Hospital, Peking. Studied at Teachers College, Columbia University.

*Emma E. Robbins, M.D.*, Methodist Episcopal Hospital, Chinkiang. Studied at Columbia University.

*Florence Sayles*, Nurse, Women's Methodist Hospital, Tientsin. Studied at Teachers College, Columbia University.

*Charles W. Service, M.D.*, West China Union University, Chengtu. Studied in Toronto and at Johns Hopkins University.

*T. Dwight Sloan, M.D.*, University Hospital, Nanking. Studied at Johns Hopkins University and in Boston.

*Lula Sweet,<sup>1</sup>* Nurse, Formerly Red Cross General Hospital, Shanghai. Studied at Johns Hopkins Hospital.

*Sada Tomlinson*, Nurse, St. James' Hospital, Anking. Studied at Teachers College, Columbia University.

*C. E. Tompkins, M.D.*, American Baptist Hospital, Suifu. Studied at University of Michigan and Bellevue Hospital, New York.

*George T. Tootell, M.D.*, Northern Presbyterian Hospital, Changteh. Studied at University of Pennsylvania.

*F. F. Tucker, M.D.*, American Board Hospital, Tehchow. Studied at Rush Medical School and at Harvard Medical School.

*Anna Vogt, M.D.*, Norwegian Mission Hospital, Yiyang. Studied at New York Post Graduate Medical School.

*Volrath Vogt, M.D.*, Norwegian Mission Hospital, Yiyang. Studied at New York Post Graduate Medical School.

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<sup>1</sup> Appointed to Peking Union Medical College.

*Fred J. Wampler, M.D.*, Church of the Brethren Hospital, Pingtingchow. Studied at Harvard Medical School.

*Andrew H. Woods, M.D.*,<sup>1</sup> Formerly Canton Christian College. Studied at hospitals in Philadelphia.

*J. M. Wright, M.D.*, Canton Union Hospital. Studied at Harvard Medical School.

#### CHINESE GRADUATE STUDENTS

*George Y. Char, M.D.*, Formerly American Church Mission Hospital, Wuchang. Studied at Bellevue Hospital, New York.

*H. P. Chu, M.D.*, Formerly Red Cross General Hospital, Shanghai. Studied at Harvard Medical School.

*Edward Young Kau, M.D.*, Hunan-Yale Medical School. Studied at hospitals in New York and Boston.

*Chong-eang Lim, M.D.*, Peking Central Hospital. Studied at School of Hygiene and Public Health, Johns Hopkins.

*C. C. Liu, M.D.*, Peking Union Medical College. Studied at Washington University.

*Jui-hua Liu, M.D.*,<sup>1</sup> Formerly Red Cross General Hospital, Shanghai. Studied at Harvard Medical School and New York Eye and Ear Infirmary.

*Mary Tai, M.D.*, Women's and Children's Hospital, Nanchang. Studied at various hospitals in New York.

*Yao Wong, M.D.*, Hunan-Yale Medical School. Studied at Harvard Medical School.

*Arthur Waitah Woo, M.D.*,<sup>1</sup> Formerly Middlesex Hospital, London. Studied at Johns Hopkins University.

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<sup>1</sup> Appointed to Peking Union Medical College.

*L. S. Woo, M.D.*, St. Luke's Hospital, Shanghai. Studied at Harvard Medical School and Children's Hospital, Boston.

*Hsien Wu*, Physiological chemist, under consideration for appointment to Peking Union Medical School. Studied at Harvard Medical School.

*Zung-dau Zau, M.D.*, Formerly Red Cross General Hospital, Shanghai. Studied at Harvard Medical School and hospitals in Boston.

#### CHINESE UNDERGRADUATE STUDENTS<sup>2</sup>

*Sheo-nan Cheer*, Johns Hopkins University.

*Chen-hsiang Hu*, Harvard Medical School.

*Tze King*, Harvard Medical School.

*Wen-ping Ling*, Harvard Medical School.

*Ven-tsao Loh*, Harvard Medical School.

*Cheuk-shang Mei*, College of Physicians and Surgeons.

*Ernest Tso*,<sup>3</sup> Harvard Medical School.

*Shu-tai Woo*,<sup>3</sup> Harvard Medical School.

#### CHINESE NURSES

*Mabel Mooney*, Red Cross General Hospital, Shanghai, Massachusetts General Hospital, Boston.

*Winifred Mooney*, Red Cross General Hospital, Shanghai, Massachusetts General Hospital, Boston.

*Elizabeth Sze*, Mary Black Hospital, Soochow, Johns Hopkins Hospital.

<sup>2</sup> With the exception of Cheuk-shang Mei, all of these men were students at the Harvard Medical School of China, which closed in 1916, when the China Medical Board assumed responsibility for the completion of their medical education.

<sup>3</sup> Graduated in February, 1919, and commenced internship immediately: Ernest Tso at Boston City Hospital, and Shu-tai Woo at Massachusetts General Hospital.

*Zing-ling Tai*, Red Cross General Hospital, Shanghai.  
Peter Bent Brigham Hospital, Boston.

*Loo-sung Woo*, Woman's Union Missionary Society,  
Johns Hopkins Hospital, Baltimore.

*Lillian Wu*, Danforth Memorial Hospital, Johns Hopkins Hospital, Baltimore, and Memorial Hospital, Worcester, Mass.

*Wei-li Yih*, Red Cross General Hospital, Shanghai, Simmons College, Boston.

#### E. Miscellaneous

China has not as yet a standardized medical terminology. Committees of the China Medical Missionary Association and of the National Medical Association have been working for some years on this problem. The Publication Committee of the China Medical Missionary Association has translated, and published in Chinese, standard textbooks for use in medical schools. As it is probable that medicine will eventually be taught wholly in the Chinese language, these beginnings are important. The China Medical Board has made a contribution to the Publication Committee of Mex. \$10,000 a year for two years.

#### F. The Board

The Board has held three stated meetings during the year, and in addition there have been numerous meetings of the Executive and

Building Committees. The Resident Director in China, Mr. Greene, spent the spring of 1919 in America, attending the April meeting of the Trustees of the Peking Union Medical College and the May meeting of the China Medical Board.

Early in June the General Director, the Resident Director, and the Director of the Peking Union Medical College (Dr. McLean) sailed for China. Mr. Vincent and Mr. Greene spent several weeks in Peking and Shanghai, and visited medical institutions in Seoul, Moukden, Tsinanfu, Changsha, Hankow, Canton and other cities, while Dr. McLean remained practically all summer in Peking. The General Director returned to this country in October and Dr. McLean in November.



## **CHINA MEDICAL BOARD**

### **A Review of Its Work from 1915 to 1919**

**By Roger S. Greene**

Resident Director in China

It is now four years since the work of the Board was begun in China. The Resident Director arrived in Peking in August, 1915, and with the exception of a six months' absence in the beginning of 1919 he has been on the field ever since that time. During the past two years Dr. H. S. Houghton has also given considerable time to the general work of the Board, in addition to the special tasks which he has undertaken in connection with the medical schools at Peking and Shanghai. An office has been maintained at Peking since 1915, with the necessary accounting and clerical staff.

The work of the Board in China will be treated under three main heads: (1) medical education; (2) aid to hospitals; (3) fellowships and scholarships.

#### **Medical Education**

##### **PEKING UNION MEDICAL COLLEGE**

In medical education the main effort during the period under review has been devoted to the reorganization of the Peking Union Medical College and the construction of its new plant.

The China Medical Board took over the property of the Union Medical College in 1915, by arrangement with the London Missionary Society, and assumed the financial support on July 1 of that year. The new board of trustees was organized on January 24, 1916, and immediately took over control of the institution. A charter was granted on February 24, 1916, by the Regents of the University of the State of New York. In the autumn of the same year the three lower classes of students then in the school were transferred to the Shantung Christian University Medical School, at Tsinan, in order to facilitate the work of reorganization. Two classes were left to complete their clinical studies at Peking, the last of which, containing thirteen students, graduated in June, 1918. Dr. Franklin C. McLean was appointed in 1916 as professor of medicine and head of the new institution. He made a preliminary trip to China in the summer of that year to look into the situation at Peking and to visit other medical schools and hospitals in China. He has made two other

short visits to Peking, but during the war was unable to keep up his work, as he was commissioned in the Medical Reserve Corps of the army and was later sent to France as senior consultant in general medicine for the American Expeditionary Force.

**Pre-medical School.** In 1917 the first appointments were made to the faculty of the pre-medical school, and the instructors in physics and chemistry arrived in Peking in time to open that department in the autumn with seven students. It was hoped at first that by requiring one year of college work for admission, in addition to middle school graduation, it would be possible to limit the pre-medical classes to two years, but the quality of the instruction in existing colleges left so much to be desired, and there seemed such grave danger of excluding promising students if the requirement were maintained, that it was decided to offer the preliminary year in our own school and to admit students directly from middle schools. This has been done with very satisfactory results. The staff of the pre-medical school, consisting of teachers with some years of experience in the best American colleges, is now practically complete; very convenient buildings have been provided through the improvements in Lockhart Hall and the Oliver Jones Dormitory, in which the old school had been housed; and the laboratories are in good working order. The first class was graduated in June, 1919, and entered the medical school the following autumn. The teachers in the medical school who have worked with these young men during the past few months are very much pleased with the ability which they show, both in the use of the English language and in their laboratory work, in which they compare favorably with undergraduates in good medical schools at home. There are probably few medical schools in the United States which have the advantage, for their entering classes, of such a uniform and thorough preparation in the sciences. The total registration in the pre-medical school is now as follows: first year, twenty-one; second year, eight; third year, five; total, thirty-four.

The large registration in the entering class this autumn gives ground to believe that within a very short time the number of qualified students applying for admission will be as large as the school can conveniently receive. Two young women were admitted to the pre-medical school this autumn, in accordance with a decision of the trustees, in the spring of 1919, that women should be admitted on the same basis as men. Both are good students, and this innovation has thus far caused no difficulties of any kind. For the present, the women students are housed in the same compound with some of the women members of the teaching and administrative staff.

**Medical School.** The organization of the medical school is naturally less advanced. The following heads of departments or sub-departments are already at work in Peking: Dr. E. V. Cowdry, professor of anatomy; Dr. Davidson Black, professor of embryology

and neurology; Dr. H. J. Howard, professor of ophthalmology; Mr. B. E. Read, associate professor of physiological chemistry; and Dr. A. M. Dunlap, associate professor of otology, rhinology, and laryngology. The professors of medicine, surgery, pathology, and gynecology and obstetrics, and the associate professor of neurology and psychiatry, have all been appointed and will come to China in the spring or summer of 1920. Numerous appointments have been made also to junior positions in these departments, and it is expected that the staff will be nearly complete by the autumn of 1920. There are now seven students in the first year of the medical school and three graduate students, one of whom is taking the regular first-year course.

**Nurses' Training School.** The nurses' training school will be opened in the autumn of 1920 upon an entirely new basis. Miss Anna Dryden Wolf, the superintendent of the school, arrived in China in the summer of 1919, and eight other new American nurses have also come. They are spending most of their time at present in language study and in other preparation for the reorganization of the school. Several other nurses have also been recommended for appointment. While only women students will be admitted to the training school in the future, the services of the male nurses now employed in the old hospital will be utilized until a sufficient number of women nurses can be secured. The new course, which will cover four years, will require middle school graduation and a working knowledge of English for admission. A year of classroom and laboratory training will be provided before the pupils are admitted to the wards. Since in the past, in China, even less attention has been given to nurses' training than to medical education, this school is a most important contribution to medical progress in this country.

**Construction of New Buildings.** The construction of the new buildings of the medical school has now been in progress for two years. The anatomy building is practically finished and is already occupied by teachers and students. The chemistry and physiology buildings are to be finished by the end of January, 1920. The pathology laboratory and the other buildings of the hospital group will be completed one by one during 1920, and it is hoped that it will be possible to move into the hospital towards the end of the year. The buildings have been largely visited during the past year by the general public and have aroused much interest, on account of the convenience of their arrangements and on account of the Chinese architectural features of the exteriors. They represent a more substantial type of modern construction than has been attempted before in North China.

**Maintenance of Old Hospital.** During this transition period between the old and the new organization of the school, the men's

hospital, formerly conducted by the London Mission on Hain K'ai Lu, has been kept open and provided with additional equipment and staff, but it was considered advisable to close the women's hospital, since it was quite inferior to the men's department in buildings and equipment and would have required a considerable expenditure to make it satisfactory. As the Methodist Mission has a large women's hospital nearby, it did not seem wise to incur such expense for a small and purely temporary women's department at a distance from the main institution. The Methodist Women's Hospital courteously furnished clinical instruction in obstetrics and gynecology for the students remaining in Peking, in return for which the pathologist of the Peking Union Medical College taught the classes in his subject in the North China Union Medical College for Women. The maintenance of the men's hospital, besides keeping together the clientele of the institution, has made it possible to develop an organization which can be later moved over to the new buildings. In particular, it has been possible to secure and retain a few good Chinese doctors and nurses trained in American schools, for whom there were no other equally satisfactory opportunities in China. During this year the general surgical service has been entirely in the hands of Chinese doctors, and they have won the confidence both of their associates and of the many foreign residents who have come to the hospital for important operations. A Chinese nurse, who received her training in Philadelphia and New York, has been in charge of the operating room. The hospital has also performed an important service in caring for the health of the staff and students of the departments already opened, as well as that of the numerous Chinese and foreigners employed in the construction of the new buildings.

#### SHANGHAI MEDICAL SCHOOL

In accordance with the intention of the Rockefeller Foundation to establish a second medical school at Shanghai, the board of trustees of the Shanghai Medical School of the Rockefeller Foundation was organized on May 18, 1917, under a charter granted on April 12, 1917, by the Regents of the University of the State of New York, and Dr. Henry S. Houghton was appointed acting dean.

A very advantageous site in the French Concession, easily accessible from the Chinese city on one side and from the best residential districts in the foreign settlement on the other, with a total area of twenty acres, has been already purchased. Like most other land in Shanghai, it requires filling, and a beginning, therefore, has been made at grading it up to the level of the streets around the property. Some preliminary studies of the plans for the buildings have also been made.

During the war, final consideration of the matter of opening a School in Shanghai was postponed.

### ST. JOHN'S UNIVERSITY MEDICAL SCHOOL

St. John's University, which had planned to keep its medical school open until the new institution should be ready to receive those of its students who wish to take a medical course, finds itself somewhat embarrassed by the present uncertainty as to the date of opening of the Shanghai Medical School. During this transition period the China Medical Board has for four years made a contribution towards the support of one of the teachers in the medical department of St. John's University. There has been little other development of the organization or equipment of this institution.

### HARVARD MEDICAL SCHOOL OF CHINA

The Harvard Medical School of China closed its doors in June, 1916, its trustees having decided that the sum necessary to maintain a really efficient medical school, especially under war conditions, was much greater than any amount which they could reasonably expect to raise from the alumni and undergraduates of a single university.

During the four years of its existence the school graduated two classes, numbering in all nine students, who had had the earlier part of their course in other institutions. Provision was made by the China Medical Board for continuing the education of some of the more promising undergraduate students, seven of the best being sent to the United States, where two have since graduated at the Harvard Medical School, in Boston, with very creditable records. Four others should graduate during the next two years at Harvard, and one at Johns Hopkins. The teachers of these young men have spoken in high terms of the work they have done since going to the United States. Their abilities appear to be distinctly above the average of students in American medical schools, so far at least as can be judged by their school records. Some of these men will be very useful for the junior house positions in the new hospitals now being erected in China.

An endowment fund of \$25,000, formerly held by the Harvard Medical School of China and known as the Henry Sturgis Grew Memorial Fund, has been transferred to the Rockefeller Foundation for the use of the Shanghai Medical School. Some of the equipment and other property of the school was sold, and some was given to the China Medical Board.

### RED CROSS GENERAL HOSPITAL

From July 1, 1916, to June 30, 1918, the Red Cross General Hospital, at Shanghai, which had been used by the Harvard Medical School of China for its clinical teaching, was maintained by the China Medical Board, thus completing the five-year period for which the Harvard Medical School of China had arranged with the Chinese Red Cross Society to carry on the institution. During these two

years the hospital rendered a much-appreciated service to the foreign community at Shanghai and was able to carry on the training as internes of promising Chinese doctors who had graduated from the Harvard Medical School of China. An experiment was also undertaken in the training of Chinese women nurses to care for men as well as women patients, and while only a few pupils could be received, the degree of success attained justifies the belief that the same system, which is to be adopted on a larger scale and under more favorable conditions in the new training schools at Peking and Shanghai, will prove entirely practical.

The sum of \$76,209 was appropriated for the maintenance of the hospital during the two years, but the actual cost to the Board after the liquidation of all the accounts will be only about \$60,000 gold. The total expenditures of the hospital during this period amounted to \$151,469 Mex. The hospital is now being maintained by the Seventh Day Adventist Mission.

#### SHANTUNG CHRISTIAN UNIVERSITY MEDICAL SCHOOL

In the spring of 1916, when it was decided to transfer to the Shantung Christian University Medical School the three lower classes from Peking, it was found that, in order to enable that institution to receive the additional students and give them adequate instruction, it would be necessary to enlarge the buildings and provide additional staff and equipment. Grants were accordingly made of \$50,000 gold for buildings and equipment and \$100,000 spread over five years for maintenance. Additional sums, amounting to \$70,000 gold, were appropriated later to cover loss by exchange on these items due to the extraordinary rise in the price of silver. The results obtained with these appropriations have been highly gratifying.

**Improvements in Buildings.** The old building of the school was remodeled, the interior arrangement being entirely changed and much better utilization of space and light secured. Two wings were built, one to the east, accommodating the departments of physiological chemistry and pharmacy in the first floor and basement, with a large assembly room on the second floor; and another to the west, containing the laboratories for anatomy, histology, and pathology. With the development of departmental organizations, each with one instructor in responsible charge, the conception of the needs of these departments is being enlarged, and more space is now urgently desired for laboratories; but considering the money that was available, a very convenient and attractive building was secured. Two small dormitories, each accommodating thirty-two students, two in a room, were also constructed with the funds from the China Medical Board. Some improvements were also made in the hospital, out-patient department, and old dormitories. The buildings and

equipment are well cared for, and the general aspect of the institution is such as to impress the visitor most favorably.

**Faculty.** There have been supported from the funds granted by the China Medical Board for maintenance: Dr. Thornton Stearns, a junior member of the department of surgery; Dr. P. S. Evans, Jr., who is teaching physiology; Mr. B. M. McOwan and Mr. F. E. P. Kwoh, instructors in English; the Misses Dinkelacker, nurses; and Mr. T. Y. Ch'eng, pharmacist, who had two years in the United States under a scholarship from the China Medical Board. Mr. Frank H. B. Harmon has been lately engaged as business manager. Dr. E. R. Wheeler, of the Medical Missionary Society of London, was also supported for a time from this fund, but the responsibility for his salary has been assumed by the Baptist Missionary Society of England.

**Concentration at Tsinan of Medical Education in Chinese.** As a result of the recommendation of the Executive Committee and the Council on Medical Education of the China Medical Missionary Association, that medical education in the Chinese language under missionary auspices be concentrated at Tsinan, there has been a notable development in this direction in the last three years. The union medical schools at Nanking and Hankow have been definitely closed, and some of their faculty and students have gone to strengthen the school at Tsinan. If it be considered also that the existence of Peking Union Medical College, as an institution teaching in Chinese and dependent on the missionary societies for support, has come to an end, it will be seen that the Tsinan school takes the place of four which existed in 1914. While the difficult financial situation and shortage of personnel due to the war, with some other complications, have prevented the concentration at Tsinan of all the resources formerly scattered between the four schools, nevertheless Tsinan has received something from each of these institutions, and as soon as normal conditions return it will be able to make an appeal for funds in Great Britain and the United States with an effectiveness that no one of the old schools could have equalled. A fifth school, that maintained by Dr. D. Duncan Main at Hangchow, has been obliged, for lack of staff, to suspend temporarily the admission of new students. There is no class under instruction at present, and it is not yet known when one can be received. Partly through the introduction of the Peking office, the new union of Norwegian American Lutheran Missions, which had not previously shared in the maintenance of any medical school in China, joined in the school at Tsinan and contributed the services of a pathologist, Dr. L. H. Braaftadt. The English Wesleyan Missionary Society is the latest organization to join the union. It has promised the full support of one or more members of the staff, but an annual contribution is also being made by the English Presbyterian Mission. The Church of England and Canadian Presbyterian Missions have committed

themselves to a larger measure of support for the Tsinan school than they ever gave to any of the old institutions. With the English Baptist Mission, the Northern and Southern Presbyterian Missions, and the London Mission, there are now nine societies contributing to the school, as against two at the time when the first appropriation was made by the China Medical Board.

**Department Organization.** The department organization is proceeding slowly. Dr. R. T. Shields has been placed in charge of the department of anatomy, but will devote himself mainly to histology and embryology. Dr. C. K. Roys, who had been teaching the gross anatomy, recently returned from a year of study and teaching at the University of Minnesota, but has been obliged to leave again on account of ill health. A fair supply of anatomical material is now assured, as the military and the police are both turning over unclaimed bodies, and it has been found possible also to use unclaimed dead from the school hospital. Dr. J. B. Neal was giving the physiological chemistry until recently, but this year he has been relieved by Dr. Peter Kiang, a graduate of the University of Pennsylvania Medical School, who held a fellowship from the China Medical Board for one year. Dr. P. S. Evans, Jr., after a year of special work at Johns Hopkins University, has taken charge of the department of physiology, but has been temporarily obliged to assist also in teaching, at first pathology and more lately clinical microscopy. A roentgenologist, Dr. Stanley Ellis, has been sent out from Great Britain, and has been provided by a special gift from a British friend of the institution with part of the equipment for his department. The most urgent need at present is for a well-qualified teacher of internal medicine, but men for obstetrics and gynecology, and for eye, ear, nose, and throat, should also be secured at once. It is expected that some of the additional three or four men promised by the British missions will be available for these positions. There are now four foreign nurses in the school hospital, a more nearly adequate number than there has ever been before.

