

capable of the kind of leadership necessary to do these jobs in a rural county, and there is only a small amount of money to pay for the work that is done in the rural county. The work must be concentrated there, and it is too complicated, it would seem to somebody that is analyzing the whole situation in a Federal and State government; so it is simply a matter for the man in the home who wants to get his advice from somebody, and instead of having a retail store that he can go to, he wants it to be a department store so he can get all his welfare advice from the same place, because he does not know the difference—he does not know what health advice is, and so forth.

Senator BARKLEY. If all the counties in all the States take advantage of the rural sanitation and health features of this bill, in the same proportion as in Kentucky, would the amount provided be sufficient?

Dr. McCORMACK. No; the amount provided would not be sufficient. This is a real start in the right direction. It would take more than this to accomplish the purposes of the bill in all of the counties and cities of the United States, but in all probability this bill provides for enough, because it is going to be necessary to qualify the personnel in order to make the bill effective as there are not enough health officers and public-health nurses in the United States to provide one for every county in the United States by tomorrow. It has got to be done gradually, and I think for that reason the amount provided in the bill is ample for the purpose of stimulation. In the larger and wealthier counties stimulation will be all that will be necessary in the furnishing of trained personnel.

The CHAIRMAN. Thank you very much, Doctor. Dr. Grulee.

STATEMENT OF DR. CLIFFORD G. GRULEE, EVANSTON, ILL.,
PROFESSOR OF PEDIATRICS, RUSH MEDICAL COLLEGE,
CHICAGO

The CHAIRMAN. Doctor, will you, for the benefit of the record, give your business and where you are from?

Dr. GRULEE. I am professor and head of the Department of Pediatrics of Rush Medical College, Chicago, and Secretary of the American Academy Pediatrics Association.

I should like to ask that there go in the record as an approval of this part of the bill, the maternal and child-health portion, the following names:

Dr. William Palmer Lucas, professor of pediatrics, University of California, San Francisco, Calif. ; Dr. Warren R. Sisson, assistant professor of pediatrics, Harvard Medical School, Boston, Mass. ; Dr. Borden S. Veeder, president American Pediatric Society, and clinical professor of pediatrics, Washington University School of Medicine St Louis MO. Dr. Lawrence T. Royster, professor of pediatric, University of Virginia, University, Va. Dr. A. Graeme Mitchell, professor of pediatrics, University of Cincinnati, Cincinnati, Ohio; Dr. B. E. Bonar, member of the State Board of Health, Salt Lake City, Utah; Dr. Hugh McCulloch, associate professor of pediatrics, Washington University, St. Louis, MO., and also secretary of American Pediatric Society; Dr. Philip F. Barbour, professor of pediatrics, University of Louisville, Louisville, Ky. ; Dr. Hugh Leslie Moore, professor of pediatrics, Baylor University, Dallas, Tex. ;

Dr. Joseph Stokes, Jr., professor of pediatrics, University of Pennsylvania, Philadelphia, Pa.; Dr. Vivian Tappan, Tucson, Ariz.; Dr. F. P. Gengenbach, professor of pediatrics, University of Colorado, Denver, Colo.; Dr. Morgan Smith, professor of pediatrics, University of Arkansas, Little Rock, Ark.; Dr. J. B. Bilderback, professor of pediatrics, University of Oregon, Portland, Oreg.; Dr. Oscar M. Schloss, formerly professor of pediatrics, Cornell University Medical School, New York, N. Y.; Dr. O. N. Torian, professor of pediatrics, Indiana University, Indianapolis, Ind.; Dr. E. A. Park, professor of pediatrics, Johns Hopkins University, Baltimore, Md.; Dr. Harold C. Stuart, assistant professor of child hygiene, Harvard School of Public Health, Boston, Mass.; Dr. E. C. Mitchell, professor of pediatrics, University of Tennessee, chairman, region 2, Academy of Pediatrics, Memphis, Tenn.; Dr. Kenneth D. Blackfan, professor of pediatrics, Harvard Medical School, Boston, Mass.; Dr. Thomas B. Cooley, president, American Academy of Pediatrics, 1728 Seminole Avenue, Detroit, Mich.; Dr. Richard M. Smith, professor of child hygiene, Harvard School of Public Health, Boston, Mass.; Dr. Leroy A. Calkins, Department of gynecology and obstetrics, School of Medicine, University of Kansas, Kansas City, Mo.; Dr. Rudolph W. Holmes, professor of obstetrics, Northwestern University Medical School, Chicago, Ill.; Dr. Alice N. Pickett, associate professor of obstetrics, University of Louisville, Louisville, Ky.

