in other states which have a large percentage of urban population, there is one doctor to as few as 500 to 700 persons. The number of doctors in rural territory has been steadily decreasing. A great many small towns that had one or two doctors a few years ago have none at present.

As in the case of the doctors, the situation as to hospital facilities likewise places the rural communities at a great disadvantage. A survey made in 1934 showed that only about 1,700 of the 3,073 counties in the United States had any general hospital. This means that 1,300 counties had no hospitals. By allowing two hospital beds per thousand population and a distance of fifty miles from hospital centers, the study showed a need for 22,000 new hospital beds for the rural areas.

The hospital need is said to be greatest in the South, where more than a million persons living in eight states had less than one hospital bed for every 2,000 persons.

The bulletin discusses all the various considerations entering into the planning and building of a rural hospital—the needs of the community, the state laws that affect hospitals and hospital care, what it costs to build and operate a hospital, the financing, and the organization and administration. Numerous sketches show specific plans and specifications, and there are many illustrations of the building and work of rural hospitals in various parts of the country.

"Before agreements are made for a new rural hospital," the author points out that "some idea of the necessary size and expected occupancy should be obtained, for size affects the capital cost and occupancy affects the operating cost.... The expected occupancy of a hospital is dependent upon the proportion of beds to the population, the health education of the community and the attending physicians' habits of recommending hospital care."

The author concludes that "A good rural hospital does more than provide for those in the community who actually need hospital care. If it is well equipped and well organized, it may attract physicians to the country district where it is located, and it also may be the means of encouraging the doctors in the locality to stay in country practice. It enables these country doctors to see more patients and do better work. Its laboratories and facilities can be used for the diagnosis and treatment of all people. It may become the center of the entire county health program." A copy of the bulletin, No. 1792 in the Farmers' Bulletin series, may be obtained from the Office of Information, United States Department of Agriculture, Washington, D. C.

GENERAL HOSPITAL FINE INSTITUTION; LET US KEEP IT FINE

Reprint of an Editorial from the Los Angeles Daily News, March 2, 1938

It is to be regretted that at this time, when certain phases of local government are enveloped in a negative perfume, that General Hospital should be in any way open to criticism.

Los Angeles people have always been proud of their county hospital. They ought to be. It cost enough. It is recognized as the finest public institution of its kind in the world for organization, staff, and equipment.

Those who have benefited by treatment there—whose lives would have flickered out in painful misery and amid hopeless squalor if such a grand enterprise did not exist—praise loudly the attention they received; and many do their best to compensate the County, if ever able.

If anything is occurring there to destroy the faith of the people in this great institution—to lessen the pitiable confidence of the indigent, or cast a shadow of suspicion in the minds of the taxpayers—it is a situation that must be instantly remedied.

A county hospital, dealing in a Godly work, should be aloof from politics, venality, acrimony.

If General Hospital is hounding indigents for bills, the practice is cruelly vicious.

If General Hospital is charging, rich and poor alike, in excess of private hospital prices in its fear of being a victim of chiselers, then the County corporation of Los Angeles is a bigger chiseler than its people.

If the County is looking for chiselers, there are plenty of places to hunt for them before picking on the weak and disabled. Far better that one chiseler escape than the wretched lives of the destitute be made more horrible by unfeeling persecution.

* * *

General Hospital is an institution for the people.

In emergency, the doors must swing wide for rich and poor alike, for millionaires and paupers. They are all our people, and it is their hospital—their refuge in dire distress.

Primarily, of course, the hospital is for the poor. It is assumed they have nothing when admitted. But families with monthly incomes of $55 to $125—and there are many—are no more competent to arrange private hospitalization in emergencies than those wholly destitute.

They could, however, in the passage of time, try to diminish the charges at small monthly payments.

It would be reasonable for the hospital authorities to inform a discharged patient that his nominal expense to the County was, for instance, $87.50, and if he can ever pay any part of it, the sum will aid some future patient.

But to hammer at these persons regularly with the threatening tactics of a collection agency, as charged, when they probably are without heat or food, is a heartlessness which could only have been devised by prosperous politicians—who never attack the strong!

The "Kern County decision" of the Appellate Court is given as the excuse for the practice. This ruled that patients must be billed for treatment—but it did not say how often.

Kern County's population can be housed in a city block in Los Angeles. Its indigents can be known by first name to all officials. As a precedent for this county, it is the tail wagging the dog.

