last four years. Why do some communities persist in taking serious risks when smallpox can be avoided so easily by community-wide vaccination?

Will the present favorable health conditions continue during the coming year? In general, I think they will.

So much depends upon the occurrence of major epidemics, weather conditions and other "acts of God," that no one, of course, can now predict the final outcome.

On the whole, the augury for the coming year is most propitious. At no time in the history of our country have there been so many signs of popular interest in public health affairs. The widespread and active campaign against venereal disease, the ambitious program advocated by the American Tuberculosis Association, and the successful National Health Conference at Washington in July, all emphasize the keen interest that is being manifested in communal and individual health.

Barring unforeseen and uncontrollable acts of nature, 1939 should prove to be another milestone on the road to better health and longer life for our people.—San Francisco *News,* January 2, 1939.

SYPHILIS IN INDUSTRY

The United States Public Health Service has advocated a six-point program to prevent the spread of syphilis among employees in industry. The recommendations are as follows:

1. Routine blood tests for applicants for employment.
2. Routine blood tests at the time of periodic reëxamination of employees.
3. Industry, with its compact organization, should develop a vigorous educational program.
4. Industry should extend its educational campaign into the field of prophylaxis.
5. There is a responsibility upon the industrial medical officer to see that adequate modern treatment is available to employees at prices ordinary wage earners can afford. If such treatment is not available in private practice or at public clinics, industrial medical service should undertake such treatment.
6. Syphilis must at all times be handled as merely another communicable disease. The privacy of relations between the worker and the medical service should be preserved in the best professional tradition. In ordinary cases it cannot be regarded as ground for discrimination of any kind against employees, when treatment is properly required.

Dr. R. A. Vonderlehr, Assistant Surgeon General in charge of the Venereal Disease Division, stated that when syphilis cases are given proper treatment, industry runs a minimum of risk of having workers disabled or partially disabled from the disease. A recent survey showed that symptoms of syphilis of the nervous system resulted in only 1.6 per cent of the properly treated cases under observation. For untreated cases the rate was 16.9 per cent.

Those studies also revealed no cases of syphilitic heart disease among the group that had received proper treatment, while 3.4 per cent of the cases having no treatment developed heart trouble during the ten- to twenty-year observation period.

"Fortunately," Doctor Vonderlehr says, "some of the larger industries have discovered that the control of venereal diseases in industry can hardly be accomplished by dismissals. They assure the worker that so long as proper precautions are taken during the early stages and proper treatment continued, there will be no dismissals following discovery and treatment of infection.

"Some industries have established clinics to treat both infected employee and his family. Those industries have found out that the employee constantly in fear of being dismissed will neglect treatment and that this neglect simply leads to prolonged and more serious illness. A sick and worried employee is very definitely a liability, at least in terms of inefficiency and possibly in terms of accident and labor turnover.

"Remember, also, that from the public point of view, the patient's continuance of treatment and, therefore, his cure will depend upon the continuance of his income. Nobody would benefit by his discharge. He might easily be thrown upon public relief. That might result from a policy of needlessly discharging syphilitics from their employment.

"The syphilitic person passes through three definite stages: early, latent or symptomless, and late syphilis. If adequate treatment is given to the infected individual, the manifestations of late syphilis are prevented in more than 80 per cent of all cases.

"From the standpoint of incapacitation as a result of syphilis with reference to employment, it should be noted that only those people with very early syphilis—in the first week or two of the disease—and those who have manifestations of late syphilis, might have a lowered earning capacity. The number of syphilitic persons in these categories, however, would not constitute more than 10 per cent of all the syphilitics in the United States."

The greatest proportion of people so infected, Doctor Vonderlehr explained, have the latent or symptomless form of the disease. Thus, unless a special attempt were made to detect the disease through the use of serological blood tests, the average employer would not be able to tell which of his workers were infected.

In its very early stage, before he begins to receive treatment, the patient may have symptoms present which will cause some degree of incapacitation for a few days. These disappear, however, within a week when the patient is given modern treatment, and these treatments should not interfere with his job.

In late syphilis, of many years' duration, serious complications involving the brain, spinal cord, or the heart and great blood vessels may occur, in which event the patient would, of course, likewise be incapacitated. This incapacitation would last for a variable time and might possibly be permanent. A great many of the people with such complications are confined to mental or other hospitals more or less permanently and are not a part of the great employed group in this country.

Statistical biography of ten thousand children born in any one year:

Who Die—

1,323 die before the age of twenty.

Who Live—

34 are crippled.
15 Are deaf or hard of hearing.
5 are blind.
17 are visually handicapped.
260 have defective speech.
86 are so emotionally unstable or delinquent that substituted care is needed.
8 are so mentally defective, dependent, or delinquent that institutionalization is needed.
78 are mentally deficient, and in need of special classes.
347 are mentally handicapped, and in need of opportunity classes (vocational level—manual labor).
1,214 are dull normal, and in need of occupational classes (vocational level—semiskilled trades).
5,206 are normal, and fit into regular grades (vocational level—skilled trades and small businesses).
1,301 are bright, making a college education usually desirable (vocational level—larger business enterprises and professions).
20 are sufficiently gifted to make professional and research education highly desirable.