**Proposed Enlargement.** The faculty is now considering plans for enlargement of both hospital and laboratories, and there is reason to hope that it will be able to secure from its own constituency, in China and abroad, the necessary funds for this purpose. Advisory boards have been formed in Great Britain and the United States, as well as a local Chinese committee in Tsinan, which will be of great help in raising money.

**Students.** The first of the three classes sent down from Peking, numbering twenty-one students, graduated in June, 1919. On the whole, the students have adapted themselves very well to the new conditions, and in most of the pre-clinical subjects they have been getting better instruction than preceding classes at Peking ever received. The total number of students last year was 132, of whom forty were in the senior class. The remaining ninety-two were

divided among four classes of a more manageable size, and having had a better scientific foundation for their clinical work, they should, when they graduate, prove more useful than their predecessors have done.

**Translation and Terminology.** In addition to their teaching, some of the members of the faculty have been actively engaged in the translation of medical textbooks and in co-operating with the Chinese national committee on medical terminology. It is hoped that the terms for chemistry, anatomy, histology, and bacteriology will be completed by the summer of 1920.

#### HUNAN-YALE MEDICAL COLLEGE

In 1915 the China Medical Board began contributing to the support of the Hunan-Yale Medical College, at Changsha, at the rate of \$16,200 per annum for a five-year period, which expires this year, making a total of \$81,000. Later this grant was increased by \$15,200, payments being made on a diminishing scale during three years. These sums have been used mainly for the employment of additional teachers in the pre-medical and medical schools. Grants amounting to \$37,764.75 were also made for the erection and equipment of a laboratory building for the pre-medical sciences. The Hunan provincial government has been also contributing to this school, having pledged \$25,000 Mex. per annum through 1916 and \$50,000 Mex. per annum after that date. Payments were regularly made up to and including 1917, but since that time, on account of the civil war in Hunan Province, they have been seriously delayed, and now there is a considerable balance outstanding on the amount due for 1919. Gentry of the province have advanced \$15,000 to help tide the school over until the government pays the full amount due. There was also a loss of about \$14,000 on the 1918 account, owing to the payment of part of the grant in depreciated notes. The Hunan government has also contributed \$30,000 Mex. for land and has promised \$156,000 Mex. for buildings, of which \$28,048 has been paid. Of this amount \$17,000 is being spent on a building, containing both dormitory and class-rooms, which is now approaching completion.

**Organization.** During the greater part of this period the Yale Mission has been itself supplying two physicians with foreign training, two pre-medical teachers, and two foreign nurses at a nominal cost of between \$6,000 and \$10,000 gold per annum. The actual cost increased to \$15,293.91 gold in the year 1918-1919, owing to the high price of silver. No considerable increase has been made by the Yale Mission in its contribution to the medical school proper during the past four years, apart from covering the loss by exchange, although it has strengthened the staff of the pre-medical departments, which really belong to the arts college. Ill health of the teachers or their families, resignations, and the demands of war

work at home have prevented even a modest development of the staff, which is quite inadequate for the work. The most serious defect is that there are no specially qualified teachers for the pre-clinical sciences: anatomy, physiology, and physiological chemistry have had to be taught mainly by clinical men. Pathology has been taught by Chinese who have had some training abroad but who cannot be regarded as fully qualified. There is no physiological chemist. The following members of the staff are at present on the field: Dr. Yen Fu-chun, preventive medicine and surgery; Dr. J. R. Bromwell Branch, surgery, gynecology, and obstetrics; Dr. A. S. Crawford, anatomy and general surgery (on sick leave); Dr. G. Hadden, physiology and medicine; Dr. Chu Hung-pih, histology, pathology, and physiological chemistry; Dr. G. G. Davitt, bacteriology, pharmacology, and ophthalmology; Dr. T. C. Liea, anatomy; Dr. T. L. Li, dermatology and urology; Dr. Helen Cage, pediatrics, Dr. S. Shibley and Dr. J. H. Foster (language study), medicine; and Mr. G. K. How, pharmacy and *materia medica*. Dr. E. H. Hume, who has charge of the department of internal medicine, is in the United States. There are four nurses with full American training, one of whom is a Chinese, and another Chinese nurse who had a year of graduate work in America. Another American nurse has come out, but is still in the language school at Peking. Lately the Wesleyan Mission has contributed a man to the staff. The American Presbyterian and Episcopal Missions, which are also working in Human Province, have been asked to co-operate, but they have not yet made any definite promises of support.

**Students.** There are now four classes in the medical school, the whole course being five years. The first class, having entered in 1916, will graduate in June, 1921. The school has been fortunate in having had from the beginning sufficient anatomical material to give its students a full course in dissection. In general, the equipment for the laboratory courses has been very inadequate, and the old Chinese mansion in which the school has been housed is ill-adapted to use for laboratories, but in visiting the school one receives the impression that all the facilities available are being used to their utmost capacity and that a real scientific enthusiasm is being instilled into the students. The use of English as a medium of instruction helps to increase the proportion of mentally alert and enterprising students, and in this respect Changsha undoubtedly has the advantage of Tsinan, with its nominally equivalent admission requirements and superiority in buildings and equipment. There are now eleven students in the fourth year, nine in the third, eleven in the second, and eight in the first year, or thirty-nine in all in the medical school proper.

**Hospital.** The new hospital, which cost \$175,000 gold, was opened on February 15, 1918. A good deal of the interior finish,

such as painting of the walls, still remains to be done, and the equipment is incomplete, the funds for this purpose having been exhausted, but the building makes on the whole a very favorable impression. Its gross operating expenses for the year ending December 31, 1918, excluding salaries charged to the school account, were \$36,438, or, deducting hospital earnings, \$19,962 Mex. net—a very modest figure, showing the severe economy which must be practiced.

**Pre-medical School.** There is at present only one qualified instructor in each department of the pre-medical school except the department of biology, in which there are two instructors. There are nine students in the third year, twenty in the second, and twenty-one in the first or preparatory year, which has been added to make good the deficiencies in the middle schools. Several of the local schools are sharing in the expense of maintaining this class. With the completion, in the summer of 1920, of the laboratory building, which is now being erected with funds given by the China Medical Board, the pre-medical sciences will be fairly well housed for the time being.

**Future Prospects.** The Hunan-Yale Medical College is now at a very critical period in its existence. Those concerned realize that the successful maintenance of the institution will require much larger funds than there is any prospect of getting in the near future. The strain on the leaders in this enterprise has been much too heavy, and it is a serious question how much longer they should attempt to bear the responsibility, unless they can secure a broader basis of support which will enable them to get the additional teaching and administrative staff necessary to carry on the school. Unless there is a complete change in the political situation, there is little prospect of any additional support from the provincial government, and even the collection of the amounts due on the original pledge is likely to be a matter of constant difficulty. Various plans for obtaining a more secure financial basis for the school have been discussed, but little definite progress has been made up to the present time.

#### OTHER MEDICAL SCHOOLS UNDER MISSION AUSPICES

Other medical schools under mission auspices, or associated with missionary organizations, are the Union Medical College, at Foochow; the medical department of the West China Union University; the Moukden Medical College, conducted by Dr. Dugald Christie; the North China Union Medical College for Women, at Peking; and the Kwangtung Kung Yee Medical College and the Hackett Medical College for Women, at Canton. There is little new to report regarding these institutions. The future of the Foochow school is uncertain, as those interested in it have apparently not been unanimously agreed as to the desirability of continuing to maintain it as a part of the new Fukien Christian University.

Canton. The Kung Yee Medical College, at Canton, has recently arranged with the Canton Hospital for co-operation in medical education. The proposal is viewed with anxiety by some friends of the hospital on account of the low standards hitherto maintained at the Kung Yee school. It is a serious question whether better results could not be obtained if the missions would use their resources to strengthen the Hongkong University School of Medicine and would send their students there instead of trying to maintain a school in Canton. This solution does not meet with much favor in Canton, the main objections being the high cost of the Hongkong course and the reluctance of many Chinese on the mainland to go to a British colony for their education. It may be that both these difficulties could be surmounted in some way.

**Medical Schools for Women.** The medical school for women, formerly conducted by the Southern Methodist Mission at Soochow, has been closed and four of its students have been placed in the North China Union College for Women at Peking. At a recent conference of delegates of the missionary societies interested, with representatives of the Council on Medical Education of the China Medical Missionary Association, it was decided to recommend the establishment of one medical school for women for all of China north of Kwangtung province, the location to be left to the decision of the China Medical Missionary Association in consultation with representatives of the missions interested. It is proposed that this school shall be prepared to give instruction in either Chinese or English. It was also recommended that the missions in the Canton district aid the Hackett Medical College for Women in that city and that the co-operation of the Canton Medical Missionary Union, which is administering the Canton Hospital, be sought. It is likely that the locations which will be most seriously considered for the new school, which is to have the backing of those previously interested in the Peking and Soochow schools, will be Tsinan and Shanghai. The medical faculty of the Shantung Christian University has recently stated its readiness to welcome the women's school and to co-operate with it, if it is thought wise to move to Tsinan.

#### CHINESE GOVERNMENT MEDICAL SCHOOLS

Medical education as conducted by the Chinese Government has made distinct progress during the past four years, and the development doubtless would have been more rapid if the country had been at peace and if the financial conditions had been normal. The most striking change has been the removal of the Army Medical College from Tientsin to new and spacious buildings in Peking. In the capital, under the eye of the War Department, it should be easier in the future for the school to secure the increased appropriations which it requires. An indication of the serious effort being made to raise the standard is the recent lengthening of the course by the

addition of a fifth year. A certain amount of English is also required. The National Medical College of the Ministry of Education, at Peking, has considerably enlarged its plant in the period under review, and the provincial school at Soochow, one of the best of this type in China, is about to move into new buildings. It is appropriate to mention here that very friendly relations have been maintained between the Peking Union Medical College and the Government schools at Peking. The Government schools have shown us various courtesies, and we have endeavored on our part to reciprocate. It is to be hoped that the presence at Peking of a fully equipped medical school under foreign auspices, will help the authorities of the Government schools to secure from the Government more consideration and more money than they have hitherto received.

#### OTHER SCHOOLS

The South Manchuria Medical College, maintained at Moukden by the Japanese, is in a flourishing condition and is at present the best equipped and most adequately staffed medical school in China.

As yet no attempt appears to have been made by the Japanese to continue the medical school started by the Germans at Tsingtao. During the war the German Medical School at Shanghai was closed by the French Concession authorities, and the property has been confiscated. The buildings may be used for other educational work under joint control of the French and Chinese authorities. A few of the German doctors were allowed to remain in Shanghai, and with the assistance of some of their earlier Chinese graduates are continuing the instruction of their students at Woosung, below Shanghai, on the Yangtze river.

The French medical school connected with the Aurora University, at Shanghai, is now under way and has secured a few professors, but the director of the university states that its laboratories are not yet equipped. The school of the Hôpital Doumer, at Canton, is also apparently in much the same condition that it was four years ago, with quite inadequate staff and equipment.

#### PRE-MEDICAL EDUCATION

**Fukien Christian University.** The Board made in December, 1917, grants amounting to \$163,500 to the Fukien Christian University for the development of pre-medical education, of which \$50,000 was for buildings and equipment, conditioned upon the raising of an additional amount of \$48,000 for the same purpose. There has been some delay in the raising of this sum, but the money is now in hand, plans for the buildings have been prepared by Messrs. Murphy and Dana, and some of the preliminary work on the new site has been already begun.

There has been similar delay in finding the six teachers provided for, the cost of whose support was to be borne in part by the China

Medical Board. This autumn, however, two men have begun teaching: Mr. Norvil Beaman, B.S., M.A., in chemistry, and Mr. J. W. Doolittle, M.A., in physics. Mr. Beaman has been an assistant and tutor at Oberlin and at the University of Chicago, while Mr. Doolittle has been an instructor at the Carnegie Institute of Technology. There were already on the staff Mr. C. F. Kellogg, M.A., in biology, and a Chinese teacher for chemistry.

The first class was admitted to the pre-medical school in February, 1919, with nine students. A two-year course is now planned, but unless the students in Fukien are unusually well prepared a third year will probably be necessary to prepare for our school at Peking.

**St. John's University.** There has been even more delay in the case of the proposed grant to St. John's University, the only contribution to the pre-medical work there, up to this time, being a fellowship to enable a Chinese teacher of science to go to the United States for graduate work in preparation for teaching in this department upon his return. Arrangements have just been made, however, for the payment of \$60,000 gold towards a total of \$80,000 for a science building, and of \$18,800 for maintenance during four years. Plans for the building have been prepared, and tenders are now being called for.

**Ginling College.** Grants have just been made to Ginling College, the union college for women at Nanking, of \$12,000 Mex., for the support of a physics teacher for five years and of \$5,000 gold for equipment. In the opinion of the staff of the pre-medical school at Peking, this help should enable Ginling College to prepare students for our medical schools. The biology department there is unusually well conducted.

**General Observations.** The missions interested in higher education in the Yangtze valley have not yet sent out the commission to make the survey of mission colleges which was intended to precede any further grants to such institutions in the area tributary to Shanghai.

In the meantime, however, the faculties at Nanking and at Shanghai Baptist College have been strengthened by the arrival of new science teachers. A large, new laboratory building is now in use at Nanking, and the Shanghai Baptist College has recently secured funds for a new science building, which is to be erected very soon. Perhaps the most hopeful development in pre-medical education is at Canton, where the academic standards maintained in the Canton Christian College are remarkably high.

At Peking the union university has not yet succeeded in making much progress with the development of its science courses, but the organization of the university is now on a better basis and improvements in the courses will doubtless follow.

**Improvement in Middle Schools.** There has been a striking improvement in the mission middle schools near Peking, the results

of which will probably be observed in the students applying hereafter for admission to the pre-medical school at Peking. The American Board Mission is concentrating its work of this grade at Tungchow, where a staff of three or four full-time foreign teachers will be employed, whereas formerly the work was divided between four stations, no one of which had a foreign teacher giving all his time to the middle school. The Methodist Mission at Tientsin and the Presbyterian and London Missions at Peking have erected new buildings for their middle schools and are giving much more attention than formerly to this branch of their work.

### Aid to Hospitals

The war, with the accompanying disturbance of financial conditions throughout the world and the high cost of all imported supplies, has very seriously interfered with the plans for the improvement of mission hospitals in China. The most serious difficulty has been the withdrawal from China of doctors for military service, and the diversion to war work of doctors and nurses in Great Britain and the United States who might otherwise have offered themselves as candidates for missionary service. In some cases the doctor upon whom depended the planning and carrying out of the proposed improvements went to the war. In other cases the shortage of staff and the pressure of routine duties made it extremely difficult for those who remained to undertake any new constructive activities. The demands of war charities made it hard for the missionary societies to raise their share of the funds needed to make available the grants from the China Medical Board, while the unfortunate tendency of exchange caused even those which had the funds to delay transferring money to China, hoping, as they did, for a return shortly to what had previously been the normal rate.

In spite of these disadvantages there would appear to have resulted already a marked improvement in the condition of hospital work in China, partly as a result of the coming of the China Medical Board.

First of all, the tours of investigation made by the two commissions sent out from the United States, and the report published by the first commission, served to direct attention to the needs of the medical work as nothing before had done. Apart from any suggestions made by representatives of the Rockefeller Foundation, those who were carrying on the work, as a result of the various inquiries and discussions, not only became more dissatisfied with the hard conditions under which they were working, but also began to hope that a way might be provided for better things; and consequently many of them started planning for improvements that had previously seemed unattainable. Undoubtedly the inquiry conducted by the first commission led some to hope for financial help on a larger scale than has seemed to our Board to be possible or wise, and there has

consequently been much disappointment on the part of those whose statements of needs were not followed by appropriations; but some of these, having once made up their minds what they ought to get, have succeeded in securing part at least of the necessary funds from other quarters. In many cases, as a result of the publicity given to their needs, they have succeeded in obtaining more cordial support from their own missions and from their societies at home, for many missionaries in evangelistic or general educational work had not previously realized how far short the medical work was of what it should be, and of what it might be, if their medical colleagues were given the encouragement and support to which their past achievements entitled them.

In accordance with the original plan, the purpose has been to aid first those hospitals which were easily accessible from the medical schools which the Board had decided to develop. This plan was adopted in order that the aid given might not only contribute to the relief of present suffering in China, but might also lead to enlisting the hospitals in the educational campaign. The part to be played by the hospitals was to conserve and carry on the training begun in the schools by giving Chinese doctors facilities for modern medical practice, which they would almost entirely lack if no more attention were given than in the past to their welfare after leaving the medical schools and the school hospitals. One of the principal reasons why greater results have not been obtained from the professional training hitherto given to young Chinese abroad is that so little attention has been devoted to preparing for them the right kind of employment upon their return, as a result of which most of them have had no chance to go through the apprenticeship in practical work under stimulating leadership which forms such an important part of professional training in the West. By providing the right kind of hospitals, near enough to the medical schools so that the hospital staff can be kept constantly stimulated by frequent intercourse with physicians and surgeons engaged in teaching and research, it should be possible hereafter to avoid, so far as the doctors are concerned, much of the wastage among the young graduates that would otherwise be almost inevitable.

#### PEKING DISTRICT

Since the reorganization of the Peking Union Medical College has been the first important step in the educational program of the Board, it may be appropriate to consider first what has been done in the district tributary to that school.

In the past the medical work in North China had not attained the standard reached farther south, and this is not strange when we consider that the missionary enterprise did not gain a foothold in North China until several decades after it had been firmly established in the south. Besides this, the north is more conservative

and is less exposed than the south to the invigorating influences which come from great commercial centers like Shanghai and Hong-kong; and the people, being poorer, are less able to contribute toward the maintenance of the medical work. This is an important consideration when we remember that many mission hospitals are expected to be self-supporting except for the salaries of the foreign staff. Not only were the hospitals understaffed, and poorly equipped with apparatus for diagnosis and treatment, but many of them did not possess the facilities for meeting the most elementary requirements of cleanliness and sanitation. Patients were admitted without being bathed, and while they were in the hospitals they continued to use, in many cases, their own bedding and clothing, which was usually very far from clean.

In and around Peking the change for the better has been almost revolutionary, and it is now difficult to find a mission hospital anywhere where the newcomer can see conditions as they formerly were nearly everywhere. It is not easy to say just how much of this improvement has been due directly or indirectly to the coming of the China Medical Board. In some cases all or nearly all the funds used were from other sources, and some of the improvements were planned before there was any certainty as to what, if anything, the Board would do. In other cases grants from the China Medical Board and suggestions given by its representatives have played an important part in bringing about the changes.

**Methodist Men's Hospital, Peking.** An appropriation was made to this hospital for the support of a physician, a dentist, and a nurse. A physician who came out under this grant was appointed to the staff of the Peking Union Medical College, and his place has not yet been filled. The nurse provided for has also not yet been found, although the first appropriation to the North China mission for doctors and nurses was made over four years ago. A very efficient dentist has been secured, however, who came out in 1917 and is now conducting a regular clinic, besides training a class of assistants. The requirements for admission to this dental course are high school graduation or satisfactory completion of two years of the nurses' training course. The hospital has spent from its own funds about \$5,000 Mex. for equipment and building alterations for starting this new department. During the past five years the staff has also been greatly strengthened by the addition of an ophthalmologist and a nurse, who were first supported from hospital earnings, but are now paid by an appropriation from the mission board. This hospital has been entirely transformed during the past four years by means of funds raised independently of the China Medical Board. A good ward building has been built; new beds, bedding, and clothing have been provided; and under the care of an American nurse the wards now present a very neat appearance, entirely different from their aspect when the first commission from the Rockefeller Foundation visited the hospital in 1914. Dr. N. S. Hopkins, the senior physician,

attributes very largely to the interest which the China Medical Board has taken in the institution, the increased share in its expenses which is now provided by the mission. The foreign staff now includes six persons: three doctors, a dentist, an optometrist, and a nurse, as against two, both doctors, in 1914. The mission is planning for another building for this hospital. Appropriations were made in 1915 for additional personnel for the Methodist hospitals at Changli, in Chihli, and Taianfu, Shantung, but as the mission board was not prepared to develop these institutions, the grants have been allowed to lapse.

**Methodist Women's Hospital, Peking.** This institution also moved into a new building during the period under consideration, the cost in this case again being met quite independently of the China Medical Board. While the Board has made no direct contribution to the hospital, the Peking Union Medical College for two years maintained obstetrical and gynecological wards there, for the instruction of its students, for which altogether, for the two years, \$28,965 Mex., was paid. At the present time this is undoubtedly one of the best conducted women's hospitals in China.

**Methodist Women's Hospital, Tientsin.** This has also been transformed during the past five years, the old buildings, where the patients were housed under somewhat primitive conditions, having been abandoned, and a fine new hospital in another quarter of the city being erected. This change was well under way before the China Medical Board began operations, but a grant of \$1,500 gold towards a total of \$2,000 helped materially in finishing off the building and providing additional equipment, especially for the laboratory. The increased cost of operating these improved hospitals is not always foreseen and provided for, and this institution has at times been unable to receive patients to its full capacity on account of shortage of staff and lack of current funds with which to insure proper care to additional patients.

