

salary such as can be paid out of the engineering fund, he should be tendered the position. The State Health Officer was authorized to make an appointment to the position as Chief Sanitary Engineer, to be confirmed by the Board at a subsequent meeting.

The question of adopting and enforcing a minimum code of rules and regulations governing the number, location and operation of public comfort stations was next considered. Mr. King presented a very complete outline of the minimum requirements which should be insisted upon in the establishment of these stations. It was the unanimous opinion of the Board that these requirements should be adhered to as closely as possible, but the question of adopting and publishing a code of requirements was deferred until the next meeting of the Board.

The influenza situation was fully discussed, and the necessity of adopting a code of regulations for the better prevention and control of this disease was fully discussed. No formal action was taken.

The question of appointing a representative of the State Board of Health to serve on the Committee of Examiners for the examination and certification to the County Boards of public health nurses or public health instructors was next considered. It was agreed that the State Health Officer should represent the Board as a member of this committee until further action is taken.

SPECIAL MEETING, OCTOBER 2, 1919.

This call was issued for the purpose of considering and adopting a code of rules governing the better prevention and control of influenza. After a full discussion the following regulations were unanimously adopted and ordered published in the official state paper:

Rule 16. Influenza (La Grippe). In conformity with the authority vested in the State Board of Health by section 1407A—6 of the statutes, authorizing the board to adopt and enforce reasonable orders for the prevention and suppression of disease, the following rule for the prevention and control of influenza is hereby declared to be of general application throughout the state:

1. Every physician engaged to treat a case of influenza, or who shall have personal knowledge of any case of said disease, shall, within twenty-four hours thereafter, report the same in writing to the local health officer, giving full name, age and address of the patient. When a physician is not employed the responsible head of the family, or the owner, agent, manager, principal or superintendent of any public or private institution or dispensary, hotel, boarding or lodging house shall report the case to the local health officer. Cases of influenza should be reported to the health officer immediately by telephone.

2. All homes in which there is a case of influenza (la grippe) or pneumonia associated with influenza shall be placarded in a conspicuous place with a red card on which shall be printed the word "Influenza" at least two inches in height; all persons having such a disease

shall be isolated in the home or hospital and no person shall be allowed to enter said home or the sick room at the hospital except the attending physician, nurse, members of the health board, and health officer, without the permission of the health officer or one of his assistants.

3. All homes shall be placarded by or under the direction of the local health officer and said placard shall not be removed until at least four days after the temperature has registered normal in the last case occurring in such home. (It is not safe for anyone who has had influenza to return to usual vocation for at least ten days from the time his temperature is normal.)

4. All individuals in the home, except those who are engaged in gainful occupations, shall be prohibited from leaving the premises as long as the home remains placarded. Individuals in the home not afflicted with the disease who are engaged in gainful occupations may be permitted to follow such occupations on the condition that they do not frequent public meetings, churches, schools, theaters, pool rooms, billiard halls, saloons or any place where people from time to time congregate in considerable numbers. Teachers and such other persons with a gainful occupation or business who, in the opinion of the local board of health, may be dangerous factors in the spread of influenza on account of their associations with large numbers of people shall, when influenza is present in the home, take up their residence in another home free from the disease or be quarantined.

5. After patients have recovered from influenza (la grippe) or pneumonia associated with influenza, the house shall be thoroughly aired, the woodwork washed with soap and water or an approved disinfectant; all bed clothing used by the patient shall be boiled or thoroughly cleansed and aired. Aerial fumigation is not required.

6. All police officers shall prevent loitering in public places and assist the health officer in the enforcement of all ordinances, rules and regulations for the protection of the public health, when influenza is epidemic in any township, incorporated village or city.

7. Any person having influenza shall be confined to a large, well ventilated room of proper temperature, as remote from other occupants of the premises as is practicable and necessary to avoid contact.

The period of isolation shall continue during the course of the disease and until all clinical manifestations of the disease have disappeared and the temperature has been normal for four successive days.

None other than the necessary medical and nursing attendants shall enter the sick room or come in contact with the patient.

All discharges from the respiratory tract, mouth, throat and nose of the patient shall be received in cloths which shall be burned immediately after using, or deposited in vessels containing an approved disinfecting solution.

Soiled body and bed clothing shall be disinfected by boiling or by immersion in an approved disinfecting solution. Any article used by the patient or attendants, such as knives, forks, spoons, glasses, cups,

plates, etc., must be disinfected before leaving the sick room. Floors, furniture and woodwork should be wiped up daily with an approved disinfecting solution.

8. Whenever influenza is epidemic or threatens to become epidemic in the community, visitors shall be excluded from hospitals, asylums and other similar institutions, except in case of actual emergency, such as impending death, and shall be admitted then only when every precaution is taken to protect the patient, attendants and other inmates, the visitor and the public.

9. Attendance at funerals in cases of death from influenza, or pneumonia following influenza, shall be limited to members of immediate family and others assisting in the burial rites.

REGULAR ANNUAL MEETING JANUARY 20, 1920.

