



THE OFFICIAL MUKLUK TELEGRAPH

U. S. Public Health Service
Alaska Native Health Service
Area Office, Box 7-741
Anchorage, Alaska

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NOTICE

The Post Office box number for the Alaska Native Health Service Hospital in Anchorage has been changed to:

Box 7-741

The correct mailing address is:
Area Medical Officer in Charge
Alaska Native Health Service
Public Health Service
Box 7-741
Anchorage, Alaska

MAY PHS EMPLOYEES JOIN UNIONS?

This question may be clear to most employees, but there appears to be some doubt as to whether all know the answer. Yes, any employees of the Alaska Native Health Service may join a union. All employees have the right to join, or refrain from joining, unions, or other employees organizations or associations, except as prohibited by law. They cannot join an organization which advocates the overthrow of the United States Government. In the exercise of their right they shall be free from any and all interference, coercion, restraint, discrimination or reprisal.

THIS COULD HAPPEN TO YOU?

Asked how it felt to attend the dedication of his own statue, the honored man said, "Well, somehow, you begin to feel differently about pigeons."

The friends I treasure are the few who "guess" it's time to go--and do!

DID YOU PUT PART OF YOUR PAY RAISE IN UNITED STATES SAVINGS BONDS?

IT WILL MAKE YOUR FUTURE WORTH WAITING FOR!

"HELLO - FROM THE TOP OF THE WORLD"

With the golden warmth that only an Arctic sun can radiate, summer has finally come to our little village. The enforced patience of the long dark winter has brought us the most beautiful of days, lasting twenty-four hours, and a truly bright and shining "Midnight Sun."

As the melting snow revealed the green beauty of the rolling tundra and brave gaiety of the tundra flowers, it also uncovered an almost comical sameness of human nature. More than one embarrassed Barrowite has looked out upon the summer's newness and been abashed to see the amount of refuse he has collected to mar the beauty of this scene. Discards that were swallowed into the mouth of darkness and drifting snow, return like ghosts of winter to vex even the most placid of natures. Consequently, there has recently been an enthusiastic mass clean-up drive of Barrow village, resulting in a sparkling new face shining proudly with the light of a "job well done." The drive was finished with a box lunch social and village dance. Since the entire village participated, it was also enjoyed by all.

The hospital again seems to be in the midst of many personnel changes. Gorgas Hospital, Panama, is the destination of our former MOC, Dr. Farson. It was with a feeling of sadness that we said goodbye to "Our Doctor." Two greater extremes of temperature could not have been found than those he has chosen, and we hope that the transition will not be too difficult for him and his family. If the desire for a Barrow breeze becomes too strong, it is hoped by all that he will someday return.

After a two year stay, Mrs. Redding, our Director of Nurses, transferred to the Anchorage Hospital; Miss Jean Hitchey, formerly of Bethel, is our new Director, and we hope that she will enjoy her stay at Barrow.

Staff nurse Jacqueline Nordby and her husband, Lt. Nordby, stationed on the DEW Line site at Barrow, have left for their next home with the Air Force - Cape Cod, Mass.

From Mt. Edgecumbe we are happy to say that Eliza Bridenbaugh and Jeanne Pollgreen are now a part of our four-strong staff.

Whaling in the Barrow area has again this year been unsuccessful. There is a small chance that one might be snared in late August, but for most hunters the season seems to be over. It is somewhat disheartening for the

Eskimo to be without the celebration of a "Nulakatuk" (blanket toss, or whale feast) this summer - also many a child who has patiently waited for their beloved muktuk, must wait another year. However, a greater number of seal than usual have been brought in from the ice, so this may help to compensate to some degree. Who could not help but be even a little satisfied with a dinner of fresh seal liver - truly a delicacy in Eskimo food.

If you have a desire to "get away from the city" Barrow welcomes you to join us for the midnight baseball games and other fun-filled festivities.

"A vacation is what you take when you can't take what you've been taking."

MENTAL HEALTH UNIT

Negotiations are under way with the Mental Health authorities of the Alaska Department of Health so that mental health patients requiring short term psychiatric care can be hospitalized and treated in the special care section on 3 North ward. It is anticipated that approximately 15 patients can be treated, as a maximum, at any one time. Staffing and care for the mental patients will be the responsibility of the Alaska Department of Health.