**American Board Hospital, Tungchow.** In former years a very efficient optical work had been developed at this hospital, and when the equipment was sold to the Methodist Hospital in Peking no adequate provision was made for the general medical and surgical work. As a result, this was for a time one of the most depressing hospitals to be seen in China. A small building in European style, sufficient to accommodate some twenty patients, had been erected; but owing to lack of equipment, patients were received in small Chinese buildings, where they lay on brick beds, providing their own clothing, bedding, food, and attendance. There were no kitchen, laundry, bathrooms, or suitable latrines, nor were there any trained nurses, Chinese or foreign. The hospital was so small and there was so little prospect of its being developed into a fully organized institution that it was not deemed wise to recommend any considerable grant from the China Medical Board.

toward its improvement. At the same time it seemed highly desirable that an institution representing western medicine, situated so near to Peking and in an educational center of some importance, should be put on a better footing. Accordingly the Peking office rendered every assistance in its power in planning improvements and in raising the funds necessary for carrying them out. The physician in charge, Dr. O. H. Love, partly by practice among foreigners during the summer time, raised a sum of \$9,875 Mex., for remodeling and improving the building and purchasing new equipment. As a result, a very attractive little plant, with modern baths and toilets, hospital kitchen, and laundry, has been created. Neat iron beds were purchased, and a good supply of hospital bedding and clothing was provided. Under the new conditions it was possible to make a far more effective appeal than formerly for the funds necessary for maintaining the hospital, the income and expenditure being increased from \$1,727 to \$3,575 Mex. The annual contributions from the churches at home have been increased from \$697 to \$1,580 Mex. An efficient male nurse, trained at the hospital of the Peking Union Medical College, was employed, and a second was added later. The total direct contribution of the China Medical Board to this hospital has been \$600 gold. This sum was given upon the condition that \$250 toward the maintenance expenses for one year, over and above the regular grants from the American Board, should be raised by other friends of the institution. This hospital has a few rooms which are used for women patients, but it is not yet properly organized for this kind of work. There are now twenty-three beds for men and five for women.

**Tientsin Union Hospital.** The American Methodist, American Board, and London Missions are planning to establish a union hospital at Tientsin, which will take over the present medical work of the London Mission and put it on a stronger financial basis. The representatives of the China Medical Board have given considerable time to helping the hospital committee with its plans for the organization of the new institution. It is to be hoped that the difficulties in the way of this enterprise may soon be overcome, for Tientsin is now without a good general hospital, and when a well-thought-out project can be put before the public generous support can be certainly secured for it from the Chinese and foreign community.

**Moukden Hospital.** A grant of \$9,000 gold, and a subsequent allowance of \$7,673.88 Mex., for loss by exchange, have been made to this hospital, with the understanding that the money is to be used for improvements that will not increase its capacity. A new block is being erected, which will permit a better disposal of the patients, with more service rooms than were available before. The United Free Church Mission has contributed £1,200 towards these same improvements. A grant of three fourths of the cost of the support of a nurse was also made by the China Medical Board on condition that

the mission pay the remainder and also provide a second nurse whose support has been promised from other sources. These two nurses are now on their way to China, and two additional doctors are shortly to come out.

**American Presbyterian Mission, Men's Hospital, Paotingfu.** One of the most satisfactory investments in mission hospitals has been that at Paotingfu, for which the Board appropriated \$9,877.50 gold, to be used towards improvements in buildings and equipment, the total cost of which was \$6,440 gold and \$15,828 Mex., in addition to the construction of a new building with funds previously received entirely from other sources. The China Medical Board also gave \$4,000 for a doctor's residence.

An additional foreign doctor came out in 1915, under our appropriation, and he has now been at work two years, after two years of preliminary language study. Only one foreign nurse, of two provided for, was secured, and she left to be married after two years of actual service on the field. The business manager, towards whose support we are contributing, has a good knowledge of Chinese and is also something of a mechanic. He has proved invaluable.

Under the energetic direction of Dr. Charles Lewis this hospital has been completely transformed since 1914. The lower floor of the old hospital has been remodeled and devoted to the out-patient department, while the upper floors have been converted into a dormitory for male nurses, with one room for a laboratory. The new building has been painted and decorated, and some cement and terrazzo floors have been laid in the basement and in bathrooms and operating rooms. A heating plant, electric lighting plant, steam sterilizing plant, and hot and cold water systems have been installed. A power house and other out-buildings have been constructed, and quarters have been built for the new doctor and the business manager.

Formerly the patients used their own bedding and clothing, and most of them slept on wooden beds which consisted simply of boards laid on trestles. Now good iron beds of convenient height, and clean hospital bedding and clothing, are provided for all patients. A beginning has been made at keeping histories and records of treatment. The improvement in the nursing, owing to the presence of a trained foreign nurse, has made many of these changes possible.

The annual budget of the hospital now comes to about \$11,000 Mex., not including foreign salaries. This hospital is now receiving from the Peking-Hankow Railway, for treating cases sent to it by that line, \$300 Mex. per month, in addition to the patients' board. For services rendered by the hospital staff during the pneumonic plague in the winter of 1917-1918, the hospital received special grants of \$1,000 each from the railway and from the Ministry of the Interior. The doctors in charge feel that the improved appearance of the hospital and the better work made possible by the larger staff have helped the institution to secure this larger support from Chinese sources.

**American Presbyterian Mission, Men's Hospital, Shuntehfu.** Appropriations were made for an additional doctor and for two nurses, \$4,000 for a doctor's residence, \$6,452.93 for improvements in the hospital upon condition that the mission should raise \$2,150.97, and \$750 annually for maintenance upon condition that the mission should increase its grants by \$250. A doctor and one nurse have been found, and the proposed improvements in buildings and equipment have been carried out at a total cost of \$16,252 Mex. This hospital is not so large as that at Paotingfu, but the funds granted have put it on a much better basis than before, with central heating, hot and cold water, baths, flush closets, kitchen, laundry, and bedding and clothing for patients. A new building was erected for the dining room and kitchen, and a small house for the boiler and pumps. A residence for the Chinese doctor and a nurses' dormitory were also provided. The nursing at this hospital has not yet been developed as the staff desires, as the hospital was started later than that at Paotingfu, where some teaching of nurses has been done for several years.

**American Board Hospital, Tehchow.** A very attractive new building for this institution was being completed when our first grants were made, which provided for two additional doctors, one a woman, and for \$4,633.50 gold for building improvements and equipment. Later, provision was made for an additional nurse, a business manager, a doctor's residence at \$4,000, and \$1,385 annually for current expenses, one-fourth of the cost being borne by the mission. After the disastrous floods of 1917, \$3,300 was granted for repairs and towards the cost of a dike to protect the compound against future floods. All the staff provided for has been found, though one of the doctors left to be married before the expiration of her term, while the nurse and the latest appointee to the business managership have not completed their language study. A training school has been maintained, the latest graduates of which all passed with credit the examinations of the Nurses' Association of China. This is a very active hospital; and as both men and women are received it will be particularly useful not only for training young Chinese doctors but also as an example to other mission hospitals, most of which, in this section, tend to assign their men and women patients to entirely separate institutions.

**American Presbyterian Hospital, Chefoo.** In some respects this hospital has had, perhaps, higher standards than any other in North China. A member of the staff spent from his private funds a large sum on the initial plant and in some years contributed about \$10,000 Mex. for maintenance. This also is a general hospital and maintains a nurses' training school. The China Medical Board has contributed towards the support of a third doctor and a second nurse, both of whom are at work, and has besides given \$900 towards an electric lighting installation and \$2,250 annually towards current

expenses. The plant is an attractive one, and the large number of critical foreign patients received is an indication of the good work done. The fees collected in the first nine months of 1919 amounted to \$10,669.99 Mex., as against \$2,733.52 in 1914-1915. Donations from Chinese and foreigners increased from \$643.11 in 1914-1915 to \$5,994 Mex., in 1918. Thus the aid given by the China Medical Board has helped the hospital both to earn a larger income by its various services to the community and to make a stronger appeal to other benefactors.

**Southern Baptist Hospital, Hwanghien.** Grants were made for an additional physician and a nurse, and the mission board provided a second nurse. Unfortunately the nurse appointed under our appropriation died of typhus last year while serving with the American Red Cross in Siberia. The appeal for this emergency service so close at hand was naturally very strong for those who had felt unable to return home for war work, and a large number of doctors and nurses from China, Japan, and Korea responded. The doctor had not been secured at last reports. With the encouragement given by the additions to the working force, many improvements have been already introduced, such as hospital bedding and clothing, routine bathing of patients, a hospital kitchen, and regular nursing. This hospital is at present somewhat inaccessible and is not likely to play such a useful part in the educational program as some others, but the returns for the comparatively small investment made are nevertheless gratifying.

**Southern Baptist Hospital, Laichowfu.** A grant was made for a second doctor for this hospital, and a woman physician has recently come out. She is now studying the language at Peking. It is expected that two nurses will be added to the staff in 1921. A small building for women patients has been erected with funds received through the mission board, and improved equipment has been secured for eye, ear, nose, and throat work, partly as a result of interest created during the physician's period of special study under a fellowship from the China Medical Board. Part of the funds required for the doctor's residence have been received, and an appropriation has been made for new equipment.

**Southern Baptist Hospital, Chengchow.** Early in 1916 a grant was made for an additional physician for this hospital, but it was later judged advisable that this help should go to the hospital of the same mission at Yangchow, as the conditions for the development of a really significant work at Chengchow did not then seem favorable. This is, however, an important railroad junction, and should some day be chosen as a strategic location for a really good hospital, if the mission can afford the necessary funds.

**English Baptist Hospital, Taiyuanfu.** A grant of \$3,150 gold was made to this hospital, to which the mission added \$1,050, for purchasing hospital bedding and clothing and for installing bathrooms

and laundry. While this has been a great improvement, it has not been possible to proceed far with the development of the institution, as there was only one foreign doctor, and he has since died. Mission funds were available to support a second doctor, but the war made it impossible to secure one. It is probable that the heavy burden resting on the one physician, a new arrival with little hospital experience, was in part responsible for his death. Taiyuanfu is the capital of Shansi, and should have a well-staffed and well-equipped hospital. The governor is an unusually progressive man, much interested in public health, especially on account of the fine work done by mission doctors in combating recent plague epidemics. As an evidence of the reality of his interest, it may be noted that he is now supporting several students at the Peking Union Medical College and at the Shantung Christian University Medical School. This province, therefore, offers at the present time an attractive opportunity for developing a medical work that may have far-reaching influence.

**Church of the Brethren Mission, Shansi.** Small grants of \$250 and \$226.42 gold were made to the hospitals of the Church of the Brethren Mission, which have been recently established at Pingtingchow and Liaocho, Shansi, for the purchase of laboratory equipment. An amount practically equivalent was raised from other sources for the same purpose by the doctors in charge. The Pingtingchow hospital has one doctor and two foreign nurses, while at the Liaocho hospital the foreign doctor has one assistant who graduated at Peking and one foreign nurse.

**American Board Mission, Fenchow, Shansi.** A very promising work is being developed by the American Board Mission at Fenchow, Shansi, where a fine new hospital is now being completed. While the Board has made no grant to this institution, our Peking office gave some assistance in the preparation of the plans.

**London Mission Hospital, Siaochang.** Though a grant for the support of a nurse at this hospital was made to the London Mission in 1916, no suitable person has been found as yet. The mission has planned to have two doctors at Siaochang, but has not been able to maintain this standard for some years. Siaochang is a small country town, at some distance from the railway, and there appears to be some uncertainty as to the prospects for developing the work there in the near future.

**London Mission Hospital, Tsangchow.** In 1918 a grant was made to this hospital for the support of a nurse. Here too the mission ordinarily has two doctors, and the full staff will soon be on the field. Miss Christiansen, who was formerly with the Peking Union Medical College, has been designated as the nurse. A grant of \$600 Mex., was made in the spring of 1919 from the resident director's emergency fund, for the equipment of a bathroom and other service rooms in connection with one women's ward and for the purchase of bedding and clothing for this unit, \$200 being raised for the same purpose

from other quarters. Tsangchow is a small walled city, situated on the Tientsin-Pukou Railway, within eight hours' journey by rail from Peking.

#### SHANGHAI DISTRICT

Since nearly all missionaries bound for stations in this region land in Shanghai, and most of them go there frequently on business, it will be easy to keep in close touch with the doctors of these hospitals. In general, the plan has been to aid first those hospitals in the immediate vicinity, which could be reached within a day's journey, but for special reasons grants have been made also to a few more remote institutions.

As has been pointed out above, this region has in the past been much more progressive than North China, and partly for this reason there has been a less striking change in the condition of the hospitals during the past four years.

**Shanghai.** In Shanghai itself practically nothing has been done except to maintain the Red Cross General Hospital for two years, to which reference has been already made. The aid given to the St. John's University Medical School through the support of one member of the staff has, to a certain extent, helped St. Luke's Hospital, of the American Episcopal Mission, by lightening the burden of teaching for the clinical members of the staff. More substantial assistance has been rendered to this institution during the past few years by the Christian Association of the University of Pennsylvania, which has contributed the services of Dr. J. C. McCracken as a member of the clinical staff. A considerable improvement has taken place in the equipment and conduct of the hospital. Plans are now being made for a new hospital building to cost several hundred thousand dollars and for a large increase in staff.

**Southern Presbyterian Hospital, Soochow.** A grant was made in 1915 for a doctor and a nurse for this hospital, where there were formerly two foreign doctors, both of whom have since retired. The doctor sent out under our grant practically replaced one of these two, so that there has been no real strengthening of the staff. While there has been one gain, through a decision of the mission to cease admitting students to an inferior training school for doctors, which has been maintained in connection with the hospital, it has not been possible to make much positive progress. This hospital receives both men and women patients.

**Southern Methodist Hospital, Soochow.** Until the end of 1919 the only grants made to this hospital were for the support of a second nurse and for a residence. Both of these grants have been used to the best advantage, much new equipment has been bought with hospital earnings, which in 1918 came to nearly \$24,000 Mex.,

and in addition plans have been completed for a new general hospital that bids fair to be a model of what a mission hospital should be. There is no reason why there should not be many more such, if the missions in general adopt the policy of the Southern Methodist Board, which has apparently decided to concentrate its medical work in a few places and to make it of the highest practicable standard. The mission has undertaken to raise \$142,000 Mex. for this project and to add to the staff two doctors and two nurses, and the China Medical Board has agreed, if the mission makes good its share, to contribute \$50,000 Mex. for the building and in addition to support one doctor and two nurses. There are few hospitals in China where cases, both medical and surgical, receive such careful study and such effective treatment. The staff consists of two foreign doctors and one well-trained Chinese, besides two nurses, one of whom has been absent on Red Cross service in Siberia. The fine teamwork of the staff is a gratifying feature of the organization and one which is unfortunately not so nearly universal as it might be in the mission field. Soochow is such an important point, and the local community is likely to contribute such a large share of the funds needed for maintenance, that it is very much to be hoped that the proposed development of the staff and physical plant may take place soon. Being within two hours' railway journey from Shanghai, it will be possible to maintain between this hospital and the medical school a very intimate relationship which should prove mutually beneficial.

**Nanking University Hospital.** This hospital for men and women had been maintained since the closing of the medical school of Nanking University, by the co-operation of the Northern and Southern Presbyterian, Northern Methodist, and Christian Missions. The China Medical Board has contributed \$25,000 gold towards a new dispensary building and \$9,250 annually, for maintenance, the missions providing \$25,000 gold additional for the building and \$11,750 per annum for maintenance. A very satisfactory building has been erected, with quarters on the second floor for the resident staff. A good X-ray apparatus is being added to the equipment. Until lately the staff has not been well kept up, owing to the difficulty of securing doctors and nurses during the war, but new recruits have lately come out, and it is hoped that the most difficult time is over. With the comparatively large foreign staff of four doctors, a dentist, four nurses, a laboratory technician, and a secretary, who have now been secured or will shortly arrive, this hospital should be able to give excellent practical experience to young Chinese doctors, as the professional standards of those in charge are high.

**Christian Mission Hospital, Nantungchow.** Grants were made to this hospital for a second doctor and for a nurse, besides \$3,000 towards the doctor's residence. A very promising physician

was under appointment for this hospital, but he joined the United States Army during the war and was killed in action. A nurse has been secured, who has finished her year of language study. Considerable improvement has been made in the equipment, at a cost of \$4,000 Mex. A Chinese assistant is now in charge of the work during the furlough of the foreign physician. The hospital has wards for both men and women. While the city is not large, it possesses special interest on account of the energy and ability of one of its citizens, who has developed there a unique industrial and educational center, and has become, perhaps, the most influential man in the lower Yangtze valley.

**Southern Baptist Hospital, Yangchow.** Yangchow, on the Grand Canal, is also very accessible from Shanghai, as it can be reached in less than a day's journey by train and boat. Under Dr. Adrian S. Taylor, who is now professor of surgery at the Peking Union Medical College, and later under his brother, Dr. R. V. Taylor, Jr., a great deal of good surgical work for both men and women, has been done at this hospital. In the past, the mission had planned to have two doctors and one nurse at this station, though as a matter of fact the two doctors have been there together for only short periods. In 1916 a grant was made by the China Medical Board for the support of one additional nurse at Yangchow, and it was later arranged that a physician who had been sent out for Chengchow, Honan, should be sent to Yangchow instead. The hospital has since lost the services of both of these new recruits, the doctor having been accidentally drowned while crossing the Yangtze River and the nurse having married. The nurse formerly supported by the mission has since left active hospital work, so there is now no provision for competent nursing supervision. A second doctor, a Johns Hopkins graduate, who is supported by a church in the United States, came out in the fall of 1919. A third doctor, a young woman who spent her childhood in China and retains some command of the Chinese language, is to be added next year at the expense of the mission board, and search is being made for nurses. The buildings of this hospital were all of light construction, and some were no longer serviceable. There was, therefore, urgent need of a new plant. Accordingly, in 1918, an appropriation of \$45,000 Mex., for newbuilding s and equipment was made by the China Medical Board on condition that the mission should provide \$15,000 for the same purpose. This condition was met, and the buildings are now under construction, with the prospect that they will be finished in the spring of 1920. The architectural staff of the China Medical Board gave considerable help in the preparation of the plans, and the buildings, though constructed at a very modest cost, seem likely to prove highly useful. Approximately \$66,000 Mex., is being spent, in addition to the use of old materials valued at some \$7,000, local contributions and earnings having

been used to make up the difference. If suitable nurses can be obtained, the outlook for this institution is very promising. Among the urgent needs are a nurses' home, for which land has been already secured, and a matron to relieve the nurses of the burden of the hospital housekeeping.

**American Baptist Hospital, Ningpo.** A grant was made in 1916 for an additional doctor and a second nurse, and after some delay both of these have been secured. This hospital has a very active service, but there has been little opportunity for change in the work during the period under review, except in the beginning of the training of nurses. There is a movement on foot for combining this institution with that of the Church Missionary Society and building a new hospital. The Church Missionary Society, which formerly had two doctors at Ningpo, now has none, one of them having been killed in the war and the other having decided to remain in England after leaving the army. Its hospital is now being cared for by a private practitioner from the foreign settlement. Ningpo is sufficiently important and accessible to justify the establishment of a good hospital there. It can be reached in a night's journey by steamer from Shanghai. Generous support could be undoubtedly obtained from the Chinese friends of the hospital, as the community is well-to-do.

**American Baptist Hospital, Shaohsing.** In 1916 a grant was made for an additional foreign doctor, a foreign nurse, and a Chinese business manager, and \$8,512.50 gold was given for the doctor's residence and for other improvements in buildings and equipment, including X-ray, operating room, and laboratory equipment, to which was added \$1,050 in 1918 to meet the increased cost of some of the articles required. The new nurse has been secured, but the doctor has not yet come out. A very attractive house has been built for the Chinese doctor, and a well-appointed laboratory has been fitted up. Both of the doctors at this hospital are much interested in scientific work, and they have made a special study of the numerous parasites of their region. While less than forty patients can at present be accommodated, they are evidently well cared for, and the buildings are kept in the best of order. Some new construction is planned, particularly to relieve the hospital building of the housing of the nurses and to improve, without unduly increasing the number of beds, the facilities for the care of patients.

**Southern Presbyterian Hospital, Kashin.** The only grant to this hospital has been that of \$2,552.77 gold for the purchase of an X-ray outfit. The apparatus has been received and has evidently been put to good use. This is a large hospital for both men and women, occupying a number of scattered and not very conveniently arranged buildings, which, with the exception of one women's

block, are of light construction. A new hospital is badly needed. The staff has suffered serious losses, first through the transfer of one of the physicians to the Nanking University Hospital, and later when ill health compelled the senior physician to move to Kuling. There is now only one foreign doctor. Funds are available for the employment of another physician as soon as he can be found. The doctor is ably assisted by an American nurse and a secretary or business manager. Kashin is the most important station of the Southern Presbyterian Mission, and the medical work is likely to receive better support when conditions in the United States become more favorable for a canvass for personnel and money. The city is an influential one, strategically located, and can be reached by a journey of one and one-half hours from Shanghai.

**Huchow Union Hospital.** Huchow is accessible by canal from Soochow and Hangchow and can be reached in less than a day from Shanghai. The Southern Methodist and Northern Baptist Missions have organized a union hospital for men and women, which is at present housed in temporary quarters entirely unsuited to hospital uses. Each mission has had one doctor on the staff. In 1916 the China Medical Board granted \$20,000 gold for a new hospital, on condition that the missions should supply \$28,000, and also contributed three-fourths of the cost of supporting for five years one foreign doctor, one foreign nurse, and a Chinese doctor. The doctors and nurse have been secured, but meanwhile the nurse previously supported by one of the missions has retired. No work has yet been done on the new buildings, owing to the unfavorable exchange, the difficulty experienced in securing a suitable site, and the prolonged absence of the senior physician, Dr. F. P. Manget, who was on Red Cross service in Siberia and for a time was in charge of the medical work of the Siberian Commission. Recently, however, the leading citizens of Huchow have provided, as their contribution to the enterprise, a fine site of about four acres, very conveniently located. During the year 1917-1918 the receipts of the hospital increased 50 per cent.

**American Presbyterian Hospital, Hwalyuan.** In 1916 the China Medical Board made an appropriation for the support of one doctor and one nurse at this hospital, where there had previously been two foreign doctors, one of whom was a woman, and one nurse. The sum of \$750 gold per annum was also pledged for general maintenance expenses, and provision was made for a doctor's residence and some small additions to the hospital equipment. With other funds, a women's hospital and a physician's residence have been built, at a cost of \$17,000 gold and \$5,590 Mex., and an endowment of \$50,000 gold has been secured for this department. About \$5,000 Mex. has also been received for a new dispensary. This hospital has been widely known for the high professional standards maintained.