Only a leathern legal mind could interpret the Kern decision as it has been interpreted in Los Angeles—a great metropolitan center where destitution is bound to be at a vastly higher proportionate percentage than in a rural district. The interpretation, naturally, came from the office of the county counsel—the top job of which pays $10,000 a year, a fact that was recently emphasized.

Some appointed politicians, who do not need to run for election and have no financial worries, do not have the sympathy for patrons of charity hospitals so necessary for their operation.

* * *

Two hundred physicians are giving part of their time free each week to General Hospital. For the County to charge patients in excess of private hospitals is an affront and injustice to these fine and altruistic men and women.

The current charges were made by Dr. George H. Kress, President of the Los Angeles County Medical Association, which cannot risk its ethical dignity with idle accusations. There must be something there.

The Board of Supervisors will be making a grievous error if it does not press its inquiry to a satisfactory conclusion.

SYPHILIS: THE BARRIERS ARE DOWN—WHAT NEXT*

A Program for 1938

America's golden opportunity to conquer syphilis has been won by twenty years of patient work. At last the barriers are down. In the daily press, in national weeklies and monthlies, in radio broadcasts, in addresses and conversations, syphilis and gonorrhea are now discussed frankly and with optimism. The United States Public Health Service, under the vigorous leadership of Surgeon-General Thomas Parran and with the coöperation of the medical profession, has accelerated official action against these diseases throughout the country.

These are advances for which the American Social Hygiene Association has striven continuously—that the light of science might reveal to needlessly suffering men and women the hopeful facts regarding syphilis and gonorrhea; that the resources of local, state, and national governments might be mobilized against preventable disasters.

General interest, feelings of sympathy aroused by accounts of tragedies chargeable to syphilis and gonorrhea, are futile unless organized and directed in a program of specific action. No program for wiping out syphilis can succeed that fails to come to grips with the problems of individuals in shops, factories, offices and homes, in cities and on the farm. Infected persons must be treated, sources

* By Walter Clarke, M.D., Executive Director, American Social Hygiene Association.

of infection found, contacts examined, men and women instructed in the nature, methods of spread and means of prevention of syphilis and gonorrhea. For these purposes facilities and services available to all must be provided in cities and towns throughout the country. This program and these facilities must be provided under local medical and health agencies and to the extent necessary out of local tax funds. The people of the communities must appreciate the need for them and must wish to provide them. In a word, there must be organized citizen support based on enlightened citizen understanding.

For more than two decades the American Social Hygiene Association, guided by its General Director, Dr. William F. Snow [one-time Director, California State Board of Public Health], has gone about the business of creating and organizing this citizen interest and support. The time has now come to extend and intensify this work. Perhaps not for another generation will an equal opportunity be given America to conquer syphilis and mitigate the ravages of gonorrhea. The public will soon tire of a problem about which little is done; and the old inertia and hopelessness will return, unless popular awareness and concern are promptly capitalized. To capitalize this interest, we must organize it and put it to work.

The Association, aided by its National Anti-Syphilis Committee, of which General John J. Pershing is chairman, will redouble its efforts to create and organize support of the modern scientific program against syphilis and gonorrhea. The practical steps to be taken in cities, towns, and states are these:

1. Create committees of leading citizens to sponsor and guide appropriate action in coöperation with and support of the medical and public health forces of the community.
2. Instruct the public regarding syphilis and gonorrhea, the damage they cause, and how to prevent their spread.
3. Encourage sound official efforts to combat syphilis and gonorrhea.
4. Study local and state problems of syphilis and gonorrhea and social conditions favoring their spread, and plan to deal effectively with them.
5. Promote a well-rounded scientific program and obtain adequate facilities for combating syphilis and gonorrhea.

There is a place for every citizen, for every professional group, for all phases of interest in social hygiene, in such a program of state and local action. Both "the old guard, and the new recruit," as President Ray Lyman Wilbur calls them, are needed here. The Association will continue to work through existing state and local voluntary agencies, especially social hygiene societies, in organizing citizen support for the campaign against syphilis. In collaboration with these, the Association will provide the services of trained field workers as organizers, and of consultants for the technical features of the program. Where no social hygiene societies exist, the Association's representative will utilize the organization and contacts of appropriate existing agencies where these are made available, adding to them state and local committees for specific action against syphilis and gonorrhea. Failing such coöperation with existing health agencies, the Association may recommend new organizations of whatever type may seem to all concerned most satisfactory under the circumstances. As previously, the Association will continue as central clearing house of advice and information and will develop and disseminate educational material in appropriate variety and keyed to the current public interest.