MEMORIAL

In memory of their son, John, Doctor and Mrs. West presented an Isolette to the Anchorage PHS Hospital. The staff and patients express their gratitude to Dr. and Mrs. West for this generous gift.

DENTAL TATTLE

The Dental Clinics in the Alaska Area are taking on a "New Look." All of our facilities now have automatic air-water sprays and very high-speed handpieces. This is part of a policy of keeping our equipment as up-to-date as possible. The value of this change is in a reduction of pain and increase in comfort of the patient, and a decrease in fatigue to the dentist.

Congratulations are in order for Doctors O'MALLEY of Kanakanak and MORROW of Anchorage, for having passed the Territorial Dental Board examinations.

Dr. Robert Brodie, recently separated from the Service, is opening a private office in Sitka.

Dr. George E. Waterman, Chief, Dental Services Branch, DH, Washington, D.C., arrived in Anchorage July 30. Dr. Waterman and Dr. Abramowitz, Area Dental Officer, are touring all the dental facilities in the Area.



"To me . . . Hand the instruments to me . . ."

HOW YOU CAN REACH YOUR SAVINGS GOAL WITH SERIES E BONDS

(in just 8 years, 11 months)

With air conditioning you don't have to wait for winter to catch a cold. You can have one all summer.

each week	\$4.75	***	\$9.50	\$18.75
save				

All work and no play makes jack -- and a lot of it.

START YOUR PROGRAM NOW!

KOTZEBUE

We have had several visitors from the Arctic Health Research Center recently, concerned with the erection of an experimental home in Kotzebue later this summer. We do not have any details at this time, but everyone is interested.

June 10 through 12, Dr. Fraser and our Public Health Nurse, Esther Schaubel, went to Candle, a small village just south of here. Besides seeing about 85 patients, they got a good look at the Candle gold mine. The mine is still producing some gold each year - enough to keep quite a few people happy and well fed.

June 14 we again gave a dance, this time to raise money for the July 4th Celebration. A profit of \$150 was realized, so the time spent was well worth it. We had obtained all the new Elvis Presley and Little Richard records, consequently there was no lack of music (?) for the rock and roll set, at any rate.

AH, WILDERNESS!

A number of employees have been taking advantage of the special rates offered to tourists at this season of the year, and have been "discovering Alaska." One trip by the "Prospectors," a group of people interested in going places, was taken to Fairbanks, Kotzebue and Nome over the July 4th holiday. Everyone had a wonderful time.

Similar trips are planned throughout the summer season, not only by various travel-minded groups, but by the local airlines and bus lines. Most of these are week-end tours, however, those with more time can juggle their itinerary to include many side-trips.

When holding a conversation, be sure to let go of it once in a while.

NEW PROMOTION POLICY

(Employees' Ideas Requested)

The Civil Service Commission has announced a new Federal Merit Promotion Program. All Federal agencies must adopt promotion plans by January 1, 1959, which meet the standards of the Commission's program. Some of the main features of this program are as follows:

1. The areas of consideration must be as broad as possible.
2. Qualification standards must be at least equal to competitive standards. Evaluation methods must be reasonable, valid and applied fairly.
3. Selection must be from among the best qualified.
4. Persons selected must be released promptly from their former positions.

All employees are encouraged to submit their suggestions to the Personnel Officer regarding ideas they may have in establishing our promotion policy and procedure.

For the next several issues of the **MUKLUK TELEGRAPH** one of the features of the policy will be described and employees will be requested to submit their ideas to the Personnel Officer. It is proposed that a committee of key supervisors in the Area office will be formed to develop this policy. They will need your ideas to help them in this task.

The first question on which your ideas are needed is as follows:

"What should be the area of consideration for various positions and grades?"

For example - if a Boiler Fireman, Wage Board-8 position opened at Barrow, should we consider employees at the other field hospitals for promotion to the Barrow vacancy?