Senator BARKLEY. Doctor, do you mean the names that you have just filed are the names of those for whom you are speaking?

Dr. GRULEE. Their report is here; yes, sir.

Senator BARKLEY. In those telegrams and letters?

Dr. GRULEE: k-es. (See pp. 1297-1301.)

Senator BARKLEY. It is just a general approval?

Dr. GRULEE: Yes, sir; it is an approval of the section on maternal and child health.

I take it that you are interested in this from two standpoints. First, the standpoint of whether there is need; and, second, from the standpoint of whether or not it is feasible to carry this out and what chance there is of success..

Now, as to the need for this, I think that has already been shown to you and I shall not take up the time in expatiating on that. As to the question of success, it should be mentioned that there are two types of public-health work. One is the public-health measures of a general nature; the other is public-health measures which are directed toward the individual.

The public-health measures of a general nature have to do with food, milk supply, and so forth, and often these, in the rural districts of this country, are not properly attended to. I have gone several times to the southern part of Illinois and the southern part of Indiana and I found more bone tuberculosis in those regions in a day than I found in a month or year in Chicago. The reason, I think, is that they are not alive to the fact that bone tuberculosis is largely a result of infected milk. If there are laws for pasteurizing, they are not properly followed up.

Several years ago, in about 1925, we started in Chicago what is known as the "Infants Welfare Society." This was an outgrowth of what had been termed the "Medical Milk Commission." The Medical Milk Commission simply saw that the children got good

milk. We did not reduce the mortality of those children one iota by those means when we used to put the milk up in bottles and gave it to the children at wholesale, depending on their age and weight; but with the advent of stations and individual attention of the doctor and nurse to that child, the death rate has reduced so that now in the city of Chicago the death rate compares very favorably with the death rate of any other large city of the country. It seems to me that this speaks volumes for the necessity of individual physicians in this sort of work, and that is what I am interested in.

It seems to me that this bill presupposes the cooperation of the medical profession—the medical groups—in working out the health of the child. Yesterday all day I sat in with a group of men drawn from as distant points as New Jersey, and we discussed what means we could take to further the health of the child throughout the Nation. This is only one of the things which is being done, but it is an important one and will help materially. The big thing is to have the cooperation of all the various agencies, which we are trying to get.

Senator BARKLEY. Does that complete your statement?

Dr. GRULEE. Yes, sir.

Senator BARKLEY. Does anybody want to ask the doctor any questions? Thank you very much Doctor. Doctor Lyon.

STATEMENT OF DR. GEORGE M. LYON, HUNTINGTON, W. VA.

Dr. LYON. My name is George M. Lyon, of Huntington, W. Va. I am a physician in private practice.

Senator BARKLEY. Do you speak for anybody besides yourself?

Dr. LYON. Just personally. I am appearing this morning because of my interest in child-welfare work. My work is very largely confined to dealing with children, and dealing with children who are not in the fortunate urban circumstances that most of my eastern friends can administer to their children, but in the rural type of communities that are so familiar to those of you who are from Kentucky.

Now my remarks, while directed mainly at West Virginia, cover the mountain districts of the eastern section of the United States.

We have two specific types of needs in these counties that cannot be shown so well statistically as they can by means of actual observation.

West Virginia and the mountainous section of the southeastern United States have problems in the protection of maternal and child health which are peculiar to the geographic and industrial endowment to be found therein.

On the basis of differences in needs, the mountain counties may be divided into two types: (1) Those with coal mining and characterized by a local congestion of population, and (2) those with no mining and characterized by an actual sparsity of population.

In those nonurban districts where between steep hillsides on the narrow bottom lands the population is concentrated, diarrheal diseases constitute the major preventable hazard to child health. In the sparsely populated rural mountain districts this is not the case and poor socio-economic status combine to provide the major barrier to maternal and child-health protection. Some counties present mixtures of both extremes. Others have little or none of these handicaps. Lack of understanding of health protection, whether for the mother