In recognition of the services of the physician in charge, Dr. Samuel Cochran, during the plague epidemic of 1918, grants of \$1,000 Mex. from the Ministry of the Interior and of \$400 from the Tientsin-Pukou Railway were made to the institution. Later a gift of \$1,000 Mex. was received from the military governor of the province. A third doctor has been secured for this hospital, but Doctor Cochran has been obliged to return to the United States on account of his health, and when he returns he is likely to join the faculty of the Shantung Christian University Medical School, so the staff is still incomplete. This hospital can also be reached in a day's journey by train and launch from Shanghai. While the city of Hwaiyuan is comparatively small and unimportant, it is within easy reach of Pengpu, on the Tientsin-Pukou Railway, which is the present seat of the military government of Anhwei Province and is a place of growing commercial importance.

**American Methodist Hospital, Wuhu.** In 1916 the Board made a grant for the support of a second physician at this hospital, the Methodist Board having decided for the time being to concentrate at that city its efforts for the development of medical work in the lower Yangtze valley. This doctor has now been on the field nearly four years, and the mission has recently added a third. Four nurses have been on the staff at different times, but for various causes their services have been lost to the institution, and two others recently appointed are now studying the language at Nanking. In the spring of 1919 a comprehensive plan for the development of this hospital was adopted by the Methodist Board, and the China Medical Board agreed to co-operate to the extent of bearing one-half the cost of the capital investment, which came to a total of \$80,000 gold, and for five years one-half of the additions to the maintenance expenses, the total increase in the annual budget being nominally \$15,000 gold, but actually \$30,000 Mex. The present buildings are old and most unsatisfactory. Plans are now being prepared for the new hospital which is to be built, and construction will probably begin in 1920. In the past an unusual amount of important surgical work has been done at this hospital, and a good deal of study has been given to local parasitic infections. Wuhu is an open port, and can be reached from Shanghai in a day's journey by train and steamer.

**American Episcopal Hospital, Anking.** In 1918 an appropriation of \$17,625, conditioned upon the securing of \$5,875 from other sources, was made to this hospital, for nurses' quarters, central heating, plumbing, and other improvements, and in 1919 a grant of \$6,000 Mex. was made for a doctor's residence. Before these larger grants became available, \$150 for laboratory equipment was given from the resident director's emergency fund. Provision was also made for a third foreign doctor, who has not yet been secured, for a secretary, who is already at work, and for an allowance of \$2,000 per

annum for current expenses. There are now on the staff two foreign doctors and four foreign nurses, but one of the doctors has been obliged to leave temporarily to take charge of the hospital of the same mission at Wuchang. For two years there was also on the staff a Chinese doctor who had held one of our fellowships in the United States. This is a large, active hospital, with high standards in all departments of its work. In nursing it is undoubtedly one of the best mission hospitals in China, and its nurses' training school has already turned out some very useful workers. There was some delay on the part of the mission board in securing its share of the funds for building improvements, and consequently it has only recently become possible to begin work on the plans. The hospital has won the recognition of the community to such an extent that it now receives a subsidy of \$300 Mex., per month from the provincial government, of which \$200 comes from the civil authorities and \$100 from the military.

**Christian Mission Hospital, Luchowfu (Hofelhsien).** This hospital is at present somewhat difficult of access, as it is in the interior of Anhwei province, away from the Yangtze river, and not on any existing railway. It is, however, a very influential city, being the home of some of the most powerful men now in official life in China. A British corporation has been given a contract for the construction of a railway which will bring the city within a day's journey from Shanghai. The Foreign Christian Missionary Society has its strongest station here, and it has determined to make a special effort to establish the hospital on a proper basis, making, at present, its main independent medical work here and at Nantung-chow. For most of the time it has had only one foreign doctor on the staff at Luchowfu and no foreign nurse, but even under this disadvantage a large and important work had been developed, and a fairly substantial, though poorly equipped, building had been constructed. In 1915 a grant was made for the support of an additional doctor and a nurse, and later, pending the arrival of the foreign doctor, grants amounting in all to \$896 were made for the salary of a Chinese physician. The doctor and the nurse were secured after some delay, and the doctor is already at work, but the nurse, after her year of language study, has joined the Nanking University Hospital.

In order that additions and improvements in buildings and equipment might be made to put the hospital in good condition for these new workers, fresh from the best hospitals at home, the China Medical Board made in 1918 grants amounting to \$25,500 Mex., towards a total of \$34,000, and contributed further towards the support of a second nurse and a secretary. An allowance of \$4,500 Mex., annually for five years was provided for increased maintenance expenses, to which the mission added \$1,500. The second nurse

and the secretary have not been secured, but an efficient Chinese doctor, who graduated in the United States, has been added to the staff. Meanwhile the physician in charge when the appropriations were made has resigned, and his successor has not yet been secured. The improvements in buildings are now under way, the mission having set aside one of its other workers to plan and supervise these operations.

**American Methodist Women's Hospital, Kiukiang.** Early in 1919 a grant was made to this hospital for the support of Miss Lillian Wu, a nurse who graduated at the Johns Hopkins Training School while holding a scholarship from the China Medical Board. Miss Wu has already entered upon her duties at Kiukiang, and the hospital has been further strengthened by the arrival of Dr. Phebe Stone, a graduate of the Johns Hopkins Medical School, who has served an internship at the Memorial Hospital, in Worcester. The senior physician, Dr. Mary Stone, is at present in the United States, having been obliged to give up her work for a time on account of ill health. This institution has done very fine work in the past and should become still more useful in the future. An American physician of the same mission, Dr. E. C. Perkins, has started a small work for men in Kiukiang, at a considerable distance from the women's hospital, and during the absence of Dr. Mary Stone he has had certain responsibilities for the women's hospital also. It would probably be an advantage if the men's and women's hospitals could be brought together, in case further development is to take place. This would make possible great economies in buildings and equipment, and should result in increased efficiency in the professional work through the opportunity which would be afforded for greater specialization and for more frequent consultation between the doctors.

#### MORE REMOTE HOSPITALS

**American Presbyterian Hospital, Changteh, Hunan.** In 1916 grants were made for the support of an additional nurse and a business manager, the foreign staff previously having consisted of two doctors and one nurse. For improvements in buildings and equipment, \$13,050 gold was given towards a total of \$17,400. In 1918 a grant of \$2,250 gold per annum for five years was pledged towards a total of \$3,000 for increase in the allowance for maintenance. In addition, the Chinese Red Cross Society has lately been contributing \$1,200 Mex., per annum for current expenses. The nurse and the business manager both arrived in 1917 and are now at work in the hospital. Of the grant for improvements in the hospital only about \$5,000 Mex., had been spent up to the end of 1918. The plans for extending the hospital and building a residence were delayed by the high prices of materials and the excessive demands

of the owners of the required land. A considerably larger sum will be needed to effect the improvements that now seem necessary, and it is hoped that a great part at least can be secured through the Inter-Church World Movement. This hospital suffered an irreparable loss in December, 1919, through the death of Dr. O. T. Logan, who was shot by an insane patient only a few months after his return from Red Cross service in Siberia. Dr. Logan was one of the best known missionary physicians in China and one of the most progressive. With the help of Mrs. Logan, who is a trained nurse, he had built up a great work in Changteh and had won the respect of all who knew him.

**Church of Scotland Mission Hospital, Ichang.** In 1916 a grant was made to the Church of Scotland Foreign Mission Committee, for the support of an additional doctor and a nurse, and \$375 was given towards a total of \$500 gold for additional laboratory and operating room equipment. The staff hitherto has consisted of two doctors and one nurse. The war has until lately prevented securing either the personnel or the equipment desired. Ichang is at the head of navigation for ordinary river steamers on the Yangtze river and is an important trans-shipping point. The journey from Shanghai to Ichang now takes nearly a week under the best conditions. A railway has been planned to run from Hankow to Ichang and from there into Szechwan, but financial conditions have made it necessary to suspend the work of construction. This is the only place in China where the Church of Scotland maintains medical work, and it should, therefore, be able to count on large support from its constituency at home.

**Reformed Church in America (Dutch) Hospital, Amoy.** In 1917 a plan of reorganization was adopted for this hospital, which seemed likely to result in the development of a high-grade work there, and in the following year grants were made by the China Medical Board for the support of a third physician and of \$2,025 towards a total of \$3,000 gold for a mechanical plant. At last reports, payment under these appropriations had not been called for. Meanwhile one of the physicians left to join the staff of St. Luke's Hospital, Shanghai. With this weakening of the staff, the prospects for further development have become somewhat doubtful. The journey from Shanghai to Amoy takes from three to four days by steamer, the only means of communication likely to be available in the near future.

**Canton Hospital.** This is an undenominational institution supported by voluntary subscriptions through the Canton Medical Missionary Union. In 1916 the China Medical Board made to it a grant of \$4,500 per annum for five years for the support of a busi-

ness manager and for general maintenance expenses. The Canton Hospital is the oldest and one of the largest hospitals in China, with a budget for 1919 of \$67,800 silver, not including the salaries of four medical missionaries on its full-time staff. In 1919 there were six foreign doctors on the regular staff, of whom two were on furlough. In addition, two private practitioners of Canton have given great help as visiting surgeon and ophthalmologist. For a part of the time the hospital has been without the services of a foreign nurse. There is urgent need of new buildings and new equipment, as well as for a larger annual income, if really modern work of a high standard is to be done and if the generous support of the Chinese community, which is essential to its successful maintenance, is to be won. The question is complicated by a prospective alliance between the Canton Hospital and the Kung Yee Medical School, in accordance with which the medical staff of the Canton Hospital will become teachers in the Kung Yee Medical School. This combination may result in some serious difficulties, but it is stated that only by some such provision for teaching can the institution retain the support of some of the missions which are supporting members of the staff. Whatever individual opinions may be on this subject, it is certainly very desirable that there should be at least one thoroughly modern hospital to represent western medicine in such an important center as Canton.

**American Presbyterian Hospital, Kacheck, Hainan.** The island of Hainan is one of the outlying and relatively isolated fields of mission work in China. A recently arrived physician at Kacheck wished to make a practical demonstration, on a small scale, of the advantages of improved hospital practice, with a view to the general introduction of features which had been previously considered financially impracticable. Accordingly a grant of \$1,000 gold was made to him from the resident director's emergency fund, for the equipment of a small, improved ward, where the patients might be cared for in a cleanly and orderly manner, on condition that he should raise elsewhere an equal amount for the same purpose. With this money a six-bed ward is being fitted up with iron beds and a complete outfit of bedding and clothing, a small clinical laboratory is being equipped, some additional surgical instruments have been bought, and an additional helper is being employed for one year. As the money was not given until the spring of 1919, it is still too early to report results.

#### RESULTS OF AID TO MISSION HOSPITALS

From the foregoing survey it will be seen that the aid given by the China Medical Board has, in some cases, enabled mission hospitals to secure far more generous support both from their own societies and

from the communities in which they are working. Though hitherto most of the grants to mission boards have been in the proportion of three-fourths of the total amount required for the proposed additions to plant or maintenance expenses, the remaining fourth, which the mission provided, has in many cases been much more than its previous grants for similar purposes. In the past year a very encouraging beginning has been made with projects for improvements toward which the mission board contributed half or more than half of the total amount required. The conditional grants have, therefore, fully justified themselves.

The growing appreciation of the real cost of maintaining a creditable medical work has led a few missions to adopt a policy of concentration, in order that in the few places selected a higher standard might be maintained. It would appear also that the professional qualifications of candidates for appointment are being more carefully scrutinized, partly as a result of the inquiry conducted by the China Medical Board into the fitness of doctors towards whose support it is asked to contribute. There is, on the part of the doctors, a marked tendency towards specialization, though with personnel depleted during the war this could not go very far.

A striking testimonial to the success of medical missions is the number of hospitals which secure large subscriptions from their Chinese friends, and it is even more significant that in some cases the need for continued support is recognized by regular monthly or annual payments by government officials or private societies. In the plague epidemic of 1918 the Chinese Government utilized very largely the services of mission doctors and made substantial contributions in recognition of the help received. While gifts from Chinese to foreign medical work are no new thing, we are informed that the more attractive appearance and greater efficiency of certain institutions, due to help received from the China Medical Board, has made it easier to interest new benefactors and to secure larger support from former contributors, just as it has increased the interest of non-medical missionaries in what their medical colleagues are doing.

An attempt has been made to emphasize the importance of improving the nursing in hospitals in China, and distinct progress has been made in this direction, though the number of nurses is still far too small compared with the number of doctors. The difficulty of finding and retaining foreign nurses and women doctors has been made very clear. One board has not yet secured two nurses for whom appropriations were made four and one-half years ago, and the experience of other societies has been much the same. Marriage, ill health, and the claims of families at home constantly cause the withdrawal of women workers even before the expiration of their original agreements. Much time and effort is also required to find men who are willing to come out to China on a missionary basis, and

the number available seems to be small. It is, therefore, becoming evident that even the few existing hospitals in China cannot be adequately staffed unless large numbers of Chinese are trained to take positions of responsibility as well as to take the junior posts.

A successful effort has been made in many cases to place young Chinese doctors in hospitals where the conditions were most favorable for their professional development, even when the salaries were lower than those offered elsewhere. Contrary to the expectation of many missionaries, the influence of institutions supported by the China Medical Board has been in the direction of lower salaries for recent graduates. The salaries paid to internes at Peking are as low as those paid in any mission medical school hospital, and very much lower than those paid by some hospitals to men of no greater experience. The object of this policy has been to emphasize the educational feature of the hospital service and to make it seem an honorable privilege rather than a means of earning money. The improvements brought about by the help of grants from the China Medical Board have enabled some hospitals to make their internships more attractive from a professional point of view, and have thus made it less necessary to pay high salaries.

On the other hand, when these Chinese doctors have satisfactorily completed their period of apprenticeship, and when their qualifications are plainly equal to those of foreign doctors, they should be given due recognition, both in the matter of salary and in responsibility. Even the full missionary salary of the foreign doctor is much less than a good Chinese doctor can earn in private practice, and while his actual cost of living may be somewhat less, there are many claims upon him, as, for example, for the support of dependent relatives, from which most foreigners are exempt. Recognition of full equality of all who are equally qualified promotes *esprit de corps* and deepens the sense of responsibility of the Chinese workers, as has been amply demonstrated by the experience of several missionary organizations. Though the first cost is greater for institutions paying larger salaries to Chinese, it is precisely those organizations that have made the greatest progress in self-support; and in the case of Chinese workers the societies do not have to meet the expense of a period of language study or the traveling expenses of their families during furloughs, which means substantial economies.

### Fellowships and Scholarships

Pending the organization of the new medical school and nurses' training school in China, it seemed desirable to help a limited number of Chinese doctors and nurses to carry on special studies in the United States, with a view to their assuming larger responsibilities upon their return to China. During the past four and one-half years, fellowships have been given to twenty-five Chinese doctors, who

have been thus enabled to spend from one to three years in American medical schools and hospitals. Of this number, fourteen have returned to China, and all have found useful employment, in most cases doing work for which a foreign doctor would otherwise be required. Six are on the staff of the Peking Union Medical College, five are, or have until recently been, working at the Hunan-Yale Medical College, one is teaching at the Shantung Christian University Medical School, one is in mission hospital work, and one died after a year of fine service at Changsha. It is gratifying that there has been no tendency, on the part of these young doctors, to go into private practice, their chief interest being in institutional work, particularly teaching. It is largely due to the presence of some of these men that the hospitals at Peking and Changsha have been able to continue effective work during the difficult period of the war, when the foreign staff was so badly depleted. Most of the fellowship holders still remaining in the United States will return to China in 1920, and some of them will doubtless find attractive openings in one of the three medical schools in which the Board is interested, though there is no obligation upon them to do institutional work. One fellowship has been given to a chemist, who had done work of great promise in Boston and wished to remain for another year of study.

As the Peking Union Medical College is now offering ample facilities for study in certain departments, very few fellowships for study abroad are being given at present, and hereafter probably only those who have served some years in the best institutions in China and show special promise will be recommended for foreign study.

Eight scholarships were given to nurses, most of whom, though they had received certain training in China, found it advisable to take the complete training course in the United States. Two of these nurses resigned, one on account of ill health and the other on account of lack of adaptability for nursing. Two others have returned to China, one being employed at the Hunan-Yale Hospital and the other at the Methodist Women's Hospital at Kiukiang. Others will return in 1920. These scholarships not only provide for the new hospitals a few nurses who have a thorough training and an intimate knowledge of Chinese conditions, but they have also served to draw the attention of educated Chinese girls to the nursing profession as an attractive career with great opportunities for usefulness.

Three scholarships have been given to pharmacists, all of whom have returned to China. Two are at present working in the Hunan-Yale Hospital, and one is in charge of the pharmacy at the Shantung Christian University Hospital. The results of this expenditure have thus far been very gratifying.

A large number of fellowships and scholarships have also been given to missionary doctors and nurses on furlough in the United States, preference being given to those in teaching work and to those from hospitals with which the China Medical Board has been

co-operating. Aid has been given thus far to some sixty-four doctors, of whom ten have become members of the staff of the Peking Union Medical College and four are members of the faculty of Shantung Christian University. A few missionary nurses who have received similar aid used it in attending the courses for nurses at Teachers College, Columbia University.

The doctors and nurses who have held these fellowships and scholarships state that they have found great benefit in the periods of study thus made possible. This expenditure has no doubt contributed something of real value to the progress of medical missionary work in China, though it is not easy to measure the results. It will be desirable to continue some form of aid to medical missionaries while they are on furlough, since, after several years of service abroad, it is usually necessary for them to return to the United States for health or family reasons, and hitherto it has been almost impossible for them, with their small salaries, to pay the tuition fees and traveling expenses which are necessary for doctors taking postgraduate courses. Until the autumn of 1919, the Peking Union Medical College was not in a position to offer much to missionary physicians in the way of facilities for graduate study, but as the departments are organized one by one, this side of the work will be emphasized. If these opportunities are to be fully utilized, it will be necessary for the missions to adopt a liberal policy in the matter of periodical leaves of absence for their medical workers, but it is believed that the results will justify the apparent sacrifice.

### **Co-operation with the China Medical Missionary Association and with other National Organizations**

The officers of the Board have endeavored to co-operate in every way possible with the China Medical Missionary Association, the strongest medical organization in China, which includes in its associate membership a considerable number of doctors other than missionaries.

**Conference at Peking.** The association, which has not met for three years, is holding its next conference in February, 1920, at Peking, in the buildings of the Peking Union Medical College, and several members of the college staff have been giving much of their time during the past few months to making arrangements for the meeting. In addition to the general meetings, in which special attention will be given to the organization and administration of the mission hospitals, there will be sectional conferences each day in anatomy, medicine, general surgery, and eye, ear, nose, and throat. Dr. A. Hrdlicka, of Washington, who comes out under the auspices of the Smithsonian Institution, is to put before the conference a plan for co-operation in scientific anthropological studies in China;

a Japanese worker is coming to read a paper before the anatomical section; and a parasitologist from Manila is being invited to give a paper in the medical section. A grant of \$500 Mex., has been made from the emergency fund of the resident director towards the expenses of compiling the results of a very searching inquiry conducted by Dr. Harold Balme, of the English Baptist Mission and the Shantung Christian University, into the physical equipment, organization, and administration of mission hospitals, the results of which will be laid before the association. It is hoped that an unusually stimulating conference will result from these careful preparations.

**Translation and Terminology.** Grants amounting to \$10,500 gold have been made during the past three years to the publication committee of the China Medical Missionary Association for translating medical textbooks into Chinese. The total budget during the past year, including the salaries of missionary translators, has been \$13,500 Mex. Among the nine works issued during this period were volumes II to V of Osler and McCrae's Modern Medicine, and volumes II and III of Rose and Carless's Manual of Surgery. Five other translations were in progress. An American publisher's agent states that the publication of these texts, which are gaining a very considerable circulation, results in a marked increase in the demand for the originals.

Appropriations amounting to \$2,200 gold have been made also to the Nurses' Association of China for the translation of nursing textbooks, which have been used to good advantage.

Friendly relations have been maintained with the National Medical Association of China, which is made up exclusively of Chinese physicians, the leaders of whom have studied in Great Britain and the United States. This association usually holds its meetings at the same time and in the same city with the China Medical Missionary Association, and many of the sessions are combined.

Besides its relations with the medical associations, the Peking office has kept in close touch with other organizations seeking to co-ordinate missionary effort, particularly the China Continuation Committee and the China Christian Educational Association, the officers of which have been very helpful in many ways.

Reference has been already made to the cordial attitude of the Chinese Government towards the Peking Union Medical College. The same friendly feeling has characterized all the Chinese authorities and public bodies with which we have had to deal. While we have not hitherto been in such close touch with the strictly Chinese educational and professional associations as with those under missionary auspices, the officers of the Board and of the Peking Union Medical College have had an opportunity to establish friendly rela-

tions with many Chinese leaders in medical and general educational work at the capital and elsewhere, and as time goes on these relationships should become more intimate and of greater value.

In closing this review, acknowledgment should be made of the uniform courtesy and friendly interest of the American and British Legations, in all matters in which their advice or assistance has been sought.



**THE ROCKEFELLER FOUNDATION**

**Report of the Treasurer**



New York, February 3, 1920

To the President of the Rockefeller Foundation:

Sir:

I have the honor to submit herewith my report of the financial operations of The Rockefeller Foundation and its subsidiary organizations for the period January 1, 1919, to December 31, 1919.

Respectfully yours,  
L. G. MYERS,  
Treasurer.



## TREASURER'S REPORT

Income from principal funds and from funds temporarily invested, exclusive of income from special funds, amounted to \$7,090,983.36. The balance of income from the previous year, after adding sundry refunds, was \$5,212,643.47. A total of \$12,303,626.83 was thus available for disbursement, of which the sum of \$7,760,355.21 was disbursed, leaving a balance of \$4,543,271.62.

