

Births Total 1,797

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Polio Cases Drop; Vaccine Is Urged

Incidence of poliomyelitis was drastically reduced in 1956.

Two cases occurred in the County General Health District in comparison to four cases in 1955, and 22 cases with two deaths in 1954.

The two cases this past year were a two-year-old child and a 34-year-old mother. The child is being followed at the Orthopedic Clinic in our county, and the mother has had a complete recovery. Neither patient had received any polio vaccine.

In 1956, 297 children received two injections of polio vaccine through the Health Department program. Some 2800 cc of vaccine was distributed to local physicians for use.

Dr. Jonas Salk has said that, "There need be little, if any, paralytic polio in the U.S. in 1957 if all who are potentially susceptible are treated with vaccine that is now available."

The Tuscarawas County Medical Society is asking that parents take their children to their family doctors for immunization.

Our plans for this year are to encourage precautionary measures against the disease by urging all parents with whom we come in contact to have their children protected by immunizations.

THE ANNUAL REPORT

We got the copy ready
We gave it to our boss.
He looked it over carefully
As this and that he "tossed".
It really isn't easy
To make the printed page,
And though we have our talents
At writing we're no rage.
And so we wrote of this and that
We sure got on the ball.
The Annual Report must go to press
No longer could we stall.
We wrote of our achievements,
Our problems, and our goals.
And related how we saved the day
For some unfortunate souls.
I'm glad this comes but once a year
I'm ready for a hearse.
From now on if it's up to me
I'll be satisfied to nurse.



Meet Five New Staff Members . . .

A normal turnover of personnel in the Department has resulted in some new people appearing in the community as health representatives.

Adding efficiency to the staff are two young ladies: Mrs. Shirley Arnold and Mrs. Ana Hamilton.

Mrs. Hamilton formerly made her home in San Juan, Puerto Rico. After graduation from the Catholic Academy Business School there, Mrs. Hamilton served for three years as medical secretary and accountant clerk for the Hospital Hato Tejas, Inc., in Bayamon, Puerto Rico.

Mrs. Shirley Arnold was reared and educated in Dover. Until her employment here, she was a dental assistant to Dr. R. E. Ley, Jr.

Sanitarians Frank Bedey and Richard Stolz also joined the staff this year.

Mr. Bedey is originally from Cleveland, where he received his basic education and attended Western Reserve University. He was also associated with the University's Institute of Pathology as a registered medical technologist. Mr. Bedey now resides in Goshen Township.

New Philadelphia is represented on the staff by Richard Stolz. After a tour of duty in the Navy, Mr. Stolz
(Continued on Page 5, Column 1)

Making their appearance in Tuscarawas County during 1956 were 1,797 "new faces". Registered in the Health Department at the time of birth, these "little citizens" will enjoy protection of the Health Department all through their lives.

Each child's physician files a birth certificate with the Health Department. The original certificate is forwarded to the Division of Vital Statistics, Ohio Department of Health, Columbus.

The Health Department keeps a permanent copy in its files. A second copy is sent to the Probate Court for its records.

A birth certificate is necessary to enroll in school, join the armed services, enter upon a career, to travel, to apply for pension or social security, to prove family relationship for establishing legal dependency, and to receive an inheritance or insurance benefits.

But birth registration is only the beginning of the Health Department's aid to these 1,797 youngsters.

In school, the nurse will make regular inspections. Should a child develop a physical problem, the nurse will work with parents, teacher, family physician and the child to see that help is obtained.

A sanitarian will check the school to be sure healthful conditions exist. His inspection will include seeing that lighting and ventilation are correct, safety hazards are avoided, seating is suitable for the children, toilet conditions are safe and sanitary, and the water supply is safe.

The Health Department sanitarian will also check the school cafeteria to be sure each child is assured a safe, disease-free meal each day.

In fact, from birth to death, Tuscarawas citizens are protected by the Health Department. TB X-ray surveys; inspecting all eating places for sanitary conditions; helping crippled children, making sure milk, water and meat are safe—all these and more benefit one and all.