Under the subject of new business the Board first considered the new contract submitted by E. R. Squibb & Sons, of New York, for the distribution of the state biological products. The contract was read and fully discussed. The Board also considered proposals from other companies to furnish diphtheria, anti-toxin, but considered that since none of these companies could furnish all of the state products which we are now distributing, at a greatly reduced cost, to local boards of health and physicians, that it is not desirable to consider any of these proposals at this time. It was therefore moved by Dr. Windehelm, seconded by Dr. Hayes, and carried, that a new contract be entered into with the Squibb Company at the prices indicated in the contract for a period of three years.

The Board then considered the appointment of a beauty parlor inspector as required by Section 1535-30 of the Laws of 1919.

The Civil Service Commission presented three names from which to select the inspector. Two of the candidates who were successful in being certified appeared at the Board meeting and discussed with the Board the provisions of the law, the character of the work to be done, and the funds available for carrying into effect the provisions of the law. It was the opinion of the Board that it will be impossible to employ an inspector for beauty parlors throughout the year on account of the small fund now available.

Dr. Harper moved that Mrs. Burgess, of Madison, be selected as the inspector of beauty parlors at a salary of \$125 per month and official expenses, to be employed for such time each year as the funds available will permit.

Motion seconded by Dr. Hayes and carried.

The appointment of a committee of examiners for the licensing of beauty parlor managers and operators was then considered.

Dr. Harper moved that Miss Wagner, of Milwaukee; Miss Voigt, of Milwaukee, and Miss Abell, of Portage, be chosen as a committee of examiners for the licensing of beauty parlor managers and operators.

The motion was seconded by Dr. Hayes, and carried.

in sufficient quantities. There is a tendency on the part of many physicians not to use the laboratory for purposes of diagnosis. Some physicians delay treatment until they receive a positive report from the laboratory, thereby enabling the disease to gain a foothold which is not easily dislodged. It should be realized that the laboratory is not infallible in diagnosing diphtheria from cultures, especially when the specimens are improperly taken.

The diphtheria death rates will not be reduced to their lowest possible terms until a definite procedure is universally adopted. In the first place, every sore throat should be cultured in order to establish the absence or presence of diphtheria bacilli. However, when the laboratory reports the absence of diphtheria bacilli, while the clinical evidence is strongly in favor of this disease being present, vigorous antitoxin treatment should immediately be begun so that the patient and the public may receive adequate protection. One reason for the persistence of diphtheritic infection in the state is the failure to culture persons who have been in contact with patients suffering from the disease. Unless this is done there is a strong possibility of carriers being released and spreading the infection. At the present time the State Board of Health requires two negative cultures taken not less than twenty-four hours apart before a patient is released from quarantine. In addition, all persons who have been in contact with a patient must demonstrate their freedom from diphtheria bacilli through at least one negative culture from their nose and throat. Were these simple procedures more persistently carried out, it is believed that the death rate from diphtheria would be reduced far below what it is now or ever has been in the past.

TABLE NO. 2—NUMBER OF REPORTED CASES AND DEATHS FROM DIPHTHERIA IN WISCONSIN WITH ANNUAL DEATH RATES PER 100,000 POPULATION IN WISCONSIN AND UNITED STATES REGISTRATION AREA FROM 1910 TO 1919

YEARS	Reported cases in Wisconsin	Reported Deaths in Wisconsin	Death rates per 100,000 population	
			Wisconsin	Registration area
1910.....	2,457	420	18.4	21.4
1911.....	2,257	382	14.1	18.0
1912.....	1,913	279	11.7	16.2
1913.....	2,228	398	12.2	16.9
1914.....	2,769	328	13.5	17.0
1915.....	1,704	206	8.4	15.7
1916.....	1,590	221	8.9	14.5
1917.....	2,020	347	13.0	16.5
1918.....	1,774	271	10.1	15.8
1919.....	2,184	368	11.6	---

Influenza

Influenza exacted a heavy toll in suffering and death in Wisconsin as it did elsewhere in the United States in 1918 and 1919. In 1918, there were 7,966 deaths from this disease in Wisconsin, a death rate

per 10,000 of 27.9. In the following year there were 2,220 deaths, a death rate per 10,000 of 8.7. In Tables 9 and 10 the number of deaths and the death rate per 10,000 for each county in Wisconsin are given. The counties are arranged in order of the magnitude of their death rates, the county having the least death rate being first while that having the largest death rate is placed last.

It will be noted that the state mortality in 1918 was more than three times that of 1919. Apparently some immunity was conferred by the widespread attack of influenza in 1918 because in the following year many of the counties which had high death rates in the first year had much lower rates in the following year. The malady appears to have been distributed rather impartially among rural and urban counties.