Of this balance \$3,278,855.64 is applicable to appropriations made in 1919 and prior years, and \$1,264,415.98 is available for appropriation or for disbursement on account of appropriations payable in 1920.

The pledges which become effective in 1920 amount to \$6,085,552.20, while appropriations which become effective in 1921 and subsequent years amount to \$3,112,612.38.

On December 18, 1919, Mr. Rockefeller gave to the Foundation the securities listed in Exhibit P. The Executive Committee voted that this gift should be merged as to principal, investments and income with the other general funds of the Foundation, at a valuation of \$50,438,768.50.

Principal funds, including reserve fund, increased during the year from \$122,293,425.32 to \$174,186,828.46, a difference of \$51,893,403.14, as follows:

Mr. Rockefeller's gift of December 18, 1919.....	\$50,438,768.50
Gains on securities sold and re- deemed.....	1,454,634.64

Income disbursed for land, buildings and equipment increased during the year (after deducting refunds and depreciation) from \$2,513,672.54 to \$4,994,465.84, a difference of \$2,480,793.30. This sum is included in the statement of payments on account of appropriations, and is shown in detail in Exhibit O.

The financial condition and operations are set forth in the appended exhibits listed below:

Balance Sheet.....	Exhibit A
Statements of Receipts and Disbursements of Income.....	Exhibit B
Foundation appropriations:	
War Work.....	Exhibit C
After Care of Infantile Paralysis Cases	Exhibit D
Mental Hygiene.....	Exhibit E
Research in Physics and Chemistry..	Exhibit F
Rockefeller Institute and Medical Education.....	Exhibit G
School of Hygiene and Public Health	Exhibit H
Miscellaneous.....	Exhibit I
International Health Board Appropriations.....	Exhibit J
China Medical Board Appropriations	Exhibit K
Summary of Appropriations and Payments.....	Exhibit L
Statement of Appropriations and Payments of Special Funds.....	Exhibit M
Statements of Principal Funds.....	Exhibit N
Land, Buildings and Equipment Funds	Exhibit O

Transactions Relating to Invested

Funds..... Exhibit P

Schedule of Securities in General Funds Exhibit Q

Schedule of Securities in Special Funds Exhibit R

## EXHIBIT A

## BALANCE SHEET, DECEMBER 31, 1919

## ASSETS

## I. INVESTMENTS

General Schedule (Exhibit Q)...	\$175,614,535.40
Less amount of income in- vestments (see below).....	<u>1,544,506.94</u>
	\$174,070,028.46
Special Funds (Exhibit R)....	116,800.00
	<u><u>\$174,186,828.46</u></u>

II. LAND, BUILDINGS AND EQUIP-  
MENT (Exhibit O).....

\$4,994,465.84

## III. INCOME ACCOUNTS

Income invested temporarily (Exhibit Q).....	\$1,544,506.94
Funds in the hands of agents, to be accounted for, and sun- dry accounts receivable.....	<u>\$1,451,662.64</u>
Less accounts payable.....	<u>13,124.35</u>
Moneys loaned.....	1,438,538.29
Cash on deposit.....	1,425,000.00 187,093.02
	<u><u>\$4,595,138.25</u></u>

GRAND TOTAL.....:

\$183,776,432.55

## EXHIBIT A

## BALANCE SHEET, DECEMBER 31, 1919

## FUNDS AND OBLIGATIONS

## I. FUNDS

General Fund (Exhibit N)....	\$171,204,624.50
Estate Laura S. Rockefeller Fund (Exhibit N).....	152,733.00
Reserve Fund (Exhibit N)....	<u>2,712,670.96</u>
	\$174,070,028.46
Special Funds (Exhibit N)....	
Gift of John D. Rockefeller..	\$37,000.00
Gift of Laura S. Rockefeller..	49,300.00
Henry Sturgis Grew Mem- orial Fund.....	25,000.00
Arthur Theodore Lyman En- dowment .....	<u>5,500.00</u>
	116,800.00
	<u>\$174,186,828.46</u>

## II. LAND, BUILDINGS AND EQUIPMENT FUND

Appropriations from income (Exhibit O).....	<u>\$4,994,465.84</u>
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## III. INCOME ACCOUNTS

Estate of Laura S. Rockefeller Fund Income (Exhibit B)...	\$49,763.70
Henry Sturgis Grew Memorial Fund Income (Exhibit B)...	1,885.70
Arthur Theodore Lyman En- dowment Income (Exhibit B)	217.23
Balance payable on appropria- tions (Exhibit L).....	<u>\$3,278,855.64</u>
*Unappropriated Income.....	<u>1,264,415.98</u>
	4,543,271.62
	<u>\$4,595,138.25</u>
GRAND TOTAL.....	<u>\$183,776,432.55</u>

\*It should be noted that these figures do not take into account appropriations and pledges payable in 1920 amounting to \$6,085,552.20. If allowance be made for this sum, it follows that appropriations will exceed funds in hand by \$4,821,-136.22. Nor are additional appropriations and pledges amounting to \$3,112,-612.38, which become effective in 1921 and subsequent years, included in the balance sheet. Both of these liabilities are, for the purposes of this report, considered as charges against the income for the years in which they become payable.

## EXHIBIT B

STATEMENT OF RECEIPTS AND DISBURSEMENTS OF INCOME  
GENERAL FUNDS

## RECEIPTS

Balance, December 31, 1918.....	\$5,189,673.20
Refunds of payments made in prior years:	
China Medical Board.....	\$453.65
Foundation.....	22,516.62
	—————
	22,970.27
Income from principal funds and funds temporarily invested .....	\$5,212,643.47
	7,090,983.36
Total amount available.....	\$12,303,626.83

## DISBURSEMENTS

INTERNATIONAL HEALTH BOARD  
(Exhibit G):

Hookworm, malaria and yellow fever work.....	\$625,103.09
Tuberculosis work in France.....	442,281.42
Medical education.....	22,874.76
Miscellaneous.....	69,276.37
Administration.....	78,306.67
	—————
	\$1,237,842.31

## CHINA MEDICAL BOARD (Exhibit K):

Medical education:	
Peking Union Medical College:	
Land and buildings.....	\$2,453,457.57
Operation.....	355,166.16
Shanghai Medical School:	
Land and buildings.....	23,651.61
Operation.....	2,365.56
Red Cross Hospital:	
Operation.....	3,727.93
	—————
	\$2,838,368.83
Unaffiliated medical schools.....	69,700.00
Pre-medical education.....	23,900.00
Hospitals of missionary societies.	127,623.85
Translation of medical and nursing text-books .....	5,500.00
Carried Forward.....	\$3,065,092.68
	—————
	\$1,237,842.31
	—————
	\$12,303,626.83

## TREASURER'S REPORT

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EXHIBIT B—*Continued*STATEMENT OF RECEIPTS AND DISBURSEMENTS OF INCOME  
GENERAL FUNDSDISBURSEMENTS (*Continued*)

Brought Forward.....	\$3,065,092.68	\$1,237,842.31	\$12,303,626.83
Fellowships and scholarships.....	\$39,568.88		
Miscellaneous.....	1,642.25		
Administration.....	<u>65,550.13</u>		
		\$3,171,853.94	

## WAR WORK (Exhibit L):

Well-being of soldiers, sailors and prisoners-of-war.....	\$2,625,866.47
Medical work.....	95,980.95
Humanitarian work.....	<u>51,000.00</u>
	2,772,847.42

## AFTER CARE OF INFANTILE PARALYSIS CASES (Exhibit D).....

6,542.75

## MENTAL HYGIENE (Exhibit E).....

33,353.48

## RESEARCH IN PHYSICS AND CHEMISTRY (Exhibit F).....

13,697.55

## ROCKEFELLER INSTITUTE AND MEDICAL EDUCATION (Exhibit G).....

76,693.39

## SCHOOL OF HYGIENE AND PUBLIC HEALTH (Exhibit H).....

165,595.11

## MISCELLANEOUS (Exhibit I).....

136,874.01

## ADMINISTRATION (Exhibit J).....

145,055.25

Total expenditures.....	\$7,760,355.21
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## BALANCE:

Securities (Exhibit Q).....\$1,544,506.94

Cash on deposit.....135,226.39

Moneys loaned.....1,425,000.00

Funds in the hands of agents, to be accounted for, and sundry accounts receivable.....1,451,662.64

	\$4,556,395.97
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Less accounts payable.....	<u>13,124.35</u>
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4,543,271.62

\$12,303,626.83	<u>\$12,303,626.83</u>
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## EXHIBIT B—(Continued)

STATEMENT OF RECEIPTS AND DISBURSEMENTS  
OF INCOME

## SPECIAL FUNDS

## LAURA S. ROCKEFELLER FUNDS INCOME

Income collected during the year.....	\$3,000.00
Amounts paid to the several societies designated by Mrs. Rockefeller (Exhibit M)....	<u><u>\$3,000.00</u></u>

## JOHN D. ROCKEFELLER FUND INCOME

Income collected during the year.....	\$1,850.00
Amounts paid to the several societies designated by Mr. Rockefeller (Exhibit M)....	<u><u>\$1,850.00</u></u>

## ESTATE LAURA S. ROCKEFELLER FUND INCOME

Balance, December 31, 1918.....	\$39,022.36
Income collected during the year.....	<u>10,741.34</u>
Balance accounted for in cash on deposit....	<u><u>\$49,763.70</u></u>

## HENRY STURGIS GREW MEMORIAL FUND

Balance, December 31, 1918.....	\$787.08
Income collected during the year.....	<u>1,098.62</u>
Accounted for in cash on deposit.....	<u><u>\$1,885.70</u></u>

## ARTHUR THEODORE LYMAN ENDOWMENT

Balance, December 31, 1918.....	\$65.41
Income collected during the year.....	<u>151.82</u>
Accounted for in cash on deposit.....	<u><u>\$217.23</u></u>

## EXHIBIT C

## 1919 FOUNDATION APPROPRIATIONS,

UNPAID BALANCES OF APPROPRIATIONS MADE IN PREVIOUS YEARS,  
AND PAYMENTS THEREON MADE IN 1919

## WAR WORK

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
WELL BEING OF SOLDIERS, SAILORS, AND PRISONERS-OF-WAR			
American Social Hygiene Association, (R.F. 2330) For demonstration of Social Hygiene program in War Camp Community—1918.....	\$25,000.00	.....	\$6,504.72
(R.F. 2331) For demonstration of Social Hygiene Program in War Camp Community—1919.....	.....	\$10,000.00	.....
(R.F. 2353) For Law Enforcement and Social Hygiene work.....	91,974.91	200,000.00	109,361.75
Teaching of Hygiene to United States Troops			
(R.F. 2346) For demonstration at Camp Meade.....	500.00	.....	.....
Training Camp Auxiliary Fund Com- mittee			
(R.F. 2306) For work during the period January 1 to June 30, 1918	11,106.95	.....	10,000.00
United War Work Fund			
(R.F. 2352) For work of seven co- operating agencies.....	.....	2,500,000.00	2,500,000.00

## MEDICAL WORK

National Committee for Mental Hygiene			o
(R.F. 2234) To provide buildings for a Naval Psychiatric Unit....	15,000.00	.....	.....
(R.F. 2370) For War and Recon- struction Work—1919.....	.....	20,000.00	18,916.13
National Research Council			
(R.F. 2319) For support of its Division of Medicine and Re- lated Sciences during the period March 1 to December 31, 1918..	36,143.18	.....	.....
(R.F. 2369) For special work of its Division of Medicine and Re- lated Sciences in connection with the War Emergency and Demob- ilization Period.....	.....	15,000.00	6,312.87

## EXHIBIT C—Continued

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MEDICAL WORK (Cont'd)</b>			
Rockefeller Institute for Medical Research			
(R.F. 2317) For the operation of its War Demonstration Hospital 1918.....	\$2,164.38	.....	\$2,164.38
(R.F. 2386) For the operation of its War Demonstration Hospital 1919.....	.....	\$55,000.00	40,333.51
(R.F. 2318) For War Research and Relief—1917.....	550.00	.....	.....
(R.F. 2327) For War Research and Relief—1918.....	4,619.15	.....	4,619.15
(R.F. 2343) For War Work—1918	15,570.87	.....	15,570.87
(R.F. 2388) For War Work—1919	.....	5,000.00	3,864.60
(R.F. 2230) For Additional Equipment for teaching Military and Naval surgeons.....	2,635.97	.....	.....
(R.F. 2394) For the preparation of serums at the Princeton Farm—1919.....	.....	10,000.00	4,199.44
<b>HUMANITARIAN WORK</b>			
American Red Cross			
(R.F. 2336) For the maintenance and care of Belgian Children in Switzerland during the period July 1, 1917 to December 31, 1918	52,803.67	.....	25,500.00
(R.F. 2368) For the maintenance and care of Belgian Children in Switzerland—1919.....	.....	51,000.00	25,500.00
War Relief Commission			
(R.F. 2216) Administration—1917	3,334.57	.....	.....
<i>Totals Carried Forward.</i> .....	<u>\$261,403.65</u>	<u>\$2,866,000.00</u>	<u>\$2,772,847.42</u>

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## EXHIBIT C—(Continued)

PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
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<i>Totals Brought Forward</i> .....	<b>\$261,403.65</b>	<b>\$2,866,000.00</b>	<b>\$2,772,847.42</b>
Unexpended balance of ap- propriations allowed to lapse—			

R.F. 2336 American Red Cross.....	\$27,303.67			
2353 American Social Hygiene Assn... 91,974.91				
2319 National Research Council..... 36,143.18				
2346 Teaching of Hy- giene to U. S. troops..... 500.00				
2306 Training Camp Auxiliary Fund Committee..... 1,106.95				
2234 National Com. for Mental Hygiene \$15,000.00				
2318 Rockefeller Inst. for Medical Re- search..... 550.00				
	<b>\$172,578.71</b>			
R.F. 2331 American Social Hygiene Assn.. \$10,000.00				
2353 American Social Hygiene Assn... 90,638.25				
	<b>\$100,638.25</b>			
<b>NET TOTALS</b> .....	<b><u>\$88,824.94</u></b>	<b><u>\$2,765,361.75</u></b>	<b><u>\$2,772,847.42</u></b>	

Refunds of amounts disbursed  
in previous years—

R.F. 2289 National Commit- tee for Mental Hygiene .....	\$2,308.54		
2307 American Social Hygiene Assn... 8,786.30			
2319 National Research Council..... 803.48			
2346 Teaching of Hy- giene to United States troops... 38.87			
2318 Rockefeller Insti- tute for Medical Research..... 1,871.17			
	<b><u>\$13,808.36</u></b>		

## EXHIBIT D

## AFTER CARE OF INFANTILE PARALYSIS CASES

	PRIOR APPROPRIA-TIONS	1919 APPROPRIA-TIONS	1919 PAYMENTS
After Care of Infantile Paralysis Cases (R.F. 2334, 2391) For administrative expenses.....	\$2,945.97	\$3,000.00	\$5,364.99
State Charities Aid Association (R.F. 2290) For work during the year 1918 in co-operation with the New York State Department of Health in providing for the after care of infantile paralysis cases....	4,060.86	.....	1,052.76
(R.F. 2315) For the conduct of clinics by Dr. Robert W. Lovett—1918...	2,000.00	.....	125.00
<b>TOTALS.....</b>	<b>\$9,006.83</b>	<b>\$3,000.00</b>	<b>\$6,542.75</b>
Unexpended balances of appropriations allowed to lapse			
R.F. 2334 Administrative Expenses.....	\$580.98		
2290 State Charities Aid Association.....	3,008.10		
2315 State Charities Aid Association.....	1,875.00	5,464.08	.....
<b>NET TOTALS.....</b>	<b>\$3,542.75</b>	<b>\$3,000.00</b>	<b>\$6,542.75</b>

EXHIBIT E  
MENTAL HYGIENE

	PRIOR APPROPRIA-TIONS	1919 APPROPRIA-TIONS	1919 PAYMENTS
National Committee for Mental Hygiene (R.F. 2259, 2309, 2360) For the work of the Committee in aiding State Commissions on provision for the mentally defective.....	\$20,250.00	\$25,000.00	\$13,315.51
(R.F. 2260, 2311, 2361) For studies in the psycho-pathology of crime.....	11,500.00	15,000.00	4,113.43

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## EXHIBIT E—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
(R.F. 2308, 2359) For carrying out its surveys of the care and treatment of mental diseases.....	\$9,000.00	\$15,000.00	\$4,137.76
(R.F. 2312, 2362) For the Committee's work in establishing uniform statistics on mental diseases.....	.....	4,000.00	2,786.78
(R.F. 2310) For the support of a Psychiatric Clinic at Sing Sing Prison—1918.....	2,500.00	.....	.....
(R.F. 2363, 2400) For administration expenses.....	.....	11,500.00	9,000.00
<b>TOTALS.....</b>	<b>\$43,250.00</b>	<b>\$70,500.00</b>	<b>\$33,353.48</b>

Unexpended balances of appropriations allowed to lapse

R.F. 2260 National Committee for Mental Hygiene	\$4,000.00
2311 National Committee for Mental Hygiene	7,500.00
2259 National Committee for Mental Hygiene	8,500.00
2308 National Committee for Mental Hygiene	9,000.00
2309 National Committee for Mental Hygiene	11,750.00
2310 National Committee for Mental Hygiene	2,500.00
	<b>43,250.00</b>
<b>NET TOTALS.....</b>	<b>\$.....</b>
	<b>\$70,500.00</b>
	<b>\$33,353.48</b>

Refunds of amounts disbursed in previous years

R.F. 2259 National Committee for Mental Hygiene	\$1,604.18
2308 National Committee for Mental Hygiene	6.15
2309 National Committee for Mental Hygiene	3,558.09
2310 National Committee for Mental Hygiene	397.75
2311 National Committee for Mental Hygiene	919.43
2312 National Committee for Mental Hygiene	455.02
	<b>\$6,940.62</b>

**EXHIBIT F**  
**RESEARCH IN PHYSICS AND CHEMISTRY**

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
National Research Council (R.F. 2395) For the main- tenance of a system of Na- tional Research Fellow- ships in physics and chem- istry.....	\$.....	\$50,000.00	\$9,680.75
(R.F. 2403) For expenses of the Division of Physical Sciences .....	.....	20,000.00	4,016.80
	\$.....	\$70,000.00	\$13,697.55

**EXHIBIT G**  
**ROCKEFELLER INSTITUTE AND MEDICAL EDUCATION**

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
Rockefeller Institute for Medi- cal Research (R.F. 2385) For additional compensation to em- ployees.....	\$32,000.00	.....	\$30,598.07
Adviser in Medical Education (R.F. 2389) For expenses of trip to South America.	.....	\$14,000.00	9,807.18
Oswaldo Cruz Institute (R.F. 2392, 2416) For trav- eling expenses of Dr. B. C. Crowell from Manila to New York on his trip to South America to take up his duties as Pathologist at the Oswaldo Cruz Insti- tute, Brazil .....	.....	894.33	894.33
University of Chicago (R.F. 2287, 2367) For in- terest on pledges of \$1,- 000,000 for the establish- ment of a Medical School.	2,020.58	50,000.00	35,393.81
<i>Totals Carried Forward.....</i>	<i>\$34,020.58</i>	<i>\$64,894.33</i>	<i>\$76,693.39</i>

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## EXHIBIT G—(Continued)

	PRIOR APPROPRIA- TIONS	1918 APPROPRIA- TIONS	1919 PAYMENTS
<i>Totals Brought Forward.....</i>	\$34,020.58	\$64,894.33	\$76,693.39
Unexpended balances of appro- priations allowed to lapse			
R.F. 2385 Rockefeller Insti- tute for Medical Research .....		\$1,401.93	
2389 Advisor in Medical Education .....	.....	\$4,192.82	.....
<b>NET TOTALS.....</b>	<b>\$32,618.65</b>	<b>\$60,701.51</b>	<b>\$76,693.39</b>

Refunds on amounts disbursed  
in previous years

R.F. 2245 Rockefeller Institute for Med- ical Re- search...	\$8.00
2350 Rockefeller Institute for Med- ical Re- search...	1,759.64
	<b><u>\$1,767.64</u></b>

EXHIBIT H  
SCHOOL OF HYGIENE AND PUBLIC HEALTH

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>Johns Hopkins University</b>			
(R.F. 2170) For the establishment and maintenance of a school of hygiene and public health.....	\$217,212.50	.....	\$8,588.49
(R.F. 2242, 2284, 2356) For operating expenses.....	53,006.28	\$162,130.00	132,057.40
(R.F. 2282, 2409) For furniture.....	503.77	12,740.00	.....
(R.F. 2281) For renovating physics laboratory.....	3,047.78	.....	3,047.78
(R.F. 2283) For additional apparatus for physics laboratory.....	23,357.00	.....	10,338.58
(R.F. 2410) For equipment—1919.....	.....	27,791.00	8,876.54
(R.F. 2408) For building alterations 1919.....	.....	19,575.00	607.09
<b>Scholarships or Stipends</b>			
(R.F. 2390) For special work by medical men at the School of Hygiene and Public Health, Johns Hopkins University.....	.....	10,000.00	2,079.23
<b>TOTALS</b> .....	\$297,127.33	\$232,236.00	\$165,595.11
Unexpended balances of appropriations allowed to lapse			
R.F. 2170 Johns Hopkins Univ... \$7,458.41			
2242 Johns Hopkins Univ... 7,531.10			
2282 Johns Hopkins Univ... 503.77			
2283 Johns Hopkins Univ... 10,846.82			
2284 Johns Hopkins Univ... 10,795.98	37,136.08	.....	.....
<b>NET TOTALS</b> .....	<u>\$259,991.25</u>	<u>\$232,236.00</u>	<u>\$165,595.11</u>