BOARD OF HEALTH

Chairman: R. E. Wolf, M.D.
Uhrichsville — 1955-60
Vice Chairman: Tom B. Adams
Dover — 1954-59
Members: Mrs. Adda M. Freed
Uhrichsville — 1956-61
Ross M. Garber
Bolivar — 1952-57
W. W. Weiss*
Sugarcreek — 1953-58
*Resigned 11-1-56 due to ill health

THE STAFF

Charles C. Newell, M.D.
Health Commissioner
Mary Hahn, R.N.
Supervisor of Nurses
Edna Streb, R.N.
Senior Nurse
Phyllis Geiser, R.N.
Staff Nurse
Nancy Girard, R.N.
Staff Nurse (Resigned 8-14-56)
Violet Jentes, R.N.
Staff Nurse
Carmela Mico, R.N.
(began 10-1-56)
Florence Peck, R.N.
Staff Nurse
Mary Fay Polen, R.N.
Staff Nurse
Ella Mae Riggle, R.N. *
Staff Nurse
Norman Miller
Sanitarian
Frank Bedey
Sanitarian (began 4-16-56)
Leslie W. Berg
Sanitarian
Robert Fisher
Sanitarian (resigned 8-1-56)
Richard K. Stolz
Sanitarian (began 8-16-56)
Vivian J. Stewart
Registrar, Vital Statistics
Shirley Arnold
Clerk - Stenographer
(began 12-3-56)
Ana Hamilton
Clerk - Stenographer
Betty Miller
Clerk - Stenographer
(resigned 11-10-56)

RECORD is published as the 1956 annual report of the Tuscarawas County Health Department. Anyone wishing a free copy please write:

Tuscarawas County General Health District
201 Boulevard, Dover, Ohio
Dr. Charles C. Newell
Health Commissioner

Seven children between 6 months and 13 years of age died in 1956 from accidents.

EDITORIALS . . .

The Bill of Health

Below is the 1956 budget for the Tuscarawas County Health Department. At first glance, the amount spent for full maintenance of the Health Department seems a sizeable figure.

But let's examine it. How much a year does public health cost each person in the county?

Last year, 1956, was Leap Year; so each day's operation cost the county \$215. Still a lot of money, you say. However there are at least 60,000 persons living in Tuscarawas County proper. This figures out to 3 tenths of one cent per day per person, or 2c a week each.

The cost to each person is \$1.04 a year — for all the health services discussed in this report.

1956 Appropriation and Expenditures		
Unencumbered Balance 31 December 1955	\$ 33,552.18	
Township and Village Taxes	11,750.00	
Dover City Taxes	3,339.02	
Uhrichsville City Taxes	1,251.47	
State Subsidy	5,220.00	
Federal Funds	7,500.00	
Other Income	9,128.14	
3/10 Mill Levy	35,980.45	
February 1956 Supplement	33.30	
Total Income	\$107,754.57	\$107,754.57
EXPENSES		
Salaries	\$ 60,356.30	
Travel	5,451.14	
Other Expenses	12,878.14	
Deducted from unencumbered balance for state audit	276.38	
Total Expenses	\$ 78,961.96	\$ 78,961.96
		\$ 28,792.61
Withheld & earmarked for Employee State & Federal Benefits		28.28
		\$ 28,820.89
Unencumbered Balance 31 December 1956		\$ 28,820.89

Education, Cooperation and Example

We are proud of the amount of work that was accomplished last year, but even more of the way in which it was accomplished.

Many are the laws and regulations necessary to direct the health of the county. We know it takes more time, effort, and knowledge of people to enforce these laws by education, cooperation and example, then by "big stick" methods.

We are happy to work for a Board that can see the advantages of training and increased education for its employees. We, too, know that an informed employee can and will be able to do the best job in the field.

The people of the county are learning that our Department can and is willing to supply information and help to carry out the varied programs for health. This we will continue to do.

Diphtheria Threat

Tuscarawas County did not have any reported cases of diphtheria in 1956, but one case was reported in our school district, a girl residing in an adjoining county.

The case and family contacts were taken care of by the county in which she lived. Our responsibility was surveillance of the school children for any symptoms indicative of the disease.

Fortunately, the child recovered

and no other cases were reported.

Local doctors stated their offices were crowded with parents wanting "boosters" for their children. Thus, the one case did serve as a reminder that diphtheria is still a threat and that it can be prevented.

Twenty-one persons died in 1956 as a result of automobile accidents.

Seven out of eleven persons who died from falls in the home were women in 1956.

