

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

or child, is pretty generally common in all rural sections of West Virginia and other mountainous States.

The prevalence of bacillary dysentery and other forms of infectious diarrhea in the coal fields and adjoining counties accounts for the high diarrheal rates. The spread of these and other communicable diseases is favored by this intimate grouping of the population accompanied as it is by a lack of proper sanitation within the community. From 40 percent to 80 percent of the children in one typical urban community were observed to have bacillary dysentery before they were of school age.

In West Virginia diarrheal diseases account for 25 percent of all deaths under 6 years.

For the decade 1923-32, for babies under 2, the average annual toll from diarrhea alone was 1,060 deaths.

Between 1926 and 1931, with the exception of New Mexico and Arizona, West Virginia maintained the highest infant diarrheal death rate reported in the United States.

During the same period, Logan County, an important mining county, reported 128 diarrheal deaths per 100,000 population per year under 2 years.

This was twice that for the State of West Virginia, 6 times that for the country at large, and 25 times that reported by Oregon and Washington for the same period.

During 1930 West Virginia's diarrheal death rate was nearly 3 times that for the country at large and 15 times the lowest rate reported.

The proximity to these dysentery ridden regions explains why, in 1933, the infant mortality rate reported for Charleston, W. Va., was eight and one-half times, and that for Huntington, W. Va., five and one-half times the rate reported for Newton, Mass., or Berkeley, Calif.

While the infant mortality rate for West Virginia is but little higher than that for the States adjoining it, its diarrheal death rate is twice that of Maryland and three times that of Virginia, Kentucky, Ohio, or Pennsylvania. This is all the more remarkable when we recall that 7 percent of West Virginia's population is colored.

These comparisons set out clearly the major problems of child-health protection in West Virginia. My own experience in other States, in districts which are geographically and industrially similar, leads me to believe that similar conditions exist there, differing perhaps only in degree. Relief from this serious condition can come only with the institution of more adequate community sanitation and even this must be accompanied by the development of a real appreciation and a better practical acceptance of adequate preventive health measures by the individuals, the industries, and the public officials of the section.

In the rugged nonmining rural sections in accessibility and poor socio-economic status combine to present a totally different problem and one perhaps less easy of solution. It is one related primarily to "distribution", or local availability, of medical and health protection services. The general lack of understanding of health protection further augments the problem. Physicians simply cannot make a living in these sections because the livelihood of the individual home maker is so meager and the dispersion of population so great and the

ability to go from one home to another so runabout and tedious of accomplishment that a livelihood from the practice of medicine here is a physical impossibility.

Families living on improved roads, of which West Virginia has many of the finest, do not have as a rule such difficulties in regard to inaccessibility. In other sections the inaccessibility is one of major importance only in the winter time. An unfortunate socio-economic status is pretty generally observed.

Just as the unit cost of highway construction in these mountainous sections is excessive, so is the unit cost of providing even minimal health protection and medical services to the people in these sections. To them at the moment, preventive health work is entirely, and essential medical service almost entirely, not available.

It is easy to visualize the immensity of the maternal welfare problem among these people when one realizes that in five counties in 1932, with a total of approximately 2,500 live births reported, only approximately one-half were attended at delivery by a physician.

The difficulties of contact, and particularly those of maintaining continuity of contact, with families in need of maternal and child health protection and medical services make this inaccessibility a problem of fundamental importance. It, together with the lack of a profitable industry and constant low-socio-economic and educational status, does not make for a sense of security or equanimity among these people. Whether it be the expectant mother, the delirious child, or the little cripple, all are vitally handicapped by this inaccessibility. Mental hygiene and social adjustment are similarly handicapped.

The local governments as represented generally by the county are so poor they are essentially helpless in these matters. For the State of West Virginia the load is so excessive and the cost of correction would be so great, it is impossible for the State to correct the unfortunate conditions to be found in its own counties. Unless stimulation to a greater local and State responsibility can be provided, and unless help can come from some outside source the present conditions will continue or perhaps get worse. These sections need help and the need is acute and extensive. Official and nonofficial agencies will be stimulated to local activity through the medium proposed in this bill, particularly true would this be of industries, an important and effective agency in this program. Some coal companies have already shown how they reduce infant mortality in their camps. The proposed bill offers chance for help.

It is interesting to note that the State of West Virginia has developed its program for the crippled child in a splendid manner, with far-reaching results. No other phase of child welfare has been advanced to a corresponding degree. The annual appropriation from the State of West Virginia for the division of crippled has for some years been essentially the same as that for the entire State department of public health.

The proposed program of maternal and child-health protection which could be made possible by this bill can contribute to the development of a social security (1) by assisting the laymen to reliable sources of material on maternal and child-health protection; (2) by providing post-graduate instruction for those physicians and nurses who are in need of such and who can thereby contribute to the social

security of the community ; and (3) by developing cooperative programs and maternal and child-health protection and nursing service in which will be utilized the facilities of the organized groups of the professions locally; and (4) by the furtherance of that important and necessary interrelationship with the public-health program; (5) by an appropriate and enlarged consultation service in regard to State and local programs of maternal and child-health protection; (6) and by suitable demonstration in States where particularly needed. Such would do more to increase the effectiveness of the program and thereby promote social security.