**EXHIBIT I**  
**MISCELLANEOUS**

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
American Academy in Rome (R.F. 215) For general purposes, \$10,000 per year for ten years beginning with 1914. (Installment due 1919).....	.....	\$10,000.00	\$10,000.00
Bureau of Municipal Research (R.F. 265) For constructive studies in the government of the State of New York. \$10,000 per year for five years beginning with 1915. (Installment due 1919).....	.....	10,000.00	10,000.00
(R.F. 2102) For its New York City work. \$15,000 per year for four years beginning with 1916. (Installment due 1919).....	.....	15,000.00	15,000.00
Committee of Reference and Counsel of the Annual Foreign Mission Conference of North America (R.F. 228) For carrying out its program of co-operation and co-ordination in foreign missionary work of the principal American Mission Boards. Total pledge of \$425,000 extending over a period of ten years beginning with 1914. (Installment due 1919).....	.....	45,000.00	45,000.00
Committee for Study of Public Health Nursing (R.F. 2407) For a study in the proper training of public health nurses.....	.....	20,000.00	4,064.47
Committee for Survey of the Condition and Possible Co-operation in the Care of Crippled Children in New York City (R.F. 2426) For the work of the committee.....	.....	7,500.00	481.50
National Organization for Public Health Nursing (R.F. 2364) Toward its budget for the year 1919.....	.....	10,000.00	10,000.00
New York Association for Improving the Condition of the Poor (R.F. 239) For the purpose of providing pensions for dependent widows with families. \$20,000 per year for ten years beginning with 1914. (Balance of installment due 1918)..... (Installment due 1919).....	\$15,000.00	.....	15,000.00
Public Health Committee of New York (R.F. 2333, 2399) For a study of the dispensaries of New York City.....	6,270.84	20,000.00	10,000.00
		5,000.00	9,833.44

## EXHIBIT I—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
War Demonstration Hospital (R.F. 2406) To remove the buildings of the hospital from the grounds of the Rockefeller Institute and re-erect them on the farm of the New York City Department of Health in Warwick, New York.....	.....	\$35,000.00	.....
(R.F. 2413) To remove the buildings of the hospital from the grounds of the Rockefeller Institute and re-erect them at such other place or places as may be advisable.....	.....	35,000.00	.....
<b>ASSET ACCOUNTS</b>			
(R.F. 2376) Books for the Library .....	....	700.00	\$699.93
(R.F. 2415) Furniture and Fixtures.....	.....	6,500.00	6,160.67
(R.F. 2371) Grand Chenier Wild Life Refuge, taxes and expenses.....	.....	3,000.00	634.00
<b>TOTALS.....</b>	<b>\$21,270.84</b>	<b>\$222,700.00</b>	<b>\$136,874.01</b>
Unexpended balances of appropriations allowed to lapse			
R.F. 2406 War Demonstration Hospital.....	\$35,000.00		
2376 Books for Library.....	.07		
2415 Furniture and Fixtures.....	339.33	.....	35,339.40
<b>NET TOTALS.....</b>	<b>\$21,270.84</b>	<b>\$187,360.60</b>	<b>\$136,874.01</b>
<b>ADMINISTRATION</b>			
(R.F. 2384, 2387, 2372, 2377, 2401, 2414) Executive Offices.....	\$6,010.34	\$140,540.00	\$134,169.03
(R.F. 2373) Treasurer's Office.....	.....	17,421.70	10,886.22
<b>TOTALS.....</b>	<b>\$6,010.34</b>	<b>\$157,961.70</b>	<b>\$145,055.25</b>
Unexpended balances of appropriations allowed to lapse			
R.F. 2384 Executive Offices.....	436.00		
2373 Treasurer's Office.....	\$198.31		
2401 Executive Offices.....	222.45		
2372 Executive Offices.....	4,765.69		
2377 Executive Offices.....	6,337.84	.....	11,524.29
<b>NET TOTALS.....</b>	<b>\$5,574.34</b>	<b>\$146,437.41</b>	<b>\$145,055.25</b>

## EXHIBIT J

1919 INTERNATIONAL HEALTH BOARD \*  
APPROPRIATIONS,UNPAID BALANCES OF APPROPRIATIONS MADE IN PREVIOUS YEARS,  
AND PAYMENTS THEREON MADE IN 1919

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>HOOKWORM WORK</b>			
Southern States			
Alabama			
1918—I.H. 2319, 2320.	\$1,514.02	.....	\$1,300.56
1919—I.H. 2482-2487.	.....	\$15,300.00	2,815.99
Arkansas			
1918—I.H. 2427.....	1,800.00	.....	.....
1919—I.H. 2488.....	.....	3,500.00	.....
Georgia			
1918—I.H. 2323-2325.	8,726.13	.....	3,945.08
1919—I.H. 2490-2494.	.....	12,700.00	.....
Kentucky			
1918—I.H. 2327.....	3,300.00	.....	2,064.97
1919—I.H. 2495.....	.....	3,300.00	.....
Louisiana			
1918—I.H. 2328-2330.	6,357.94	.....	475.87
1919—I.H. 2496-2498.	.....	7,200.00	.....
Maryland			
1918—I.H. 2331.....	2,400.00	.....	352.66
1919—I.H. 2499.....	.....	2,400.00	.....
Mississippi			
1918—I.H. 2332-2338.	13,579.70	.....	8,508.76
1919—I.H. 2563-2583, 2564-2568, 2584-2586, 2623, 2759.....	.....	15,600.00	7,017.61
North Carolina			
1918—I.H. 2288-2292, 2339-2348, 2297-2299, 2300, 2413, 2420-2422, 2407-2409.....	5,682.30	.....	5,682.30
1919—I.H. 2501-2508, 2611, 2641.....	.....	10,751.12	3,279.20
South Carolina			
1918—I.H. 2349-2353.	4,130.75	.....	3,573.13
1919—I.H. 2509-2513, 2592-2593, 2587-2591, 2625-2631.....	.....	26,967.98	9,747.48

\*The Foundation provides for the cost of work carried on by the International Health Board by making to the Board one or more appropriations to cover its work for the year. From these large grants the Board then makes its own appropriations for specific objects.

## EXHIBIT J—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>Hookworm Work (Cont'd)</b>			
Southern States (Cont'd)			
Tennessee			
1918—I.H. 2354-2358.	\$10,000.00	.....	\$6,592.20
1919—I.H. 2514-2518, 2596-2600.....	.....	\$12,212.52	7,250.41
Texas			
1918—I.H. 2359-2364.	9,866.68	.....	7,262.85
1919—I.H. 2519-2523, 2632-2637, 2581....	.....	24,966.69	16,430.23
Virginia			
1918—I.H. 2365-2370.	7,437.21	.....	885.07
1919—I.H. 2569-2572, 2716, 2612, 2624, 2717.....	.....	13,444.44	.....
West Virginia			
1919—I.H. 2750.....	.....	175.00	.....
Central America			
Costa Rica			
1918—I.H. 2371.....	7,118.18	.....	1,732.58
1919—I.H. 2524.....	.....	20,700.00	13,145.03
Guatemala			
1918—I.H. 2372.....	5,983.25	.....	3,330.73
1919—I.H. 2525.....	.....	18,520.00	11,490.28
Nicaragua			
1918—I.H. 2373.....	9,060.80	.....	4,259.94
1919—I.H. 2526.....	.....	21,000.00	11,460.34
Panama			
1918—I.H. 2374.....	10,897.75	.....	5,666.36
1919—I.H. 2527, 2601 .	.....	15,565.00	7,478.49
Salvador			
1918—I.H. 2375, 2559 .	2,629.06	.....	2,235.30
1919—I.H. 2528.....	.....	12,450.00	8,405.73
South America			
Brazil			
1918—I.H. 2376, 2432, 2378, 2423, 2460, 2377, 2444, 2457, 2381, 2451, 2404, 2379, 2380, 2440	66,168.71	.....	35,808.38
1919—I.H. 2480, 2576- 2577, 2550-2558, 2639, 2622, 2602, 2715, 2579, 2573, 2578, 2613.....	.....	205,679.85	56,809.58

## EXHIBIT J—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>HOOKWORM WORK (Cont'd)</b>			
<b>South America (Cont'd)</b>			
British Guiana			
1918—I.H. 2382.....	\$4,772.63	.....	\$1,997.19
1919—I.H. 2529.....	.....	\$16,027.00	4,404.09
Colombia			
1919—I.H. 2603.....	.....	6,000.00	825.39
Dutch Guiana			
1918—I.H. 2383.....	10,467.58	.....	247.79
1919—I.H. 2582.....	.....	700.00	612.00
<b>British West Indies</b>			
Grenada			
1918—I.H. 2384.....	5,677.70	.....	651.12
Jamaica			
1918—I.H. 2466.....	4,641.00	.....	.....
1919—I.H. 2530.....	.....	11,170.00	2,316.63
St. Lucia			
1918—I.H. 2385.....	2,529.25	.....	1,840.34
1919—I.H. 2531.....	.....	8,408.00	5,879.94
St. Vincent			
1918—I.H. 2386.....	5,716.76	.....	.....
Trinidad			
1918—I.H. 2387, 2560.	3,213.15	.....	1,641.30
1919—I.H. 2533.....	.....	9,020.00	3,944.58
<b>The East</b>			
Australia and Dependencies			
1918—I.H. 2430, 2431, 2561.....	262.13	.....	.....
1919—I.H. 2535, 2642.	.....	15,233.60	4,866.81
Ceylon			
1918—I.H. 2426, 2388, 2219.....	14,716.75	.....	369.62
1919—I.H. 2548, 2534.	.....	18,920.00	6,438.12
China			
1918—I.H. 2438.....	10,156.12	.....	2,363.21
1919—I.H. 2549.....	.....	11,500.00	1,627.19
Egypt			
1915—I.H. 237.....	15,891.88	.....	.....
Federated Malay States			
Hookworm Commission			
1917—I.H. 2220.....	8,997.17	.....	.....
Fiji Islands			
1918—I.H. 2389.....	3,515.37	.....	.....
Seychelles Islands			
1918—I.H. 2419.....	3,485.76	.....	1,424.49
1919—I.H. 2536.....	.....	6,400.00	3,665.34

## EXHIBIT J—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>HOOKWORM WORK (Cont'd)</b>			
<b>The East (Cont'd)</b>			
Siam			
1918—I.H. 2390.....	\$2,287.47	.....	\$824.78
1919—I.H. 2537.....	.....	\$10,768.43	684.33
Miscellaneous			
Analysis of Records of the United States Army—			
2608.....	.....	4,500.00	43.95
Investigation of Sewage Disposal—I.H. 2309...	6,490.59	.....	778.60
Lecture Charts on Hook- worm Disease — I.H. 2248 .....	208.40	.....	12.40
School Charts on Hook- worm Disease — I.H. 2270.....	929.73	.....	.....
<b>MALARIA WORK</b>			
Southern States			
Arkansas			
1919—I.H. 2547.....	.....	1,825.00	178.68
Mississippi			
1918—I.H. 2424, 2450, 2455.....	4,685.47	.....	2,060.74
1919—I.H. 2538, 2545, 2620, 2580.....	.....	24,550.00	6,462.96
<b>YELLOW FEVER WORK</b>			
Yellow Fever Commission			
Ecuador			
1918—I.H. 2452.....	4,858.72	.....	1,285.57
Yellow Fever Control			
Guayaquil, Ecuador			
1918—I.H. 2459.....	19,990.00	.....	4,570.12
1919—I.H. 2539, 2619..	.....	107,544.00	36,387.21
Guatemala			
1918—I.H. 2458.....	14,973.04	.....	5,170.43
Coro, Venezuela			
1918—I.H. 2418.....	5,000.00	.....	.....
Associates of Director Salaries, traveling ex- penses, equipment and supplies I.H.—			
2574, 2618.....	.....	45,000.00	27,570.05

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## EXHIBIT J—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>YELLOW FEVER WORK (Cont'd)</b>			
Salvador			
1919—I.H. 2575.....	.....	\$1,500.00	\$246.36
<b>ADMINISTRATIVE FIELD STAFF</b>			
Salaries—I.H. 2469, 2764.	.....	186,000.00	183,808.71
Traveling Expenses—I.H. 2398, 2471.....	\$34,109.62	40,000.00	37,729.10
Commutation—I.H. 2470, 2397.....	15,951.93	15,000.00	16,453.67
Medical Examination of Applicants I.H. 2477..	.....	250.00	100.00
Drugs for Conserving Health — I.H. 2403, 2476.....	297.50	500.00	76.94
Traveling Expenses of Families—I.H. 2446, 2472.....	1,378.51	8,000.00	6,188.43
Automobiles for Directors in Training—I.H. 2475.	.....	3,000.00	.....
Study Leave for Members —I.H. 2468, 2713.....	500.00	300.00	347.80
<b>TUBERCULOSIS WORK IN FRANCE</b>			
Central Administration			
1918—I.H. 2415, 2435.	9,034.02	.....	1,370.09
1919—I.H. 2541.....	.....	116,000.00	63,356.20
Medical Division			
1918—I.H. 2416, 2436.	7,155.92	.....	.....
1919—I.H. 2542.....	.....	458,000.00	259,892.00
Educational Division			
1918—I.H. 2417, 2437.	1,220.59	.....	.....
1919—I.H. 2543.....	.....	185,000.00	116,454.80
Additional Compensation Director—I.H. 2454...	.....	2,000.00	1,208.33
<b>MEDICAL EDUCATION</b>			
Fellowships			
Belo Horizonte Medical School — I.H. 2442, 2463, 2638.....	2,474.17	150.00	2,461.65
São Paulo—Department of Hygiene — I.H. 2456, 2461, 2610, 2462, 2441.	1,674.93	4,100.00	3,020.89
Public Health—I.H. 2604, 2712, 2615.....	.....	9,000.00	2,420.69

## EXHIBIT J—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MEDICAL EDUCATION (Cont'd)</b>			
Miscellaneous — Brazil— I.H. 2605-2607, 2621..	.....	\$10,350.00	\$2,356.58
Czecho-Slovakian — I.H. 2720-2723.....	.....	9,600.00	2,858.66
São Paulo — Department of Hygiene Initial Equipment—I.H. 2312, 2443.....	\$1,734.95	.....	1,734.95
Operating Expenses 1918—I.H. 2313.....	11,183.76	.....	230.51
1919—I.H. 2467, 2595.	.....	11,050.00	6,124.16
University of Pennsylva- nia—I.H. 2617.....	.....	1,666.67	1,666.67
<b>MISCELLANEOUS</b>			
Editorial Work — I.H. 2479.....	.....	6,000.00	.....
Express, Freight and Ex- change — I.H. 2474, 2401, 2447.....	1,878.21	20,000.00	16,481.34
Field Equipment and Sup- plies—I.H. 2473, 2616, 2777.....	.....	25,000.00	23,434.94
Motor Boat for Dutch Guiana—I.H. 2231....	89.64	.....	.....
Pamphlets and Charts— I.H. 2414, 2478.....	.51	10,000.00	5,487.10
Portable House and Office for use of Director in Salvador—I.H. 2614...	254.65	500.00	476.19
Surveys and Exhibits— I.H. 2540.....	.....	19,800.00	16,870.71
Survey of Public Health Administration in Mas- sachusetts—I.H. 2767.	.....	1,500.00	26.09
Philippine Hospital Ship 1918—I.H. 2428.....	6,500.00	.....	6,500.00
1919—I.H. 2481.....	.....	12,500.00	.....
<b>ADMINISTRATION</b>			
Home Office 1918—I.H. 2562.....	5,242.90	.....	5,017.90
1919—I.H. 2544, 2609, 2766.....	.....	90,587.00	73,288.77

EXHIBIT J—(*Continued*)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
Balance of funds appropriated by the Rockefeller Foundation for the Board's work during 1919, remaining unappropriated by the International Health Board on December 31, 1919.....		\$219,629.70	.....
TOTALS.....	\$430,800.96	\$2,207,000.00	\$1,237,842.31
Unexpended balances of appropriations and unappropriated balance allowed to lapse.....	266,767.38	282,602.24	.....
NET TOTALS.....	<u>\$164,033.58</u>	<u>\$1,924,397.76</u>	<u>\$1,237,842.31</u>

## EXHIBIT K\*

1919 CHINA MEDICAL BOARD APPROPRIATIONS,  
 UNPAID BALANCES OF APPROPRIATIONS MADE IN PREVIOUS YEARS,  
 AND PAYMENTS THEREON MADE IN 1919

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
MISSIONARY SOCIETIES—Hos- PITALS			
American Baptist Foreign Mission Society			
(C.M. 276) Ningpo Hos- pital—Salaries of doctor and nurse. \$2,250 per year for five years, beginning with 1918. (Installment due 1918). (Installment due 1919).	\$2,250.00 .....	.....	\$2,250.00 .....
(C.M. 277) Shaohsing Hospital — Support of foreign nurse, Chinese business manager and foreign doctor. \$2,475 per year for five years beginning 1918. (In- stallment due 1918)... (Installment due 1919).	2,475.00 .....	.....	2,475.00 .....
(C.M. 278) Shaohsing Hos- pital — Equipment and residences for physician, nurse and Chinese staff	5,625.00	.....	.....
Amer. Board of Commissioners for Foreign Missions			
(C.M. 211, 294) Tehchow Hospital—Salary of two doctors. \$3,236 per year for five years beginning 1915. (Balance due on previous installments). (Installment due 1919).	9,518.50 .....	.....	\$ 790.50 3,236.00 .....
(C.M. 297, 2229) Tehchow Hospital — Employees' salaries. \$4,152 per year for five years beginning 1916. (Balance due on previous installments). (Installment due 1919).	6,076.15 .....	.....	3,631.87 4,152.00 .....

\* The Foundation provides for the cost of work carried on by the China Medical Board by making to the Board one or more appropriations to cover its work for the year. From these large grants the Board then makes its own appropriations for specific objects.

## EXHIBIT K—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MISSIONARY SOCIETIES—Hos- PITALS (Cont'd)</b>			
American Board of Com- missioners for Foreign Missions (Cont'd)			
(C.M. 2360) Tehchow Hospital — Salary of business manager. \$3,- 325.88 extending over a period of four years beginning 1918. (In- stallment due 1919)...:	.....	\$950.25	\$475.12
(C.M. 2332) Tehchow Hospital—Repairs and improvements.....	\$1,500.00	.....	1,379.40
(C.M. 2333) Tehchow Hospital—Construction of dike.....	1,800.00	.....	1,616.40
Board of Foreign Missions of the Methodist Epis- copal Church			
(C.M. 283, 2176) Wuhu Hospital—Salary and al- lowance of doctor. \$900 per year for five years beginning 1916. (Bal- ance due on previous installments).....	300.00	.....	.....
(Installment due 1919).	.....	900.00	.....
(C.M. 2384) Wuhu Hos- pital—Building of hos- pital and residences....	.....	40,000.00	.....
(C.M. 223, 2102) Peking Hospital — Salary of doctor. \$2,400 per year for five years beginning 1916. (Balance due on previous installments). (Installment due 1919).	4,000.00	.....	.....
.....	.....	2,400.00	.....
(C.M. 2266) Peking Hos- pital—Support of den- tist, medical practi- tioner and nurse. \$22,- 500 extending over a period of five years be- ginning 1918. (Install- ment due 1918).....	6,000.00	.....	.....
(Installment due 1919).	.....	5,250.00	.....

EXHIBIT K—(*Continued*)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MISSIONARY SOCIETIES—HOS- PITALS (Cont'd)</b>			
Board of Missions of the Methodist Episcopal Church, South			
(C.M. 236, 2105) Soochow Hospital — Salary of nurse. \$600 per year for five years beginning 1916. (Balance due on previous installment)... (Installment due 1919).	\$1,200.00 .....	\$600.00	
	..... \$600.00 .....		
Board of Missions of the Methodist Episcopal Church, South—Ameri- can Baptist Foreign Mission Society, Jointly			
(C.M. 2151) New Union Hospital, Huchow — Building and equipment	20,000.00 .....		
(C.M. 2152) New Union Hospital, Huchow — Support of foreign phy- sician. \$5,025 extend- ing over a period of five years beginning 1918. (Installment due 1918). (Installment due 1919).	1,650.00 .....		
	..... 825.00 .....		
(C.M. 2153) New Union Hospital — Huchow — Support of foreign nurse. \$3,000 extending over a period of five years beginning 1918. In- stallment due 1918)... (Installment due 1919).	825.00 .....		
	..... 450.00 .....		
(C.M. 2154) New Union Hospital, Huchow — Support of Chinese phy- sician. \$2,250 extend- ing over a period of five years beginning 1918. (Installment due 1918). (Installment due 1919).	450.00 .....		
	..... 450.00 .....		

EXHIBIT K—(*Continued*)

MISSIONARY SOCIETIES—Hos-	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>HOSPITALS (Cont'd)</b>			
Board of Foreign Missions of the Presbyterian Church in the U. S. A.			
(C.M. 2144) Changteh Hospital—Current ex- penses. \$2,625 per year for five years beginning 1916. (Balance due on previous installment). . . (Installment due 1919)	\$5,531.25 .....	\$2,587.50 \$2,625.00 .....	
(C.M. 2318) Changteh Hospital—Current ex- penses. \$2,250 per year for five years beginning 1918. (Installment due 1919).....	.....	2,250.00	2,250.00
(C.M. 284) Chefoo Hos- pital—Salary and allow- ance of doctor and nurse. \$2,625 per year for five years beginning 1917. (Balance due on previous installments). . (Installment due 1919).	4,425.00 .....	1,241.20 2,625.00 .....	
(C.M. 2243) Chefoo Hos- pital — Operating ex- penses. \$2,250 per year for five years beginning 1918. (Installment due 1919).....	.....	2,250.00	2,250.00
(C.M. 285) Hwaiyuen Hospital—Salary and al- lowance of physician and nurse and operating ex- penses. \$3,375 per year for five years beginning 1918. (Balance due on previous installments). . (Installment due 1919).	3,375.00 .....	750.00 3,375.00 .....	
(C.M. 286) Hwaiyuen Hospital—Residence of doctor and equipment.	5,250.00	.....	.....