Search for TB Stepped Up In 1956

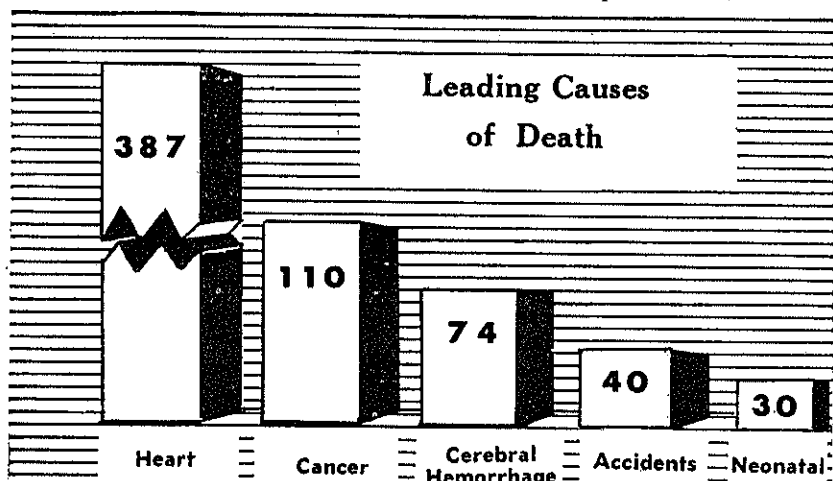
The search for TB cases, a continuing program in the Tuscarawas County Health Department, was stepped up in 1956 when a mass TB X-ray survey took place in the county.

A state mobile unit set up at various points in the county. Anyone 15-years-old and over was invited to have a free chest X-ray. The idea was to find any active cases and facilitate early treatment. An additional result was to protect others from active cases, since TB can be passed from one person to another.

Anyone found to be a possible TB case was contacted. The "follow-up" services were: a written request for a large chest X-ray, possible home visits by the public health nurses, and later diagnosis by a physician.

Mass X-ray Survey

X-rayed - 4,958
 TB suspects found - 50
 TB suspects re-X-rayed - 48
 TB active cases found - 3 not previously known
 TB inactive cases - 8, 6 of these previously known by Health Department
 Suspects needing more study for diagnosis - 18
 Suspicious non-TB pathology cases found - 148
 Suspicious non-TB pathology re-X-rayed - 15
 Suspicious found in the non-TB pathology - Cancer 1, Cardiac 1, Others 4
Weekly X-ray Clinic
 X-rays in 1956 - 1,031
 Cases X-rayed - 109
 Contacts X-rayed - 250
 Suspects X-rayed - 230
 Others X-rayed - 408
 Nursing visits made - 526
 New cases of tuberculosis in 1956 - 16
 Cases on register - 116



DEATHS in the county in 1956 totaled 743. As in Ohio, and the rest of the nation, heart disease and cancer lead the list.

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Three Point Cancer Program Continues in Tuscarawas County

The battle against cancer is waged throughout the year by your Health Department.

In conjunction with the American Cancer Society, this three-fold program continues against one of our major killers: service to patients, education, and publicity.

Service and other expenses are financed by contributions of individuals as memorial funds, and by cancer drives. Education and publicity are carried on primarily by public-spirited people on a voluntary basis, and by press and radio.

Personnel of the service division are physicians from the county Medical Society and public health nurses from the Tuscarawas County General Health District staff.

Under the service division, many services are available such as nursing

care in the home, dressings and other supplies for the patients' comfort.

In 1956, a total of 88 patients were given nursing care in their homes by registered nurses. Of these, 40 were new cases. A total of 991 nursing visits were made to the 88 patients.

Clinics are held at Union Hospital and staffed by members of the local Medical Society and public health nurses from the Health Department. There were 18 clinics held in 1956, and 80 persons were examined. But this is not the total number of cancer cases in our county, since only those cases referred by family physicians are given care.

The need for a continuation of this program is evident. There were 126 deaths from cancer in our county in the past year.

Present Cancer Society President is Keller Nixon of New Philadelphia.

Mayors, Township Trustee Presidents Make Up Council

The District Advisory Council is a group of public-spirited citizens interested in the health of this county. The Council chooses the members of the Board of Health, the policy-making body which directs the health efforts of the Tuscarawas County Health Department.

Presidents of each township's board of trustees and mayors of municipalities make up the District Advisory Council. Chairman is Walter H. Lahmers; secretary, Roy B. Odenkirk. **Presidents, Board of Trustees, 1956-57**
 Auburn Township...R. J. Dummermuth
 Bucks Township...John F. Ott
 Clay Township...Donald C. Wilbarger
 Dover Township...Heber C. Patton
 Fairfield Township...George R. Quillin