But what are your ideas as to the area of consideration on the following positions:

- Cook - Wage Board-8, 10, 12
- Clerk-Typist - GS-4
- Medical Lab & X-ray Technician-GS-5

- Boiler Fireman - Wage Board 8
- General Mechanic - Wage Board-8
- Laundry Washman - Wage Board-6
- Medical Records Clerk - GS-4
- Time, Leave & Payroll Clerk - GS-5
- Travel Clerk - GS-5
- Personnel Appointment Clerk - GS-4

The above is just a sampling of some of our positions. Some of our higher level positions such as, Area Executive Officer, Hospital Administrative Officer, General Services Officer, etc., will be included in the promotion plan to be developed by the Washington Office. Positions of Registered Nurse at certain grade levels yet to be announced, will also be included in the Washington plan.

Please submit your ideas as promptly as possible, and in writing. No special form is necessary. Perhaps instead of attempting to specify an area of consideration for each position, the policy should be written in more general terms, such as: Positions from GS-4 through GS-6 should be considered Sub-Area-wide. Positions above GS-7 should be considered Alaska-wide. Positions at Wage Board-4 through Wage Board-15, should be considered Sub-Area-wide. Positions above Wage-Board-15 should be considered Alaska-wide. Positions below GS-4 and Wage Board-4 should be considered only at the hospital having the vacancy.

LET US HAVE YOUR IDEAS!

HOW YOU CAN REACH YOUR SAVINGS GOAL WITH SERIES E BONDS

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If you want about	\$2,500	\$5,000	\$10,000
each week save	\$4.75	\$9.50	\$18.75

This shows only a few examples. You can save any sum, buying Bonds by Payroll Savings or where you bank.

START YOUR PROGRAM NOW!

MT. EDGECLIFF

FEATURE SECTION

PHS ALASKA NATIVE HOSPITAL

BARROW

General-Barrow is the largest Eskimo village in Northern America, with a population of approximately 1500, of which about 75 are non-Native. The non-Natives consist of the hospital staff, school teachers, employees of the Weather Bureau, Presbyterian and Catholic mission workers, personnel of the Alaska Communications System, traders, and a group of men on special projects maintained by the Arctic Research Laboratory. The Eskimos come from as far away as the Canadian line. They live both in modern and Eskimo-type dwellings, soddigsloos and frame houses existing side by side.

There is an Assembly of God Church, a Catholic Church, and a Presbyterian Church, as well as a school which teaches through the eighth grade and is operated by the Bureau of Indian Affairs. Native dances and celebrations are frequently held and the white population participates in many Native activities and recreations such as whale, seal, walrus and duck hunting, as well as occasional polar bear hunts in the spring and fall.

Physical plant-The hospital is located eight miles southwest of Point Barrow, northernmost point in Alaska, but is situated in the village of Barrow. This hospital has a rated capacity of 15 beds and employs approximately 31 persons. Aside from rooms for patients there is a nursery, maternity room, pediatrics room. The operating room is modern and equipment throughout the hospital is adequate to provide superior patient care.

The laboratory is small with minimal essential equipment and the X-ray machine is adequate for most general work. The hospital maintains its own power plant and electricity obtained is suitable for ordinary household appliances. Natural gas is now used for heating.

The method of procuring water for the Barrow hospital is rather unique. Blocks of ice approximately 2 feet square are sawed from a nearby lake, loaded on a sled, and hauled to the hospital where they are stored in a 10 x 12' shack, with an underground tunnel reached thru a hole in the floor of the shack. Ice is also

piled all around and over the shack and this is then covered with a tarpaulin. When water is needed for drinking purposes, ice is chipped from these blocks, placed in 5-gallon containers with spigots and the melting ice provides drinking water. Water for bathing and washing clothes is obtained by processing the blocks of ice in a wanigan, which is a small shack built on a sled and containing a stove and large tank. A fire is started in the stove and the ice melts in the tank wherefrom the water is piped to the various buildings on the station. The wanigan can be moved down to the lake and the ice placed directly in it; the fire in the stove is kept burning all winter long. Between 7,000 and 8,000 cubic feet of ice are needed to provide a year's supply of water. Due to the lack of roads, a tracked vehicle capable of carrying approximately two passengers and a stretcher provides transportation on the station and, to a limited extent, in the surrounding area.