## EXHIBIT K—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MISSIONARY SOCIETIES—Hos- pitals (Cont'd)</b>			
Board of Foreign Missions of the Presbyterian Church in the U. S. A. (Cont'd)			
(C.M. 214, 295) Paotingfu —Salaries of doctor and two nurses. Shuntehfu —Salaries of doctor and two nurses. \$9,200 per year for five years be- ginning 1916. (Balance due on previous install- ments)..... (Installment due 1919).	\$8,525.00 .....	\$4,050.00 \$9,200.00	2,400.00
(C.M. 2306) Paotingfu Hospital — Support of business manager. \$900 for five years beginning 1918. (Installment due 1918). (Installment due 1919).	900.00 .....	900.00 900.00	900.00 900.00
(C.M. 2142) Shuntehfu Hospital — Mainten- ance. \$750 per year for five years beginning 1916. (Balance due on previous installments). (Installment due 1919).	812.50 .....	812.50 750.00	312.50
Board of Foreign Missions of the Reformed Church in America			
(C.M. 2282) Hope and Wilhelmina Hospital— Purchase of pump, well and engine and electric light plant.....	2,025.00	.....	.....
(C.M. 2283) Hope and Wilhelmina Hospital— Support of physician. \$1,881 per year for five years beginning 1918 (Installment due 1918). (Installment due 1919).	1,881.00 .....	1,881.00 .....	.....

EXHIBIT K—(*Continued*)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
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MISSIONARY SOCIETIES—Hos-  
pitals (*Cont'd*)

## Canton Christian College

(C.M. 2139) Canton Hos-  
pital—Salary of busi-  
ness manager and cur-  
rent expenses. \$4,500  
per year for five years  
beginning 1917. (In-  
stallment due 1919)... .... \$4,500.00 \$4,500.00

Church of Scotland Foreign  
Mission Committee

(C.M. 288) Ichang Hos-  
pital—Equipment.... \$375.00 .... ....

(C.M. 289) Ichang Hos-  
pital—Support of third  
foreign doctor and  
nurse. \$2,250 per year  
for five years beginning  
1918. (Installment due  
1918)..... 2,250.00 ..... ....  
(Installment due 1919). .... 2,250.00 .....

Domestic and Foreign  
Mission Society of the  
Protestant Episcopal  
Church in the U. S. A.

(C.M. 2307) St. James  
Hospital, Anking—Build-  
ings and equipment... 17,625.00 ..... 17,625.00

(C.M. 2308) St. James  
Hospital, Anking—Op-  
erating expenses. \$4,-  
200 per year for five  
years beginning 1918.  
(Balance due on pre-  
vious installment).... 4,200.00 ..... 2,175.00  
(Installment due 1919). .... 4,200.00 .....

(C.M. 2361) St. James  
Hospital, Anking—  
Residence of physician. .... 5,500.00 .....

## EXHIBIT K—(Continued)

MISSIONARY SOCIETIES—HOS- PITALS (Cont'd)	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
Executive Committee of Foreign Missions of the Presbyterian Church in the U. S., South			
(C.M. 221, 2101) Soochow Salary, outfit and travel to field of foreign nurse. Kashung—Sal- ary, outfit and travel to field of foreign nurse. Salaries \$3,600 per year for five years beginning 1915. (Balance due on previous installments). (Installment due 1919).	\$10,925.00 .....	\$900.00 \$3,600.00 .....	
Foreign Christian Mission- ary Society			
(C.M. 2327) Luchowfu Hospital—Buildings and fixed equipment...	18,500.00 .....	13,000.00 .....	
(C.M. 2328) Luchowfu Hospital — Movable equipment.....	4,800.00 .....	..... .....	
(C.M. 2329) Luchowfu Hospital — Mainten- ance. \$4,100 per year for five years beginning 1918. (Installment due 1918). (Installment due 1919).	4,100.00 .....	..... 4,100.00 .....	
(C.M. 2330) Luchowfu Hospital — Salary of second foreign nurse. \$1,400 per year for five years beginning 1918. (Installment due 1918). (Installment due 1919).	1,400.00 .....	..... 1,400.00 .....	
(C.M. 2331) Luchowfu Hospital — Salary of business manager. \$1,- 400 per year for five years beginning 1918. (Installment due 1918). (Installment due 1919).	1,400.00 .....	..... 1,400.00 .....	

EXHIBIT K—(*Continued*)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MISSIONARY SOCIETIES—Hos- pitals (Cont'd)</b>			
Foreign Christian Missionary Society ( <i>Cont'd</i> )			
(C.M. 215, 2100) Luchow-fu—Salary and allowance of doctor and nurse. Nantungchow—Salary, and allowance of nurse, \$4,200 per year for five years beginning 1918. (Balance due on previous installment). . . . . (Installment due 1919).	\$1,005.00	.....	.....
	.....	\$4,200.00	.....
(C.M. 2218) Nantung-chow Hospital — Support of second physician. \$8,400 extending over a period of five years beginning 1918. (Installment due 1918). (Installment due 1919).	1,800.00	.....	.....
	.....	1,650.00	.....
(C.M. 2219) Nantung-chow Hospital — Residence of doctor. . . . .	3,000.00	.....	\$3,000.00
Foreign Mission Board of the Southern Baptist Convention			
(C.M. 228, 2106) Cheng-chow Hospital—Salary of doctor. \$1,200 per year for five years beginning 1916. (Balance due on previous installment). . . . . (Installment due 1919).	1,150.00	.....	300.00
	.....	1,200.00	.....
(C.M. 281) Hwanghien Hospital — Salary of physician. \$900 per year for five years beginning 1918. (Installment due 1918). . . . . (Installment due 1919).	900.00	.....	.....
	.....	900.00	.....
(C.M. 282) Hwanghien Hospital — Outfit and travel of physician. . . . .	750.00	.....	.....

## EXHIBIT K—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MISSIONARY SOCIETIES—Hos- pitals (Cont'd)</b>			
Foreign Mission Board of the Southern Baptist Convention (Cont'd)			
(C.M. 225, 2103) Hwang- hien Hospital—Salary of nurse. \$600 per year for five years beginning 1916. (Balance due on previous installment). . . (Installment due 1919).	\$300.00 .....	..... \$600.00	.....
(C.M. 280) Laichowfu Hospital — Equipment and outgoing expenses of physician and wife.. .	750.00	.....	.....
(C.M. 279) Laichowfu Hospital — Salary of physician and wife and nurse. \$1,650 per year for five years beginning 1918. (Installment due 1918). . . . . (Installment due 1919).	1,650.00 .....	..... 1,650.00	.....
(C.M. 232, 2104) Yang- chow Hospital—Salary of nurse. \$600 per year for five years beginning 1916. (Balance due on previous installment). . . (Installment due 1919).	575.00 .....	..... 600.00	\$150.00 .....
(C.M. 2316) Yangchow Hospital—Land, build- ing and fixed equipment	1,875.00	.....	1,875.00
(C.M. 2317) Yangchow Hospital — Movable equipment. . . . .	6,000.00	.....	6,000.00
London Missionary Society			
(C.M. 2167) Siaochang Hospital—Support of nurse. \$600 per year for five years beginning 1918. (Installment due 1918). . . . . (Installment due 1919).	600.00 .....	..... 600.00	.....

## EXHIBIT K—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MISSIONARY SOCIETIES—Hos- PITALS (Cont'd)</b>			
London Missionary Society (Cont'd)			
(C.M. 2326) Tsangchow Hospital — Support of nurse. \$750 per year for five yrs. beginning 1918. (Installment due 1919).	.....	\$750.00	.....
Medical Mission Auxiliary of London			
(C.M. 2201) Tai Yuan Fu Hospital—Improve- ments and supplies....	\$3,150.00	.....	.....
United Free Church of Scotland			
(C.M. 2232) Mukden Hos- pital—Support of nurse. \$750 per year for five years beginning 1918. (Installment due 1918). (Installment due 1919).	750.00	.....	\$750.00
University of Nanking	.....	750.00	.....
(C.M. 2137) Nanking Hospital — Current ex- penses. \$9,250 per year for five years be- ginning 1917. (Install- ment due 1919).....	.....	9,250.00	.....
Women's Foreign Mission- ary Society of the Methodist Episcopal Church			
(C.M. 2359) Kiukiang Hos- pital — Salary of nurse. \$500 per year for five years beginning 1919. (Installment due 1919).	.....	500.00	157.50
Loss in Exchange			
(C.M. 2251) To cover loss in exchange on payments during 1917 to Missionary Societies for their hospitals....	10,702.70	.....	3,928.52
(C.M. 2252) To cover loss in exchange on pay- ments during 1918 to Missionary Societies for their hospitals.....	91,247.42	.....	26,182.02

## EXHIBIT K—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MISSIONARY SOCIETIES—HOS- PITALS (Cont'd)</b>			
Loss in Exchange (Cont'd) (C.M. 2349) To cover loss in exchange on payments during 1919 to Mission- ary Societies for their hospitals.....		\$144,115.00	\$20,133.82
<b>FELLOWSHIPS</b>			
Medical Missionaries and Nurses on furlough....	\$12,798.32	13,875.00	16,473.32
Chinese Doctors.....	6,329.97	11,000.00	8,227.28
Miscellaneous.....	6,560.00	3,000.00	4,519.98
<b>SCHOLARSHIPS</b>			
Students of Harvard Medi- cal School in China....	5,772.24	9,815.33	7,524.26
Chinese Pharmacists.....	500.00	.....	400.00
Chinese Nurses.....	3,941.02	2,775.00	2,424.04
<b>TRANSLATION</b>			
Publication Committee of the China Medical Mis- sionary Association (C.M. 2309, 2423) Trans- lation of medical and nursing textbooks.....	5,500.00	12,000.00	5,500.00
<b>PRE-MEDICAL EDUCATION</b>			
Fukien Christian University (C.M. 2273) Building and equipment for Science Department.....	50,000.00	.....	.....
(C.M. 2274) Salaries of six instructors. \$10,000 per year for five years be- ginning 1919. (Install- ment due 1919).....	.....	10,000.00	10,000.00
(C.M. 2275) Salaries of Chinese instructors. \$2,700 per year for five years beginning 1919 (Installment due 1919). .....	.....	2,700.00	2,700.00
(C.M. 2276) Maintenance of Science Department \$10,000 per year for five years beginning 1919. (Installment due 1919). .....	.....	10,000.00	10,000.00

## EXHIBIT K—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>PRE-MEDICAL EDUCATION (Cont'd)</b>			
Gingling College			
(C.M.2402) Salary of teacher of physics. \$2,400 per year for five years beginning 1919 (Installment due 1919). . . . .	\$2,400.00	. . . . .	
(C.M.2403) Purchase of scientific equipment. . . . .	5,000.00	. . . . .	
St. John's University			
(C.M.2345) Fellowship for Mr. D. Y. Li. . . . .	1,200.00	\$1,200.00	
<b>MEDICAL EDUCATION</b>			
<b>MEDICAL SCHOOLS—UNAFFILIATED</b>			
St. John's University of Pennsylvania Medical School			
(C.M.2379) Support of instructor in Medical Department. . . . .	1,500.00	1,500.00	
Shantung Christian University			
(C.M.252) Expense of educating students sent to Tsinansu by the China Medical Board during a period of five years. . . . .	\$40,000.00	. . . . .	30,000.00
(C.M.2217, 2358) To cover loss in exchange in connection with appropriations C.M.251 and C.M.252. . . . .	5,236.55	50,000.00	7,000.00
Yale Foreign Missionary Society			
(C.M.27) Support of Hunan-Yale Medical School, Changsha. \$16,200 per year for five years beginning 1915 (Balance due on previous installment). . . . . (Installment due 1919). . . . .	8,100.00	. . . . .	8,100.00
		16,200.00	8,100.00

## EXHIBIT K—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAVMENTS
<b>MEDICAL EDUCATION (Cont'd)</b>			
<b>MEDICAL SCHOOLS UNAFFIL- IATED—(Cont'd)</b>			
Yale Foreign Missionary So- ciety—(Cont'd)			
(C.M.2230) Support of Hunan-Yale Medical School, Changsha. \$9,000 extending over a period of three years beginning 1917 (Installment due 1918). . . . .	\$3,000.00	.....	\$3,000.00
(Installment due 1919). . . . .	.....	\$2,000.00	.....
(C.M.2231) Support of third instructor in Pre- Medical Department of Hunan-Yale Medical School. \$6,200 extending over a period of three years beginning 1917 (Installment due 1918). . . . .	2,000.00	.....	2,000.00
(Installment due 1919). . . . .	.....	1,500.00	.....
(C.M.2133) Laboratory and equipment at Hunan-Yale Medical School . . . . .	10,000.00	.....	10,000.00
<b>MEDICAL SCHOOLS—AFFIL- IATED</b>			
Peking Union Medical Col- lege Asset Accounts			
Purchase of additional property (C.M.213, 248, 249, 2170, 2213, 2361). . . . .	33,756.07	65,000.00	12,402.58
Buildings and fixed equip- ment (C.M. 2337, 2354, 2401). . . . .	124,291.57	2,500,000.00	2,296,935.14
Moveable Equipment (C.M.2197, 2355). . . . .	23,237.46	300,000.00	40,980.08
Alterations and repairs— Original Building (C.M. 2214, 2338). . . . .	13,089.17	50,000.00	63,089.17
Heavy furniture for staff residences (C.M.2378)	.....	15,000.00	611.75
Accessories (C.M.2356). . . . .	29,768.41	150,000.00	30,700.20
Library (C.M.2334). . . . .	9,563.66	.....	8,738.65

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## EXHIBIT K—(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>MEDICAL EDUCATION (Cont'd)</b>			
<b>MEDICAL SCHOOLS — AFFILIATED (Cont'd)</b>			
Peking Union Medical College (Cont'd)			
Operation in China			
Budget 1917-18 (C.M. 2357).....	.....	\$14,000.00	\$12,672.37
Budget 1918-19 (C.M. 2257, 2377).....	\$110,101.98	127,500.00	229,072.45
Budget 1919-20 (C.M. 2341).....	.....	195,000.00	88,156.62
Budget 1917-18 Pre-Medical School (C.M. 2162). .	24,359.41	.....	193.14
Expenses in America			
July 1, 1918 to June 30, 1919 (C.M. 2258)....	4,815.16	9,500.00	14,315.16
July 1, 1919 to Dec. 31, 1919 (C.M. 2342)....	.....	13,000.00	10,756.42
Red Cross Hospital, Shanghai Operation			
Budget 1917-18 (C.M. 256, 2248).....	21,011.28	.....	3,727.93
Shanghai Medical School Asset Accounts			
Purchase of land (C.M. 2110, 2429).....	86,530.85	115,000.00	8,508.01
Buildings and fixed equipment (C.M. 2270)....	33,151.92	.....	14,880.39
Movable equipment (C.M. 2271).....	5,000.00	.....	.....
Accessories (C.M. 2272) ..	4,969.90	.....	9.66
Library (C.M. 2215)....	2,629.79	.....	253.64
Operation			
Budget 1918-19 (C.M. 2259, 2277, 2289).....	2,193.33	6,000.00	2,365.56
<b>MISCELLANEOUS</b>			
Emergency Fund (C.M. 2211, 2383) Aid of medical work of various kinds in China at the discretion of the resident director.....	1,773.58	1,000.00	1,642.25

## THE ROCKEFELLER FOUNDATION

## EXHIBIT K--(Continued)

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
<b>ADMINISTRATION</b>			
Home Office			
1918 (C.M. 2260, 2350) ..	\$5,456.40	.....	\$4,698.82
1919 (C.M. 2344, 2382, 2428) .....	.....	\$29,696.00	27,196.51
Peking Office			
1918 (C.M. 2261) .....	11,719.24	.....	11,584.52
1919 (C.M. 2343, 2405) ..	.....	28,683.00	22,070.28
Balance of funds appropriated by the Rockefeller Foun- dation for the Board's work during 1919, re- maining unappropriated by the China Medical Board on December 31, 1919 .....	.....	82,145.42	.....
<b>TOTALS</b> .....	<b>\$995,331.80</b>	<b>\$4,140,000.00</b>	<b>\$3,171,853.94</b>
Unexpended balances of ap- propriations and unap- propriated balance allowed to lapse .....	45,998.79	85,973.54	.....
<b>NET TOTALS</b> ..	<b>\$949,333.01</b>	<b>\$4,054,026.46</b>	<b>\$3,171,853.94</b>
Refunds of amounts disbursed in previous years:			
Home Office Equip- ment .....	\$442.01		
C.M. 2284 Grace Yoh Fellowship. 11.64			
	<b>\$453.65</b>		

## EXHIBIT L

## SUMMARY OF APPROPRIATIONS AND PAYMENTS

	PRIOR APPROPRIA- TIONS	1919 APPROPRIA- TIONS	1919 PAYMENTS
INTERNATIONAL HEALTH BOARD....	\$164,033.58	\$1,924,397.76	\$1,237,842.31
CHINA MEDICAL BOARD.....	949,333.01	4,054,026.46	3,171,853.94
WAR WORK.....	88,824.94	2,765,361.75	2,772,847.42
AFTER CARE OF INFANTILE PARALYSIS CASES.....	3,542.75	3,000.00	6,542.75
MENTAL HYGIENE.....	.....	70,500.00	33,353.48
RESEARCH IN PHYSICS AND CHEMISTRY.....	.....	70,000.00	13,697.55
ROCKEFELLER INSTITUTE AND MEDICAL EDUCATION.....	32,618.65	60,701.51	76,693.39
SCHOOL OF HYGIENE AND PUBLIC HEALTH.....	259,991.25	232,236.00	165,595.11
MISCELLANEOUS.....	21,270.84	187,360.60	136,874.01
ADMINISTRATION.....	5,574.34	146,437.41	145,055.25
	<b><u>\$1,525,189.36</u></b>	<b><u>\$9,514,021.49</u></b>	<b><u>\$7,760,355.21</u></b>
Prior Appropriations.....		<b><u>\$1,525,189.36</u></b>	
1919 Appropriations.....		<b><u>9,514,021.49</u></b>	0
Total Appropriations.....			<b><u>\$11,039,210.85</u></b>
1919 Payments.....			<b><u>7,760,355.21</u></b>
Balance payable on Appropriations.....			<b><u>\$3,278,855.64</u></b>

EXHIBIT L—(*Continued*)

In addition to the foregoing, the Foundation has made pledges and appropriations which become effective in future years, and will require for payment the following amounts

## YEAR 1920:

INTERNATIONAL HEALTH BOARD....	\$2,500,000.00
CHINA MEDICAL BOARD.....	2,854,550.00
MENTAL HYGIENE.....	84,000.00
RESEARCH IN PHYSICS AND CHEMISTRY.....	120,000.00
ROCKEFELLER INSTITUTE AND MEDICAL EDUCATION.....	50,000.00
SCHOOL OF HYGIENE AND PUBLIC HEALTH.....	199,154.00
MISCELLANEOUS.....	277,848.20

\$6,085,552.20

YEAR 1921.....\$1,291,681.25

YEAR 1922.....265,831.13

YEAR 1923.....213,350.00

YEAR 1924.....1,341,750.00

\$9,198,164.58

## EXHIBIT M

## STATEMENT OF APPROPRIATIONS AND PAYMENTS OF SPECIAL FUNDS FOR THE YEAR 1919

LAURA S. ROCKEFELLER

	APPROPRIA-	PAYMENTS
	TIONS	
(R.F. 2378) Ministers and Missionaries Benefit Board of the Northern Baptist Convention.....	\$500.00	\$500.00
(R.F. 2379) Baptist Home of Northern Ohio.....	500.00	500.00
(R.F. 2380) Euclid Avenue Baptist Church of Cleveland, Ohio.....	1,500.00	1,500.00
(R.F. 2381) Baptist Home for the Aged of New York City.....	500.00	500.00
	<u><u>\$3,000.00</u></u>	<u><u>\$3,000.00</u></u>

JOHN D. ROCKEFELLER

(R.F. 2382, 2383) Baptist Home for the Aged of New York City).....	<u><u>\$1,850.00</u></u>	<u><u>\$1,850.00</u></u>
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**EXHIBIT N**  
**STATEMENTS OF PRINCIPAL FUNDS**

**GENERAL FUND**

Balance of Mr. Rockefeller's gifts December 31, 1918.....	\$120,765,856.00
Mr. Rockefeller's gift of December 18, 1919.....	50,438,768.50
	<hr/> <u>\$171,204,624.50</u>

The whole fund is invested in securities listed in  
General Schedule, Exhibit Q

**ESTATE OF LAURA S. ROCKEFELLER FUND**

Balance of gifts.....	<u>\$152,733.00</u>
The whole fund is invested in securities listed in General Schedule, Exhibit Q	

**RESERVE**

Balance December 31, 1918.....	\$1,258,036.32
Gain on securities sold and redeemed during the year.....	1,454,634.64
<b>TOTAL.....</b>	<hr/> <u>\$2,712,670.96</u>

The whole fund is invested in securities listed in  
General Schedule, Exhibit Q

**LAURA S. ROCKEFELLER FUNDS**

Gifts comprising four separate Funds.....	<u>\$49,300.00</u>
The total of these funds is invested in securities listed in Exhibit R	

**JOHN D. ROCKEFELLER FUND**

Gifts.....	<u>\$37,000.00</u>
The whole fund is invested in securities listed in Exhibit R	

TREASURER'S REPORT

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EXHIBIT N—(*Continued*)

HENRY STURGIS GREW MEMORIAL FUND

Gift to Harvard Medical School of China transferred to the Foundation in trust.....	<u>\$25,000.00</u>
The whole fund is invested in the securities listed in Exhibit R	

ARTHUR THEODORE LYMAN ENDOWMENT

Amount received from Harvard Medical School of China and held as a principal fund for Shanghai Medical School.....	<u>\$5,500.00</u>
The whole fund is invested in securities listed in Exhibit R	

## EXHIBIT O

## LAND, BUILDINGS AND EQUIPMENT FUNDS

Appropriations to December 31, 1918.....		\$2,513,672.54
Deduct refund on China Medical Board equipment	\$442.01	
Depreciation of China Medical Board equipment	176.10	
Depreciation of Foundation equipment.....	3,192.37	3,810.48
		\$2,509,862.06