Franklin Township...Foster Peters
 Goshen Township...Frank W. Morgan
 Jefferson Township...Calvin Sauser
 Lawrence Township...Ralph G. Peden
 Mill Township...Bill McCollam
 Oxford Township...Charles E. Milburn
 Perry Township...J. B. Gardner
 Rush Township...C. Alvin Sproul
 Salem Township...Walter H. Lahmers
 Sandy Township...Harry A. Kesling
 Sugarcreek Township...Harold Moomaw
 Union Township...R. C. Kinsey
 Warren Township...C. H. Hollingbaugh
 Warwick Township...Adrian Sherer
 Washington Township...J. H. Quillen
 Wayne Township...Harry S. Wallick
 York Township...Eugene Deardorff
Mayors — 1956-57
 Dover...Clifford C. Froelich

Uhrichsville...Burton F. Kennedy
 Baltic...Charles A. Ott
 Barnhill...William Williams
 Bolivar...G. K. Oldroyd
 Dennison...John J. Gold
 Gnadenhutten...Paul W. Schreiner
 Midvale...Daniel Fantine
 Mineral City...Verlin Hankinson
 Newcomerstown...Lorin D. Gadd
 Parral...Clatta Lengler
 Port Washington...Elwood F. Coutts
 Roswell...Frank Cox
 Shanesville...R. E. Fair
 Stone Creek...E. F. Arbogast
 Strasburg...W. B. Ramsey
 Sugarcreek...Roy B. Odenkirk
 Tuscarawas...John Kopp
 Zoar...Herman Dischinger

Nurse Offers 'Moral Support' To Mother Of Premature Child

Contribution of such intangibles as "moral support" is sometimes an overlooked factor in the home care of the premature infant. This factor is hard to define but is readily recognized and gratefully accepted by the new mother with an infant who has just been discharged from a stay in the hospital's premature nursery.

The little bundle that has recently been surrounded by so antiseptic an atmosphere is a little awesome to his parents. A mother who has never had any previous experience is likely to worry and flutter over Johnny and wonder how she can possibly be expected to duplicate the care he received from trained nurses. While she will always call her doctor if a difficult situation arises, she still feels she cannot constantly bother him just to see if she is doing the right thing, at the right time.

Some of these feelings were well demonstrated during a routine follow-up to a premature infant from one of Tuscarawas County's rural communities this year. Little Johnny weighed in at 3 pounds in July and left the hospital in October, having gained an additional 2 pounds and 3 ounces.

The mother's relief at having a trained person call was evident when the public health nurse made her first visit.

As the principles of good infant care were discussed at this and subsequent visits, the mother was often heard to murmur, "Uh-huh, that's

Student Nurses

Eleven student nurses from Ohio State University's School of Nursing have affiliated with the Tuscarawas County General Health District to learn about public health through actual experience. This is a part of their four-year curriculum in nurse's training.

During a two-month period each student is guided and directed by a staff nurse. The student observes clinics, staff members in action, and agencies and facilities available in the community. She learns to work with families, to help them plan for their health needs. She learns about individual and group teaching, and ways to evaluate health needs of a community.

It is hoped this experience gives the future nurse a more complete insight into the many aspects of sickness and health. It will also prepare the nurse for a beginning position in public health, if she so chooses.

what I thought, too." By December this little fellow weighed 8 pounds, had his basic immunizations started and was off to a healthy, happy start in life.

"Supportive" therapy, which worked so well in this case, is just one way of helping these infants through the first few months of life. Health guidance, bath and formula demonstrations, common-sense use of regular household facilities, and maintenance of close supervision by the family doctor are all vital factors in a program designed to help all premature infants in this community grow into normal, healthy children.

The broad scope of this program is evident in the number of visits made to these babies. Nurses this year made 123 home visits to 46 infants. We are not impressed by numbers in evaluating our program however, nor in what we do for the infant. We measure our success in terms of confident parents and babies that are no longer handicapped just because they were born too soon.

How School Health Program Pays Off

A child with a physical handicap is impeded many times in developing all his potential abilities. Our aim in giving school health services is to promote good health and find physical defects that may prevent normal growth, both mental and physical.

Various methods are used to determine the health status of children, — vision testing, hearing testing, dental inspection and physical examinations.

All children should have a physical examination by their family doctor before entering school. If this is not done, the child is examined in school by the Health Commissioner.

In one such examination a heart murmur was discovered. The family was unaware that any problem existed and immediately took the child to the physician. He referred the child to a heart specialist. Upon further examination it was decided that heart surgery could benefit the child. The surgery was completed, and the child made an uneventful recovery.

The boy is now back in school enjoying the activities of school life without being held back by a physical handicap.