Quarters-The nursing personnel are housed in completely furnished single rooms, with shared bath facilities, in a comfortable and attractive building located about 100 feet from the hospital. There is also available for their use a living room and kitchenette equipped with an electric refrigerator and double hot plate. A new duplex, completed in December, 1956, contains one two-bedroom apartment and one three-bedroom apartment; this duplex is occupied by the MOC and the Dental Officer. A two-bedroom apartment with kitchen and dinette, occupying one wing of the quarters, is also available. Four separate quarters buildings are provided, two buildings containing housekeeping quarters, one having single rooms and the other accommodating non-housekeeping employees. The Public Health Nurse is

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PHS, ANHS Hospital, Barrow-Continued

MT. EDGE CUMBE

also given quarters.

Transportation and Communication-Mail is delivered by plane the year around. All classes, including regular parcel post, are delivered three times weekly; air freight is also carried. The BIA vessel, the NORTH STAR, arrives with annual supplies in the early fall. Only one trip a year can be made during the two to three week period when the Arctic ice pack moves away from the shore. Radio-telegraph and long-distance telephone service are provided by the Alaska Communications System. The hospital maintains its own 100 Watt radio-telephone installation for making contact with remote locations in the area to give medical assistance where needed. This station is operated by the Medical Officer in Charge.

An atomic war wouldn't determine who is right-- only who is left.

YOURS IS THE CHOICE

Whatever race, creed or color you may be, in times of Danger or Sorrow, there is always a hidden, spiritual bond which brings people closer together.

This natural affinity and understanding should be more prevalent during times of Peace and Contentment. However, environment and teaching sometimes shackle man's way of thinking and he becomes hampered, suspicious or often confused by his early conditioning.

It takes a very fine individual who starts out with prejudice in his heart, to realize that truly "all souls are created equal."

Each soul has the same opportunity on Earth to express the positive or the negative qualities of tolerance, kindness, love and understanding -- Yours is the choice.

Outer space is like juvenile delinquency--the more we investigate it the more of it there seems to be.

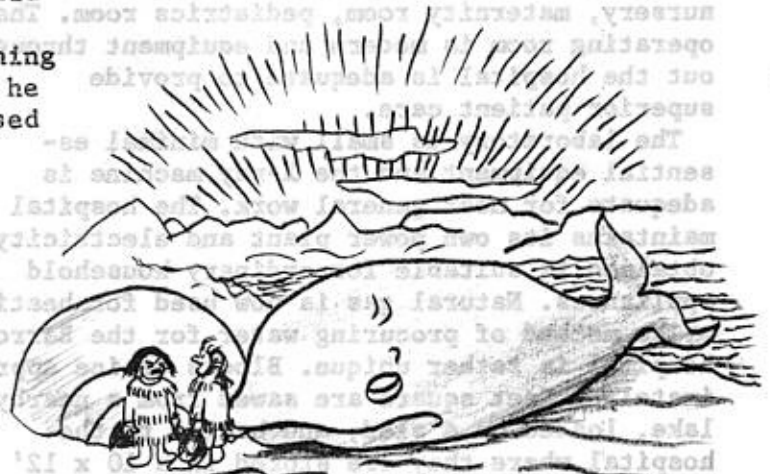
Dr. J. Fred Oesterle has been appointed MOC of the PHS Hospital, Mt. Edgecumbe, succeeding Dr. Carl J. Mankinen, who transferred to the Indian Hospital at Talihina, Oklahoma.

Dr. Oesterle will direct the 350-bed general and tuberculosis hospital which serves Alaska Natives in Southeastern Alaska. The hospital is one of the two largest PHS Hospitals in Alaska.

Dr. Oesterle was formerly Deputy MOC of the PHS Hospital in Seattle. Since entering the Public Health Service in 1940 he has been assigned to Service hospitals in Portland, Lexington, Staten Island, and Boston.

Dr. Oesterle received his BA degree from Westminster College in Fulton, Missouri, and his MD Degree from St. Louis University. He is a Fellow of the International College of Surgeons and a member of the American Medical Association and of Alpha Omega Alpha, medical honorary fraternity.

A native of Richmond Heights, Missouri, Dr. Oesterle is married and has a son in high school and a daughter in grade school.



"Whaddya mean, you don't like fish?"

-Laffs

NOTIFICATION ANCHORAGE

CHAMAI!

Continued

DR. STAN LEE EDWARDS from Oklahoma City. Dr. Edwards' temporary assignment - Acting Chief, Outpatient Section.

DR. MICHAEL J. HALBERSTAM from Winsted, Connecticut. Dr. Halberstam is enroute to Barrow as the new MOC.