TABLE NO. 9.—DEATH RATES PER 10,000 POPULATION FROM INFLUENZA IN WISCONSIN DURING 1918
(Arranged in Order of Magnitude)

COUNTIES	Number of deaths	Death rates per 10,000	COUNTIES	Number of deaths	Death rates per 10,000
Pierce	19	8.4	Jefferson	94	27.4
Buffalo	16	17.8	St. Croix	71	27.4
Douglas	4	11.8	Waupesa	62	28.1
Calumet	20	12.0	Douglas	151	28.2
Washington	52	18.2	Jennex	55	28.6
Peppo	11	14.6	Grant	118	28.6
Washburn	14	15.0	Genesee	47	29.0
Marathon	96	25.1	Langhede	61	29.6
Sauk	10	15.3	Oconto	61	29.6
Burnett	16	16.6	Portage	90	29.9
Rau Claire	59	17.7	Sauvex	26	30.8
Waushara	37	17.8	Oncida	37	31.0
Walworth	56	18.9	Jackson	54	31.8
Winnebago	124	19.1	Green	69	32.0
Rock	36	19.4	Marquette	109	32.2
Columbia	61	19.8	Prie	62	32.4
Dunn	10	19.8	Batran	59	32.6
Iowa	45	20.0	Brown	100	33.0
Waushara	30	20.4	Wood	109	33.8
Vilas	73	21.6	Marquette	54	34.0
Pond du Lac	118	21.8	Manitowee	133	34.4
Adams	19	22.1	Sheboygan	207	35.0
Bayfield	97	22.2	Shawano	119	35.8
Dodge	111	22.3	La Crosse	176	36.0
Door	42	22.5	Lafayette	74	36.6
Polk	50	22.5	Monroe	114	39.0
Kewaunee	26	22.2	Dane	228	41.0
Milwaukee	1992	22.7	Forest	34	42.0
Taylor	37	24.0	Linnex	30	42.5
Trumpaneau	55	24.0	Rock	248	42.5
Vernon	89	24.5	Rochester	205	42.6
Clark	74	24.5	Chippewa	141	44.0
Ozaukee	43	25.1	Iron	69	43.5
Ottawago	124	25.5	Ashland	127	58.0
Green Lake	40	25.8	Kenosha	247	59.0
Richland	50	26.6			
			Total	7066	27.9

TABLE NO. 10—DEATH RATES PER 10,000 POPULATION FROM INFLUENZA IN WISCONSIN COUNTIES DURING 1918 (Arranged in Order of Magnitude)

COUNTIES	Number of deaths	Death rates per 10,000	COUNTIES	Number of deaths	Death rates per 10,000
Flora	—	—	Waushara	29	9.5
Iron	3	2.9	Kenosha	41	9.6
La Crosse	20	4.3	Green	21	9.7
Dodge	22	4.4	Green Lake	16	9.7
Milwaukee	261	4.7	Marathon	25	9.7
Sawyer	4	4.8	Winnebago	33	9.8
Shawano	10	5.7	Ozaukee	17	9.9
Shoshong	34	5.7	Rock	69	10.2
Oneida	7	6.0	Crawford	27	10.5
Manitowish	30	6.1	Kewaunee	28	10.7
Forest	5	6.1	Brown	68	10.9
Fond du Lac	33	6.2	Clark	35	11.0
Waubesa	6	6.3	Marquette	12	11.3
Washington	16	6.8	Waupesa	24	11.4
Portage	21	7.0	Richland	22	11.7
Burnett	6	6.7	Buffalo	19	11.9
Jackson	12	7.0	Ashland	26	11.9
Douglas	38	7.0	St. Croix	31	12.0
Bank	23	7.0	Wood	60	12.0
Iowa	18	7.1	Barron	37	12.1
Monroe	22	7.1	Lafayette	20	12.6
Kau Okaia	26	7.7	Price	28	14.0
Door	15	8.0	Grant	68	14.9
Platte	18	8.0	Lafayette	30	15.0
Madison	56	8.0	Folk	24	15.3
Oconto	24	8.0	Colombia	49	15.8
Juneau	17	8.3	Lino	31	16.3
Marquette	29	8.3	Calumet	23	16.8
Outagamie	41	8.3	Vina	12	17.0
Taylor	13	8.3	Chippewa	56	17.3
Traverse	19	8.3	Peoria	18	17.4
Jefferson	29	8.5	Beck	24	17.6
Bayfield	14	8.7	Dane	122	17.6
Waukesha	36	8.9	Vernon	33	18.5
Winnebago	60	9.3	Adams	23	20.8
Dunn	24	9.5	Total	2230	8.7

Measles

The mortality from measles in Wisconsin, while not excessive, is still entirely too large. It appears not to be generally recognized or known that the disease is most fatal to children under five years of age. Therefore, if parents and guardians will prevent, insofar as possible, this infection during this age period the possibility of having a fatal termination will be greatly reduced. In Table 11 the number of reported cases and deaths from measles, with annual death rates per 100,000, are shown. In 1918 there were 19,376 cases and 155 deaths from the disease. In the following year, 1919, there were 4,334 cases and 60 deaths reported. The lowest death rate per 100,000 during the past ten years was recorded in 1915, while the highest death rate during this period was recorded in the following year, 1916.

An examination of the death rates from this disease clearly indicates that alternate years are marked by higher death rates, thus 1910, 1912, 1914, 1916, and 1918 were all lower than the rates for the following years. This phenomenon does not correspond strictly to the