This is just one example of what is being done in the school health program. In 1956, the nurses made a total of 1,257 visits to the schools;

Story of 'Gabbie', Stricken by Polio

The Orthopedic Clinic is held in Union Hospital the first and third Wednesday of each month. It is staffed by two registered orthopedists, Dr. Hoyt and Dr. Mollin of Akron.

During the past year a total of 432 children were examined. The Health Department served 90 of these children. The nurses made 237 home visits giving guidance, teaching, and therapy.

To cite an actual case (names changed to protect confidence), here is Gabriella's true story:

Gabriella, a little girl of seven, had recently moved from West Virginia into Tuscarawas County with her parents and six brothers and sisters.

Gabbie had contracted polio when she was four years old. She was discharged from the hospital in West Virginia after eight months. She had been seen at a clinic every month for three months, then every second month for a year. Upon discharge she was unable to walk without the aid of long leg braces and crutches.

It then became necessary for the family to move to Ohio. Six months passed and Gabbie had not been seen by a doctor. Her leg muscles weakened more and more, causing her legs to become so deformed as to make it impossible to wear her braces.

The family did not know where to turn for help. While in a local banking firm the father had occasion to tell Gabbie's story. An employee there advised him to contact Mr. Heim, the local Chairman of the Polio Foundation. The contact was made, the child was referred to the Orthopedic Clinic, and recommendation of hospitalization for treatment was made.

Treatment proved unsuccessful—the only alternative now was surgery. Gabbie had three operations in a period of two months. These operations were successful; the legs were now straightened; she could once again wear braces and walk with crutches for the first time in 1½ years.

Gabriella has not yet completed recovery, but she has made great progress in the past year. With child's faith, she will continue to strive for her ultimate goal: being able to throw away her crutches and braces. The doctors believe this may be possible in time.

9,357 vision tests were completed; 2,615 hearing tests done; and 715 home visits were made.

How Rheumatic Fever Is Controlled



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A TEACHER COMMENTS: "I tell them the same things, but it means so much more when the nurse stands before them in her uniform."

'Good Health' Duo: Teacher, Nurse

"It is surprising how much the little folk remember and absorb." So states a Dover Avenue Kindergarten teacher who believes in helping her children develop an early understanding of the basic ideas of good health.

Mrs. Charlotte Sproul does this through a planned unit of teaching covering several weeks.

After the unit is completed, the public health nurse is invited into the classroom for a two-fold purpose: to emphasize the material already presented and to introduce herself to the children.

Through discussion the nurse has opportunity to acquaint the children with other services—doctors, dentists, and school safety personnel. Her talks are reinforced with simple film strips and other visual materials.

Mrs. Sproul comments, "I tell them the same things, but it means so much more when the nurse stands before them in her uniform."

Cooperation of teacher and nurse is an excellent example of planned health education.

Whether planned or not, health education is a vital contribution of each staff member of the Tuscarawas County Health Department.

While most rheumatic fever victims make a complete recovery, the Health Department recognizes a need for careful and continuing health supervision.

Rheumatic fever does not have the dramatic impact on the public of some other diseases, but it does exist and continues to take its toll in this very county.

School health records often tell the story of rheumatic heart trouble. In selected cases it begins with "strep" throat or scarlet fever, becomes rheumatic fever, and emerges in the first danger signals of heart murmurs.

Rheumatic fever must be reported by law, and the Health Department gathers these statistics. Community needs are served by assisting the private physicians who are responsible for actual care and treatment.

The nurse gives careful attention to reports and referrals of children showing early symptoms. Home visits are made wherever indicated to guide these children to proper medical supervision. She also assists families to a better understanding of the disease and its care.

All known school cases are checked by Dr. Newell during his annual visits to county schools.

MEET STAFF . . . Cont. from Page 1 spent some time as an insurance salesman before becoming a sanitarian.

Latest addition to the staff is a public health nurse, Miss Carmela Mico of Dennison. Miss Mico received her nursing diploma from the Cleveland City Hospital School of Nursing, and was formerly employed as a general duty nurse at Twin City Hospital.

PTA Groups Share Responsibility In Local School Health Programs

Cooperation is the word which lightens the load and gets the job done in many Tuscarawas County schools.

Valuable assistance was given by the health committees of some Parent-Teacher Associations this year. In addition to the all-important observations of teachers in finding defects, parents have given freely of their time, assisting with visual screening, secretarial work, and other phases of school health activities.

One new venture is planning for dental health education of our school children. Only one school is trying this new program this year. Results of this experiment will be evaluated after follow-up work is completed.