Moneys paid out of income for year  
ending December 31, 1919:

The Rockefeller Foundation:

Furniture and fixtures.....	\$6,160.67
Books for the library.....	699.93
Grand Chenier Tract, taxes, etc...	634.00
	7,494.60

China Medical Board:

Peking Union Medical  
College:

Additional land.....	\$12,402.58
Buildings and fixed equipment.....	2,296,935.14
Library.....	8,738.65
Accessories.....	30,700.20
Improvements and alterations.....	63,089.17
Movable equipment	41,591.83
	2,453,457.57

Shanghai Medical  
School:

Land.....	8,508.01
Buildings and fixed equipment.....	14,880.30
Library.....	253.64
Accessories.....	9.66
	23,651.61
	2,477,109.18
	2,484,603.78
	\$4,994,465.84

This fund is represented by the follow-  
ing property:

The Rockefeller Foundation:

Grand Chenier Tract (land, taxes, fees, etc.).....	\$243,999.70
Furniture and fixtures.....	14,849.86
Library—New York City.....	2,094.90
	\$260,944.46
Carried Forward.....	\$260,944.46
	\$4,994,465.84

## TREASURER'S REPORT

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EXHIBIT O—(*Continued*)

<i>Brought Forward.....</i>	\$260,944.46	\$4,994,465.84
<b>China Medical Board:</b>		
Peking Union Medical College:		
Original purchase....	\$178,772.77	
Additional land.....	180,087.78	
Buildings and fixed equipment.....	3,872,643.57	
Library.....	23,208.03	
Movable equipment	43,354.37	
Improvements and alterations.....	81,353.92	
Accessories.....	40,931.79	
	<u>4,420,352.23</u>	
<b>Shanghai Medical School:</b>		
Land.....	251,977.16	
Buildings and fixed equipment.....	31,728.38	
Library.....	623.85	
Accessories.....	39.76	
	<u>284,369.15</u>	
Harvard Medical School.....	<u>28,800.00</u>	<u>4,733,521.38</u>
	<u><u>\$4,994,465.84</u></u>	<u><u>\$4,994,465.84</u></u>

EXHIBIT P  
TRANSACTIONS RELATING TO INVESTED FUNDS

SECURITIES SOLD OR REDEEMED

	NAME	RATE PER CENT.	TOTAL PROCEEDS		
\$175,000.	American Agricultural Chemical Co. First Mortgage...	5	\$180,031.25	Gain	\$3,281.25
1,000,000.	Bethlehem Steel Co. Two-year Notes.....	5	1,000,000.00	Gain	17,500.00
500,000.	Chicago & Northwestern Ry. Loan participation.....	6	500,000.00		
36,000.	New York Central Lines Equipment Trust.....	4½	36,000.00	Gain	345.85
500,000.	Philadelphia Co. Convertible Debenture.....	5	500,000.00	Gain	25,000.00
350,000.	United Kingdom Great Britain & Ireland Three-Year..	5½	350,000.00	Gain	3,062.50
50,000.	Wheeling & Lake Erie R.R. Equipment Trust.....	5	50,000.00	Gain	125.00
25.	Shares American Ship Building Co. Common.....		3,362.97	Gain	2,487.97
220.	Shares Chehalis & Pacific Land Co. Dividends aggregating \$4.75 per share in liquidation, credited to cost of stock.....		1,045.00		
2,070.	Shares Chesebrough Manufacturing Co. Capital Rights sold and proceeds credited to cost of stock.....		5,859.70		
648.	Shares Wm. Cramp & Sons Ship & Engine Building Co.		83,051.12	Gain	73,331.12
6,545.	Shares International Agricultural Corporation Preferred		572,732.71	Gain	376,382.71
8,175.	Shares International Agricultural Corporation Common		259,534.25	Gain	218,659.25
15,400.	Shares National Lead Co. Common.....		1,280,699.03	Gain	510,699.03
1,125.	Shares New Orleans, Texas & Mexico Ry.....		45,813.75	Gain	27,813.75
140.	Shares Otis Steel Co. Preferred.....		15,216.83	Gain	2,616.83
329.	Shares Otis Steel Co. Common.....		62,305.65	Gain	55,725.65
304.	Shares Standard Oil Co. (Ohio).....		162,653.04	Gain	98,813.04
1,987.	Shares United States Cast Iron Pipe & Foundry Co. Preferred.....		127,101.58	Gain	38,790.69
			<u>\$5,235,406.88</u>	<u>Gain</u>	<u>\$1,454,634.64</u>

## EXHIBIT P—(Continued)

## TRANSACTIONS RELATING TO INVESTED FUNDS—(Continued)

## SECURITIES PURCHASED

	NAME	RATE PER CENT.	PRICE PER CENT.	COST
\$2,100,000.	United States Government Second Liberty Loan.....	4 1/4	93.0092	\$1,953,193.40
1,075,000.	United States Government Fourth Liberty Loan.....	4 1/4	93.2134	1,002,044.80
7,500.	Wilson Realty Co. Ten-year First Mortgage.....	6	95.	7,125.00
				<u>\$2,962,363.20</u>

## SECURITIES RECEIVED FROM MR. ROCKEFELLER

	NAME	VALUE PER SHARE	BOOK VALUE
366,517	Shares Anglo-American Oil Co., Ltd.....	\$30.50	\$11,178,768.50
10,000	Shares Standard Oil Co. (New Jersey) Non-Voting Cumulative Preferred.....	114.50	1,145,000.00
49,000	Shares Standard Oil Co. (New Jersey) Common.....	730.00	35,770,000.00
35,000	Shares Virginia-Carolina Chemical Co. Common.....	67.00	2,345,000.00
			<u>\$50,438,768.50</u>

## EXHIBIT Q

SCHEDULE OF SECURITIES IN GENERAL FUNDS ON DECEMBER 31, 1919, REPRESENTING  
 BOTH PRINCIPAL AND INCOME TEMPORARILY INVESTED  
 BONDS

NAME	INTEREST RATE PER CENT.	DATE OF MATURITY	AMOUNT	PRICE PER CENT.	CASH PRICE
American Agricultural Chemical Co. First Mortgage Convertible.....	5	Oct. 1928	\$310,000	101.	\$313,100.00
American Telephone & Telegraph Co. Thirty-Year Collateral Trust.....	5	Dec. 1946	100,000	97.75	97,750.00
Anglo-French External Loan.....	5	Oct. 15 '20	600,000	96.0862	576,517.20
Armour & Co. Real Estate First Mortgage.....	4½	June 1939	1,000,000	93.25	932,500.00
Ashland Power Co. First Mortgage.....	5	Mar. 1928	8,000	100.	8,000.00
Atlantic & Birmingham Ry. First Mortgage.....	5	Jan. 1934	677,000	90.	609,300.00
Baltimore & Ohio R.R. Refunding and General Mortgage.....	5	Dec. 1995	650,000	99.75	648,375.00
Chicago & Alton R.R. Refunding Mortgage.....	3	Oct. 1949	551,000	65.	358,150.00
Chicago & Alton Ry. First Lien.....	3½	July 1950	854,000	53.	452,620.00
Chicago City & Connecting Rys. Collateral Trust.....	5	Jan. 1927	1,305,000	85.	1,109,250.00
Chicago & Eastern Illinois R.R. Refunding and Improvement Mortgage.....	4	July 1955	300,000	63.	189,000.00
Chicago, Milwaukee & St. Paul Ry. General Mortgage Series "A".....	4	May 1989	30,000	97.	29,100.00

Chicago, Milwaukee & St. Paul Ry. General Mortgage Series "C".....	4½	May 1989	\$500,000	103.	\$515,000.00
Chicago, Milwaukee & St. Paul Ry. Debenture.....	4	July 1934	450,000	88.2838	397,277.50
Chicago, Milwaukee & St. Paul Ry. General and Refunding Mortgage Series "A".....	4½	Jan. 2014	500,000	91.0625	455,312.50
Chicago & North Western Ry. Extension.....	4	Aug. 15 '26	50,000	95.	47,500.00
Chicago & North Western Ry. Sinking Fund Debenture.....	5	May 1933	80,000	102.	81,600.00
Chicago Railways Co. First Mortgage.....	5	Feb. 1927	500,000	97.	485,000.00
Cleveland, Cincinnati, Chicago & St. Louis Ry. St. Louis Division., Collateral Trust.....	4	Nov. 1990	73,000	90.	65,700.00
Cleveland, Cincinnati, Chicago & St. Louis Ry. General.....	4	June 1993	700,000	83.893	587,250.00
Cleveland Short Line First Mortgage.....	4½	Apr. 1961	500,000	95.	475,000.00
Colorado Industrial Co. First Mortgage.....	5	Aug. 1934	2,000,000	80.	1,600,000.00
Consolidated Gas Co. (New York) Convertible Debenture.....	6	Feb. 1920	500,000	110.	550,000.00
Dominion of Canada, Government of, Fifteen-Year.....	5	Apr. 1931	500,000	94.565	472,825.00
Erie R.R. General Mortgage Convertible Fifty-Year Series "B".....	4	Apr. 1953	1,065,000	74.7175	795,742.30
Illinois Central R.R. Refunding Mortgage.....	4	Nov. 1955	300,000	87.	261,000.00
Interborough Rapid Transit Co. First Mortgage.....	5	Jan. 1906	1,750,000	96.8571	1,695,000.00
International Mercantile Marine Co. First and Collateral Trust Sinking Fund.....	6	Oct. 1941	2,848,290	97.5	2,777,082.75
Lake Erie & Western R.R. Second Mortgage.....	5	July 1941	100,000	100.	100,000.00
Lake Shore & Michigan Southern Ry. First Mortgage.....	3½	June 1997	926,000	87.	805,620.00
Lake Shore & Michigan Southern Ry. Debenture.....	4	May 1931	1,673,000	92.	1,539,160.00
Magnolia Petroleum Co. First Mortgage.....	6	Jan. 1937	1,809,000	100.	1,809,000.00
Missouri, Kansas & Texas Ry. General Mortgage Sinking Fund.....	4½	Jan. 1936	1,325,000	84.	1,113,000.00

**EXHIBIT Q—Continued**  
**SCHEDULE OF SECURITIES—Continued**  
**BONDS**

NAME	INTEREST RATE PER CENT.	DATE OF MATURITY	AMOUNT	PRICE PER CENT.	CASH PRICE
Morris & Essex R.R. First and Refunding Mortgage.	3½	Dec. 2000	\$175,000	82.75	\$144,812.50
Mutual Fuel Gas Co. First Mortgage.	5	Nov. 1947	250,000	100.	250,000.00
National Railways of Mexico, Prior Lien Fifty-Year Sinking Fund with January 1915 and subsequent coupons attached.	4½	July 1957	50,000	59.	29,500.00
Secured 6% Notes for coupon due January 1, 1914.		Jan. 1917	1,125	59.	663.75
Guaranty Trust Co. Receipt for July 1, 1914 coupon			1,125	59.	663.75
New Orleans, Texas & Mexico Ry. Non Cumulative Income Series "A"	5	Oct. 1935	180,000	42.	75,600.00
New York Central Lines Equipment Trust of 1913.	4½	Jan. 20 '28	324,000	99.039	320,887.36
New York Central & Hudson River R.R. Thirty-Year Debenture.	4	May 1934	330,000	88.45	291,885.00
New York, Chicago & St. Louis R.R. First Mortgage	4	Oct. 1937	35,000	95.	33,250.00
New York, Chicago & St. Louis R.R. Debenture.	4	May 1931	1,303,000	87.	1,133,610.00
New York City Corporate Stock.	4½	Mar. 1964	100,000	94.5	94,500.00
New York Connecting R.R. First Mortgage.	4½	Aug. 1953	500,000	95.69073	478,453.65
Northern Pacific Ry. Refunding and Improvement Mortgage.	4½	July 2047	390,000	91.577	357,150.00
Pennsylvania R.R. Consolidated Mortgage Sterling.	4	May 1948	£2,400	99.	11,880.00
Pennsylvania R.R. General Mortgage.	4½	June 1965	\$1,500,000	98.25	1,473,750.00

Philadelphia Co. Convertible Debenture.....	5	May 1922	\$1,000,000	97.	\$970,000.00
Pittsburgh, Cincinnati, Chicago & St. Louis Ry. Consolidated Mortgage Series "I".....	4½	Aug. 1963	500,000	103.	515,000.00
Province of Quebec Five-Year.....	5	Apr. 1920	500,000	99.75	498,750.00
Reading Co.—Philadelphia & Reading Coal & Iron Co. General Mortgage.....	4	Jan. 1997	500,000	94.25	471,250.00
Rutland R.R. First Consolidated Mortgage.....	4½	July 1941	25,000	90.	22,500.00
St. Louis-San Francisco Ry. Prior Lien Series "A".....	4	July 1950	1,500,000	72.75	1,091,250.00
St. Louis-San Francisco Ry. Adjustment Mortgage.....	6	July 1955	500,000	81.975	409,875.00
Seaboard Air Line Ry. Adjustment Mortgage.....	5	Oct. 1949	455,000	77.	350,350.00
Southern Pacific R.R. First and Refunding Mortgage.....	4	Jan. 1955	100,000	86.	86,000.00
Sunday Creek Co. Collateral Trust.....	5	July 1944	81,000	78.	63,180.00
United Kingdom of Great Britain & Ireland Five-Year Notes.....	5½	Nov. 1921	350,000	98.375	344,312.50
United States Fourth Liberty.....	4¾	Oct. 15-'38	1,075,000	93.21347	1,002,044.80
United States Second Liberty converted.....	4¾	Nov. 15-'42	2,100,000	93.00921	1,953,193.40
Wabash R.R. Second Mortgage.....	5	Feb. 1939	120,000	97.8	117,360.00
Washington Ry. & Electric Co. Consolidated Mortgage.....	4	Dec. 1951	450,000	83.5	375,750.00
Western Maryland R.R. First Mortgage.....	4	Oct. 1952	1,032,000	78.8913	814,158.76
Wheeling & Lake Erie R.R. Lake Erie Division First Mortgage.....	5	Oct. 1926	140,000	100.	140,000.00
Wheeling & Lake Erie R.R. Equipment Trust Series "B".....	5	Apr. '20-'27	400,000	99.75	399,000.00
Wilson Realty Co. First Mortgage Bonds.....	6	July 1929	7,500	95.	7,125.00
<b>TOTAL BONDS.....</b>					<b>\$36,279,437.72</b>

**EXHIBIT Q—Continued**  
**SCHEDULE OF SECURITIES—Continued**  
**STOCKS**

NAME	DIVIDEND RATE PER CENT.	NUMBER OF SHARES	PRICE PER SHARE	CASH PRICE
American Ship Building Co. Preferred.....	7	9,303	85.	\$790,755.00
American Ship Building Co. Common.....	7	14,957	35.	523,495.00
Anglo-American Oil Co., Ltd. (Par £1).....	30	366,517	30.5	11,178,768.50
Atchison, Topeka & Santa Fe Ry. Preferred.....	5	5,000	98.25	491,250.00
Atchison, Topeka & Santa Fe Ry. Common.....	6	21,100	95.2563	2,009,908.33
Borne-Scrymser Co. Capital.....	20	300	295.	88,500.00
The Buckeye Pipe Line Co. Capital (Par \$50).....	16	49,693	160.	7,950,880.00
Central National Bank of Cleveland Capital.....	10	500	159.2222	79,611.10
Chehalis & Pacific Land Co. Capital.....		220	36.874	8,112.40
Chesebrough Manufacturing Co. Consolidated Capital.....	14	2,070	220.5025	456,440.30
Chicago City & Connecting Ry. Participation Certificates Preferred.....		17,530	69.1875	1,212,856.88
Chicago City & Connecting Ry. Participation Certificates Common.....		10,518	30.	315,540.00
Cleveland Arcade Co. Capital.....	8	2,500	98.6222	246,555.56
Cleveland Trust Co. Capital.....	12	286	238.195	68,123.77
Colorado & Southern Ry. First Preferred.....	4	7,000	54.	378,000.00
Consolidated Gas Co. of N. Y. Capital.....	7	20,000	127.50	2,550,000.00
The Continental Oil Co. Capital.....	12	7,000	190.	1,330,000.00

The Crescent Pipe Line Co. Capital (Par \$50).....	6	14,120	60.	847,200.00
Cumberland Pipe Line Co. Capital.....	12	3,000	81.333	244,000.00
Erie R.R. First Preferred.....		21,400	45.8306	980,773.76
Eureka Pipe Line Co. Capital.....	16	12,357	361.3333	4,464,995.59
Galena-Signal Oil Co. Preferred.....	8	4,193	139.7	585,779.50
Galena-Signal Oil Co. Common.....		20,000	189.7031	3,794,059.59
Great Lakes Towing Co. Preferred.....	7	1,527	88.7361	135,500.05
Great Lakes Towing Co. Common.....	5	1,200	12.	14,400.00
Indiana Pipe Line Co. Capital (Par \$50).....	16	24,845	125.111	3,108,385.28
Manhattan Ry. Capital.....	7	10,000	128.775	1,287,750.00
Missouri Pacific R.R. Voting Trust Certificates for Convertible Preferred.....		21,980	55.5	1,219,890.00
National Lead Co. Preferred.....	7	1,100	104.	114,400.00
National Lead Co. Common.....	5	14,000	50.	700,000.00
National Transit Co. Capital (Par \$12.50).....	16	126,481	28.5	3,604,708.50
New York, Chicago & St. Louis R.R. Second Preferred.....		400	78.70	31,480.00
New York, Chicago & St. Louis R.R. Common.....		100	55.	5,500.00
New York Transit Co. Capital.....	16	12,392	300.	3,717,600.00
Northern Pacific Ry. Capital.....	7	700	91.7625	64,233.75
Northern Pipe Line Co. Capital.....	10	9,000	110.	990,000.00
Pere Marquette Ry. Preferred.....		5,740.8	54.565	313,248.00
Provident Loan Society Certificates (Par \$5,000).....	6	40	100.	200,000.00
Seaboard Air Line Ry. Preferred.....		4,300	54.	232,200.00
Seaboard Air Line Ry. Common.....		3,400	21.	71,400.00
Sheffield Farms Co., Incorporated, Preferred.....	6	150	99.4	14,910.00
The Solar Refining Co. Capital.....	10	4,964	185.007	918,375.00
Southern Pipe Line Co. Capital.....	20	24,845	229.5556	5,703,308.88
South West Pennsylvania Pipe Lines Capital.....	12	8,000	160.	1,280,000.00
Standard Oil Co. (Indiana) Capital.....	24	29,718	867.	25,765,506.00

## EXHIBIT Q—Continued

## SCHEDULE OF SECURITIES—Continued

## STOCKS—Continued

NAME	DIVIDEND RATE PER CENT.	NUMBER OF SHARES	PRICE PER SHARE	CASH PRICE
The Standard Oil Co. (Kansas) Capital.....	24	4,966	275.016	\$1,365,733.13
Standard Oil Co. (Kentucky) Capital.....	12	14,868	70.2547	1,044,547.23
Standard Oil Co. (Nebraska) Capital.....	20	2,482	270.	670,140.00
Standard Oil Co. (New Jersey) Preferred.....	7	10,000	114.5	1,145,000.00
Standard Oil Co. (New Jersey) Common.....	20	49,000	730.	35,770,000.00
The Standard Oil Co. (Ohio) Capital.....	16	17,088	210.	3,588,480.00
Superior Savings & Trust Co. Capital.....	16	300	297.8333	89,350.00
Tilden Iron Mining Co. Capital.....		1,780	27.35	48,683.46
Union Tank Line Co. Capital.....	7	24,000	70.	1,680,000.00
Virginia-Carolina Chemical Co. Common.....	6	35,000	67.	2,345,000.00
Washington Oil Co. Capital (Par \$10).....		1,774	30.	53,220.00
Western Maryland Ry. Second Preferred.....		500	46.	23,000.00
Western Pacific R.R. Corporation Preferred.....	4	20,195	43.5	878,482.50
Western Pacific R.R. Corporation Common.....		30,292½	15.25	461,960.62
Wilson Realty Co. Capital.....		591	100.	59,100.00
Woman's Hotel Co. Capital.....		300	80.	24,000.00
TOTAL STOCKS.....				\$139,335,097.68

## SUMMARY

Bonds.....	\$36,279,437.72
Stocks.....	139,335.097.58
Total book value of investments belonging to General Funds, principal and income.....	<u>\$175,614,535.40</u>

The foregoing investments are apportioned as follows:

General Fund.....	\$171,204,624.50
General Fund Income.....	1,544,506.94
Estate Laura S. Rockefeller Fund.....	152,733.00
Reserve.....	2,712,670.96
<b>TOTAL.....</b>	<b><u>\$175,614,535.40</u></b>

## EXHIBIT R

## SCHEDULE OF SECURITIES IN SPECIAL FUNDS ON DECEMBER 31, 1919

JOHN D. ROCKEFELLER FUND  
BONDS

NAME	RATE %	DATE OF MATURITY	AMOUNT	PRICE %	CASH PRICE
Canada Southern Ry. Consolidated Mortgage Series "A"	5	Oct. 1962	\$37,000	100.	\$37,000.00

LAURA S. ROCKEFELLER FUND  
BONDS

Colorado Industrial Co. First Mortgage.....	5	Aug. 1934	\$50,000	80.	\$40,000.00
Virginia Carolina Chemical Co. First Mortgage.....	5	Dec. 1923	10,000	93.	9,300.00

HENRY STURGIS CREW MEMORIAL FUND  
BONDS

United States Second Liberty Loan Converted.....	4½	Nov. 15 '42	\$25,850	96.71167	\$25,000.00
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ARTHUR THEODORE LYMAN ENDOWMENT  
BONDS

United States Fourth Liberty Loan.....	4½	Oct. 15 '38	\$5,850	94.01709	\$5,500.00
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