DR. JAMES P. YEAGER, from Erie, Pennsylvania, will be the new MOC at St. Paul, Pribilof Is.

DR. YURN OCK LEE DUNN, wife of Dr. Wallace Dunn, has joined the staff at the PHS Anchorage Hospital.

DR. GLENN B. DRAWFORD, formerly stationed at the PHS Hospital, Bethel - now on duty at the Anchorage hospital.

DR. JEAN C. PERSONS, whose husband transferred to Bethel as Manager of the Northern Commercial Company store, has joined the staff at the PHS Bethel Hospital.

DR. RUTH COFFIN just returned from Barrow. She was on TDY during the period between Dr. Farson's departure and Dr. Halberstam's arrival.

DR. ROBERT STUTZMAN, back from TDY at Kotzebue.

Kotzebue welcomes DR. JOSEPH J. MARTUNIS, new MOC.

DR. ERWIN S. RABEAU recently returned from an extended tour of the field stations.

DR. JERALD L. STARKEY is now back from a two-month tour of duty at St. Paul, Pribilof Is, replacing Dr. Weeks, who left for his residency at the PHS Hospital, Norfolk, Virginia.

MISS ANN F. MATTHEWS arrived in Anchorage July 21. Miss Matthews transferred from the PHS Hospital, Boston, where she was Director of Nursing. She is a Nurse Director in the USPHS Commissioned Corps. Miss Matthews has been assigned Chief Nurse Officer for the Alaska Area and the Mt. Edgecumbe Sub-Area.

MRS. OLLIE A. TROWER, has been added to our staff as Statistical Clerk.

In many posts, due to the simple expedient of locking up and isolating everybody and everything for periods up to 40 days. So strict were these regulations that the death penalty was applied to offenders, such as those communicating

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DR. JOSEPH A. GALLAGHER, Area MOC, is enjoying a short vacation period prior to attending the American Hospital Association meeting in Chicago on August 18 and 19.

Also welcome will be DR. JOSE L. SILVA who is expected to arrive in Anchorage about October 20. Dr. Silva will be Deputy Medical Officer in Charge of the PHS Hospital, Anchorage. He was previously stationed at Rapid City, South Dakota.

Physician vacations and transfers have given us no end of problems in providing coverage in the hospital and field stations. We are now happy that this situation has been rectified by terminating vacations and new staff.

VIP'S

Dr. Myron D. Miller, Chief, Hospital Services Branch, DIH, and Dr. D.W. McNaughton, Assistant Chief, visited the various PHS installations in Alaska during the period June 27 to July 13. Dr. Miller's trip was interrupted due to illness in his family.

Miss Marian Andrews, Chief, Social Services Branch, DIH. Miss Andrews and Miss Mary P. Byrd, Chief, Medical Social Service, Anchorage Sub-Area, took an extended tour of the field stations.

Mrs. Florence Callahan, Chief Nursing Services, DIH, Washington, D.C. Mrs. Callahan and Miss Matthews came up the hard way - over the highway.

Dr. George F. Waterman, Chief Dental Services Branch, DIH, and Mr. Harold Curran, Executive Officer, CSG, arrived in Anchorage July 30.

There's only one trouble with morning - it comes at such an ungodly hour! In Europe as they are in Asia and Africa today, sanitation was practiced at the beginning of the 19th Century, pock-marked faces were as common as fleas.

WORLD HEALTH ORGANIZATION

Continued

What has happened to Quarantine?

A century ago, harsh and unreasonable quarantine regulations were a constant terror to the traveller and merchant. Yet they were powerless to check the great plagues of history.

From the 14th Century until the end of the 19th, quarantine measures were drastic, harsh and stupid, due partly to gross ignorance of the causes and mode of spread of pestilential diseases, and partly to fear induced by the severity of epidemics which spread with commerce to many parts of the world and killed millions yearly in many countries.

Only when scientists obtained precise knowledge about the cause and spread of infectious diseases was it possible to find less drastic and more effective ways of preventing epidemics.

In the last 10 years the countries of the world have agreed on a uniform set of regulations which apply scientific knowledge to give protection against pestilential disease.

The Great Epidemics

Cholera, which had ravaged Asia for centuries, spread to Europe and even to America in severe and widespread epidemics between 1830 and the turn of the present century.