The original planning committee for this experiment was made up of:

- A PTA member
- A Dentist
- A Principal
- A Teacher
- The Coordinator of Health Activities in the school

- The County Health Commissioner
- A Public Health Nurse
- Two nursing students from O.S.U.
- Chief of the Dental Division of the O.D.H.

The work was started the week of February 4th, National Dental Health Week. A great deal of emphasis has been placed on every phase of better dental health of the individual and the community.

Classroom teaching is in progress as a part of the regular classes on health. The local dentists are examining the teeth of every student. Results of these examinations will be reported in writing to the parents with recommendations and referral to the family dentist.

We feel sure this will be a worthwhile project, made easier by the cooperation of the PTA.

"Health cannot be given to people; it demands their participation."

—Rene Sand
(Health Commissioner's News Digest)

TB 'Patch Testing' Is On Limited Scale

Tuberculin "patch testing" for signs of TB germs is carried out in Tuscarawas County schools on a small scale.

A simple skin test, the tuberculin test shows whether or not an individual has received tubercle bacilli into his body at some time. It does not mean he has, or ever will have, pulmonary tuberculosis.

The skin testing system goes something like this:

In a chosen school one or more grades are patch tested; results are tabulated; and those having positive reactions are reported to parents. Parents whose children had positive patches are informed that a chest X-ray is in order.

In 1956, a chosen grade of 30 pupils were patch tested. Twenty-seven were negative; three had positive tests. The three had chest X-rays. Results: one negative, two showing a primary childhood tuberculosis, not active. Further follow-up would be a chest X-ray in three months to rule out possibility of re-infection.

Grade A Milk Program In First Year

Production and distribution of Grade A Milk went into effect in Tuscarawas County this past year. Milk is considered Grade A when it is produced and processed under specific requirements and regulations.

The following is an outline of the conditions under which milk is produced here nowadays:

The milk producer is required to have a barn constructed and operated in such a way that chances of exposing milk to any contaminating influences are reduced.

The barn has a cement floor graded to drain; walls and ceilings must be white-washed or painted. Light has to be adequate for day or night milking. Even the ceiling is tight, to prevent chaff from filtering down into the milking barn.

Each farmer has a milk house, separated from his barn, where milk utensils and equipment are washed and stored, and milk is cooled. In the milk house are wash and rinse vats, storage racks, a hot water heater, and a milk cooler.

When the producer is ready to milk he goes into his milk house and sanitizes all milking utensils. At the barn he washes and dries the cows' teats and udders with warm water containing a chemical sanitizing agent. Then, before attaching the milking machine, he checks the udder for any possible infection and examines the milk.

He has a year-round job in watching and checking the health of his cows, keeping breeding and production records, and milking twice a day—even on Sundays and at County Fair time, too.

The milk processor has an equal obligation: providing the consumer with a clean, safe, wholesome product. His plant is constructed so as to reduce chances of insanitary conditions.

Floors are made of cement or some other equally impervious material. He protects floors by using rubber-tired carts or trucks, or installs above-the-floor conveyors. The walls and ceilings are of cleanable material such as glazed brick or tile.

He even has a separate room for pasteurizing and bottling the milk. This room is separate from those where milk is received and where bottles are washed.

Equipment for processing and bottling the milk are made of non-corrosive materials such as stainless steel or glass. Protecting the equipment are such devices as leak-protector valves, raised ports, diverting aprons, space, thermometers, record-

Inspections Protect Local Diners - Out

Restaurant, drive-in, tavern, cafeteria, coffee shop, diner—we know them by many names. Some are big, some are small, some are fancy, some are plain. But all must have one thing in common: safe food.

In 1956, your food service sanitarian worked with local eating place operators in an effort to bring about safe, clean food. A total of 256 food service operations were licensed and inspected regularly.

As a whole, cooperation of the local food service operators has been good, and a general improvement was noted.

Information which the sanitarian passed on to the operators and public went something like this:

Safe food represented a combination of factors:

1. A safe raw product
2. Preparation and serving in clean surroundings
3. Proper equipment, fixtures, and utensils
4. Proper methods
5. Healthy food handlers

These are basic principles of good food service. Lacking any one item may result in failure to provide the desired product.

Of these items, proper methods are

the most important and the most difficult to secure. Without them the best of equipment, the best structure, the best raw product are of no avail.

Proper methods represent an honest desire on the part of the operator and his employees to provide the best food possible. They will be shown in general cleanliness of the establishment, methods of handling utensils and food, washing and bactericidal treatment of eating and drinking utensils, cleanliness of equipment and fixtures.