Senator CONNALLY. In the coal-mining areas do not the companies have doctors?

Dr. LYON. They do. That presents a splendid opportunity for maternal-health and child-welfare activities, when the industries can be solicited and made acquainted with the attitude of maternal and child-health protection in other communities.

I have a summary of the report of Drs. J. Bloss, E. Humphrey, and G. Ratcliff, after a study of prenatal and maternal care in West Virginia.

There is a profound lack of interest in and knowledge of the importance of proper prenatal and maternal care in the State of West Virginia. In the opinion of this committee there are three obstacles which obstruct all effort to promote a properly organized prenatal and natal clinic.

- (1) Absence of a medical teaching center in the State.
- (2) Lack of funds both State and local, to provide for hospitalization of needy maternity cases.
- (3) Lack of proper education of the general public as to the value of a preventive program in maternal care.

SUMMARY

1. The laity do not appreciate the importance of obstetrics.
2. The physicians themselves are not interested in the subject of obstetrics.

There seems to be a determined effort on the part of the majority of the profession not to give prenatal or postnatal care unless it is reparative surgery for injuries following previous confinements. Not only this but a determination also to belittle the efforts of those physicians who do appreciate the importance of these efforts, and who are preaching and practicing prenatal and postnatal care.

RECOMMENDATIONS

Determined effort be made to educate the laity through talks before various clubs (for men as well as for women) to show importance of obstetric care. The great value of and need for prenatal care. Teach them to demand a type of obstetric service of the same skill and ability that they do of their appendectomist, tonsillectomist, or salpingectomist and pay him accordingly. Stimulation and education of physician in his own section in obstetrics by practical instruction.

Now, as has been said before, the need has been pretty clearly set out. I had hoped today, to set out the need particularly in the rural mountainous section of our Eastern and Southern States where we have labored under a considerable inequality of opportunity for the welfare of the child and maternal health protection.

Senator LONERGAU. Doctor, do you have any difficulty in getting medical men to locate in agricultural areas?

Dr. LYON. Very much indeed. There is a terrific need for getting them there, because our agricultural sections are, on the whole, rather poor, from the standpoint of supporting the attendants of the people who live there.

Senator LONERGAN. Has the State itself offered any inducement to doctors to locate in those sections?

Dr. **LYON**. I do not believe they have every thought of that. I think it will be a long, long time before our own State does that.

Senator **LONERGAN**. Has the legislature ever dealt with the problem of setting up what we will call the "medical relief sections" in the different counties?

Dr. **LYON**. Not until the Relief Administration came in. Now, of course, with the F. E. R. A., they are doing something of that sort that is rather commendable.

Senator **LONERGAN**. So the State has been depending entirely upon the Federal Government to do this work?

Dr. **LYON**. I should say too much so.

Senator **LONERGAN**. Thank you.

Senator **BARKLEY**. Dr. Reiss.

STATEMENT OF DR. OSCAR REISS, LOS ANGELES, CALIF.,

Dr. **REISS**. My name is Oscar Reiss. I live in Los Angeles, Calif., and I am representing myself. I am associate professor of pediatrics, University of Southern California Medical School, and chief of the pediatric department of the Los Angeles General Hospital.

I have come 3,000 miles to say just this brief thing. Strange as it may sound from the lips of a southern Californian, our climate alone is not an antidote for proper prenatal and postnatal care.

Senator **BARKLEY**. Doctor, do you think you had better go home after making that statement?

Dr. **REISS**. Well, I do not know. I thought perhaps I would say nothing more than that, and still there is a real significance to that statement. I might point out that up to 1929, with the help and stimulation of a Government subsidy, the State supplied a little more than an equal amount of money for this field of work, and under the stimulus of that sum they continued on their own, until in 1934 the amount that they have given has diminished to about \$12,000 and they are now again in dire need of a further stimulus from the Government.

Senator **CONNOLLY**. Doctor, are you in private practice or are you connected with some hospital there?

Dr. **REISS**. I am both. I give part of my time voluntarily to teaching and to the care of the mendicants in the County Hospital, and the rest of my time supposedly for remuneration in private practice.

Senator **BARKLEY**. How long have you been connected with the University of Southern California?

Dr. **REISS**. Since the inception of the medical school.

Senator **BARKLEY**. Are there any other questions?

Senator **CONNOLLY**. That is a denominational school?

Dr. **REISS**. It is a Methodist school.

Senator **CONNOLLY**. There are two institutions in Los Angeles, the University of Southern California and the University of California, Southern?

Dr. **REISS**. The southern branch.

Senator **CONNOLLY**. The southern branch; yes.

Dr. **REISS**. There is no medical school in connection with that in Los Angeles.

Senator **BARKLEY**. Thank you very much, Doctor.