This is our practical working policy and program for the immediate future. Along this highway let us make as rapid progress as possible, working in close harmony with health authorities, the medical profession, and social and educational organizations; not losing sight of nor abating activities related to the great ultimate objectives of the founders of the Association, but concentrating on the attainment of our first goal—the conquest of syphilis.

"In giving full approval to this emphasis on the medical aspects of social hygiene during 1938, and doubtless also for several years to come, the Association is not ignoring the importance of its long-range program of sex education and preparation for parenthood and family life," says Professor Maurice A. Bigelow, Chairman of the Executive Committee. "Nor is it overlooking the pressing problems of prostitution faced by many cities in a more acute form now than at any time in the last decade."

Constantly the Association points out that it is "combating syphilis and gonorrhea *and the conditions which favor their spread.*" Conditions which favor their spread include not only lack of facilities for diagnosis, treatment, epidemiology and popular health instruction, but also commercialized prostitution, sordid and degrading amusements, ignorance of parents and others responsible for the sex education of youth, handicaps of homes, schools, and churches in motivating boys and girls with high ideals of conduct.

The spear point of the social hygiene movement at present is the campaign against syphilis and gonorrhea. Behind the spear is the solid body of the whole broad social hygiene program giving weight and steadiness to the drive against these diseases. That will still remain after syphilis and gonorrhea have taken their places, along with smallpox, typhoid and yellow fever, cholera, and soon tuberculosis and diphtheria, among the vanquished enemies of man.

CALIFORNIA VENEREAL DISEASE CONTROL—PAST, PRESENT, AND FUTURE

The Venereal Disease Act of California was passed by the Legislature in May, 1937, was signed by the Governor on July 1, 1937, and became a law on August 27, 1937.

The Act appropriated $150,000 for the biennium. This is supplemented by $72,000 allocated to the state for venereal disease control by the United States Public Health Service for the fiscal year 1937-1938. In addition, approximately $200,000 has been appropriated by local governmental agencies for the present fiscal year for venereal disease control.

ADMINISTRATION OF THE ACT

Under the provisions of the law, the Bureau of Venereal Diseases was created as a separate bureau within the California State Department of Public Health. The state program is administered by the State Department of Health under the direction of Dr. Walter M. Dickie, director of the department. The Bureau was reëstablished (since such a bureau was in existence from 1917 to 1920) on February 1, 1937, and Dr. Malcolm H. Merrill was appointed as chief of the Bureau. using funds allotted to the state by the United States Public Health Service. (The Bureau was thus established prior to the passage of the state legislation.)

The Bureau of Venereal Diseases functions as an integral part of the State Department of Public Health just as does the Bureau of Epidemiology, Bureau of Tuberculosis, Bureau of Food and Drug Inspection, etc.

Accomplishments to date are difficult to evaluate. Some of the more evident developments may be mentioned.

1. *Reporting System.*—The system for reporting cases of venereal diseases has been simplified and modernized. A new report form has been prepared and issued. This new card was issued the latter part of June, at which time it was forwarded with a letter of explanation to the 12,500 medical practitioners in California.

Cases Reported.—The number of cases reported has increased by approximately 50 per cent since these cards went into use. The total number of cases reported to the end of the third week in December were 16,361 cases of gonorrhea and 16,540 cases of syphilis or a total of 32,901 cases. Twenty thousand of these cases have been reported since July 1, 1937. These figures may be compared with a total of 23,843 total cases in 1936 and 23,591 total cases in 1935. This does not indicate an increased prevalence, but better coöperation of the physicians in reporting. Surveys that have been carried on have indicated that prior to the present campaign less than 10 per cent of the cases treated by private physicians were rejected.

The epidemiological reports constitute a vital part of the reporting system. A card folder has been prepared and issued for this purpose. Each time a physician reports a case of venereal disease the local health department sends one of these card folders, together with literature for the patient, to the physician. On these folders the physician reports sources of infection, contacts and cases lapsing from treatment. The local health department then investigates these cases. Already many infections have been prevented as a result of these investigations. These cards have also been mailed to all physicians in the state. This entire reporting system, together with printing of cards, and instructions to physicians, have been developed in the past nine months.