Unfortunately, the customer does not have an opportunity to observe all of these items. However, there are certain obvious signs from which the customer can make his own determinations as to the overall condition:

1. Clean, pleasant dining area, in good repair
2. Dishes and utensils clean, properly handled
3. Food properly handled
4. No undue cooking odors in the dining room, indicating good ventilation
5. Toilet rooms clean, in good repair
6. Clean, neat waitress and waiter

Check these six points in your favorite eating place.

Outline of Health Laboratory Services That Benefit Public

The Tuscarawas County Health Department maintains its own milk laboratory. Under Grade A milk regulations, raw milk going to the processing plants must be examined at regular intervals. Likewise, all finished products offered for sale such as milk, cream, and cereal milk are subjected to a series of tests.

To operate a Grade A territory, the laboratory and the technicians methods and procedures had to be approved by the State Health Department.

Some of the services of the laboratory which benefit the health of Tuscarawas Countians:

Raw milk is examined with a microscope. It is considered Grade A

ing thermometers, shields, and plug valve stops.

Along with all this, a milk plant needs well-trained workers to operate and maintain this expensive equipment . . . to bring safe, wholesome milk to your table.

quality if there are fewer than 200,000 bacteria per M L of milk.

Bacterial plate counts with a limit of 30,000 are taken on the finished products. Another test run on finished products is the coliform determination. This test gives an accurate indication of the condition of milk plant equipment.

Still another test is called the phosphatase test. This is a chemical test that gives definite proof as to whether or not the product was properly pasteurized.

The milk laboratory of the Tuscarawas County Health Department conducts a series of services in addition to routine examination of milk and milk products. One fellow with a "family bossy" and another with a goat wondered if their animals had mastitis. Samples of the milk were obtained and examined under the microscope.

Another man, before he bought a cow, wanted assurance the milk was normal. So the owner of the cow

contacted the Health Department Laboratory. Following microscopic examination, the milk was pronounced normal, to the satisfaction of both parties.

Milk processors also take advantage of the milk laboratory in tracing sources of bacteria for coliform contamination. By taking so-called "line tests" in their equipment, the sources can be readily spotted and corrected.

Veterinarians avail themselves of the services of the Health Department Laboratory in helping make positive conclusions for treatment of sick animals.

The milk laboratory performs a service for the hospitals in our county. Routine tests are run on baby formula to assure purity. Tests are also made on water used in surgery or wherever sterile water is needed.

By and large, the milk laboratory of the Tuscarawas County Health Department provides any number of different services that, above anything else, give a lot of people peace of mind.

Disposal System Care, Operation

Many rural dwellers fail to realize their private sewage treatment systems need frequent attention and cleaning to maintain them in good operating condition. As a result, such devices are not able to provide the service which is to be expected of them.

Septic tanks should be checked at least every two years to determine to what extent they have become filled with scum and sludge. Once they have lost 1/3 to 1/2 of their liquid depth to these accumulations, they should be pumped out. If this detail is neglected the balance of the system will suffer serious damage.

The home sewage treatment and disposal system as we know it today consists of:

1. A septic tank.
2. A secondary treatment or disposal device.

Such devices will eventually cease to function and need to be rebuilt or replaced. The period of operation will depend upon several factors. (1) The maintenance given them. (2) Size of the installation. (3) Quality of construction. (4) Amount of usage. (5) Type of soil.

The septic tank is primarily a settling device. Its primary purpose is removal of settleable solids from the wastes. Once settling has been accomplished bacterial action takes place. This action converts the solids into gas, liquids, and sludge. During the bacterial process, solids, due to

Meat Inspection For County? Question Merits Complete Study

Meat and meat products butchered and processed in Tuscarawas County are rejected in many market areas located outside of our county. Why? Because "This Little Pig" didn't have a health certificate.

You see, this county does not provide meat inspection. Thus, meat produced here is not acceptable outside the county. Nor can local residents be sure meat from the local meat industry is safe.

Disease and quality of meat cannot possibly be detected by the consuming public. As a result many areas, especially larger cities, have established minimum health standards which animals must meet. This requires an inspection during the slaughtering. But only meats which are to be processed or sold within their jurisdiction are checked. Likewise, meat shipped inter-state is in-

pected by the Federal Government. Such inspection service is designed to assure the consumer of a safe, quality product produced from healthy animals.

While your Health Department's direct concern is for health of the public, this question of meat inspection also has its economic side. Health standards established in other areas act as barriers to local packers and processors. They cannot compete in areas closed to them; and in turn, they are subject to competition from industries having inspection which are selling to local markets. This prevents the normal growth and expansion of local industry. And a thriving industry is necessary if we are to have good community health.

Members of the industry have repeatedly sought an inspection service from our Department.

Are we then failing in our obligation and responsibility to the public by:

1. Failing to provide meat inspection for the protection of the public?
2. Failing the local meat industry because it cannot sell its wares freely?

The inauguration of a meat inspection service would no doubt present many difficulties and obstacles in this area. However, its possibilities should be given serious consideration.

Milk Producers Ambitious
Milk producers today are not satisfied to meet only minimum requirements in the production of Grade A Milk. Some of them have revolutionized the arrangement in their barns and milk houses, to save time and labor, and get better results.



Today producers look at the milk sanitarian as a part of a team. Evidence of cooperation is proved by the nearly 100% attendance at meetings of producers, processors, and sanitarians.

Plans for such installations, as well as assistance in planning them, are available by calling or visiting the Health Department.

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Rabies Still Threatens County; Dog Vaccination Program Needed

Rabies is not licked here! Return of this fatal disease is inevitable, because there is no organized control program.

Rabies is not a disease to take lightly. It can, and does, affect man, usually through the bite of a rabid dog or wild animal.

The county has had no confirmed reports of rabies in either wild or domestic animals within the past two years. However, the disease has definitely been found in nearby counties and could easily be brought in by any roving animal.

Freedom from this disease today may lull us into a sense of false security. It makes us forget the dangers, the inconvenience and misery associated with the preventive treatments, the loss of valuable pets, the cost to the individual and the county.

Most of all, a "no rabies" report makes us forget to provide for prevention of the disease.

Rabies can be prevented by vaccination of all dogs on a compulsory basis. Control and elimination of rabies by

Compliments Due

Six communities in the county now have completed, and are operating, sewage treatment plants. They are Newcomerstown, Gnadenhutten, Tuscarawas, Uhrichsville, Dennison, and New Philadelphia.

Dover is in the process of constructing such a treatment plant. It should be completed and ready for operation on or about April 1, 1957.

To this list must be added a host of individuals who have constructed private disposal systems for rural dwellings. These systems have been installed in accordance with standards for home treatment systems, as adopted by County Board of Health.

this method has been effectively demonstrated in other areas.

Here, many dog owners have voluntarily availed themselves and their pets of the protection afforded by anti-rabies vaccine. But until an organized, all-inclusive program is established, the problem will remain.

Now, while rabies is at a low ebb, is the time to provide for the future. Today, we have a goal—prevention; tomorrow, perhaps a problem—control and cure.

Thanks, Pals!

The many voluntary agencies, service clubs, farm organizations, other official agencies and organized groups throughout the county are the unsung heroes assisting the Health Department in its many efforts. These groups give time, money, and abilities to help their fellow man.

We wish to express our sincere gratitude for the cooperation and assistance given us by all the organized groups during the past year. Without this continued interest and cooperation our work would be impossible.

Mental Problems Treated, Too

The Guidance Center of Tuscarawas County is adjacent to the County Health Department in Union Hospital.

Twenty-five to 50% of the school children going to the Guidance Center are referred by the public health nurse.

Reasons for referral are many and varied: emotional problems, mental retardation (those having high I.Q.'s as well as low I.Q.'s), poor school adjustments, unsatisfactory environment, or parental difficulties.

Often the I.Q. of normal children is

Let's Control Rats; Answer Is Sanitation

Sanitation is essential to rat control.

This point was emphasized recently during a visit with an official of a local village. When asked if the village had a rat problem, the prompt reply was, "No, we licked our rat problem when we provided a garbage and rubbish pick-up service. We eliminated their homes and food supplies when we got rid of backyard trash piles."

In this brief reply are the two basic principles of rat control: Through good sanitation, eliminate their homes; cut off their food supply. Without this plan, all other attempts at control are doomed to failure.

Municipal collection service operated on a routine schedule is essential in maintaining community sanitation necessary for rat control. Removal left to the individual fails to provide the desired results.

Incidents of nuisance complaints and rat problems, stemming from littered premises, is much higher where removal is on an individual basis.

affected by emotional problems. For example, Johnny was referred to the public health nurse by his teacher as a poor student — not learning, appearing undernourished, inattentive, and tardy.

An appointment was made at the Guidance Center for both mother and son. Several meetings at the Guidance Center revealed the child's entire emotional problem was parental difficulties. The son soon overcame his emotional problems, school became easier, learning improved, and better health resulted.