The greatest killer was plague (the Black Death spread mainly by fleas of the black rat and other rodents in close contact with man and his habitations) which occurred in pandemics through the world from the 6th Century until about 1840 and, during such periods, brought trade and social life almost to a standstill.

The louse-borne disease, typhus and relapsing fever, were world-wide scourges from time immemorial and pandemic occurred, especially in times of famine and strife, until the end of the First World War, when the louse was identified as the carrier. The prevalence of these diseases was not surprising when lousiness was general and such a famous scholar as Dr. Samuel Johnson (1709-1784) averred that no man was healthy unless he had several lice on his person.

Smallpox epidemics has for ages occurred among peoples in all climates, killing or disfiguring countless victims and, before vaccination was practiced at the beginning of the 19th Century, pock-marked faces were as common in Europe as they are in Asia and Africa today.

One of the great plagues of the world for more than 200 years was yellow fever, first recognized as a disease entity in the 17th Century. The tropical and sub-tropical regions of the Americas were subject to devastating epidemics, while serious outbreaks occurred as far away from the endemic centers in West Africa and the Americas as Spain, France, United Kingdom, Italy and the southern United States.

Yellow fever took deadly toll of the companies of ships which visited West Africa and tropical America and it was these ships which carried the disease, because they remained infected throughout their journeys by the presence of yellow fever-carrying mosquitoes on board that spread the disease at ports of call.

The term "quarantine" was originally applied in the Middle Ages to the 40 days' compulsory isolation or detention period of persons and merchandise which had been in contact with or exposed to these pestilences. The procedure was adopted with the mistaken idea that these diseases were spread entirely by contagion and that this would dissipate itself over a period of 40 days.

Death Penalty for Quarantine Offenders

The quarantine practice up to almost the end of the 19th Century was to refuse entry to port of infected ships or to keep them in the strictest isolation offshore for some 40 days, and to place their crews and passengers for a similar period in quarantine stations, which were virtually no better than prisons. The ship's goods were exposed on decks and turned daily during the quarantine period and if none of the operators contracted the disease, the merchandise was considered free from infection.

In many ports the procedure was reduced to the simple expedient of locking up and isolating everybody and everything for periods up to 40 days. So strict were these regulations that the death penalty was applied to offenders, such as those communicating

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with persons in quarantine. A classical example was the Italian ship 'Matteo Bruzzo' which left Genoa for Montevideo in 1884. Cholera broke out on board during the voyage and permission to land was refused in South America. The ship returned to Italy and was quarantined off a small island near Ziba. Not until four months after starting their journey were the passengers and crew allowed to disembark at Leghorn, some 78 miles from Genoa. Such procedure drastically interfered with trade and travel, even in the days when life was leisurely and transportation was very slow. No progress was made in alleviating these quarantine conditions until the latter half of the 19th Century.

The biological discoveries by Pasteur and Koch regarding germs and disease proved epoch-making and revolutionary. Koch proved in 1884 that cholera was due to infection with a specific germ. Now the interest of governments and health authorities of many States was really aroused. In 1894, Yersin and Kitasato proved that plague was due to a bacillus, while Ogata showed that fleas could transmit the disease, and later the rat was identified as a reservoir of the infection.

During the first half of the present century phenomenal progress was made by bacteriological and epidemiological discoveries regarding the pestilential and most of the other infectious diseases. In 1907 an international organization called the "Office International d'Hygiene Publique" was established in Paris.

The Era of Air Travel

With the development of international aviation, it became necessary to provide health regulations for this form of transport so, in 1933, the First International Sanitary Convention for Aerial Navigation, based on that of 1926 for ships, was established. These two Conventions were amended in 1944 by the United Nations Relief and Rehabilitation Administration. These regulations still caused much unnecessary delay to trade and travel. In 1946, a new and more enlightened era started when the World Health Organization was given authority to formulate and adopt regulations to prevent the international spread of disease.

By 1946 the causal micro-organisms of all the pestilential diseases were known, as were also their life histories and modes of transmission, including the agency of insect and animal vectors. The immunizing powers of the vaccinations against yellow fever, smallpox and cholera had been established, as had the value of certain insecticides and other sanitary measures in dealing with insect carriers of plague, typhus, relapsing fever, and yellow fever.

Limiting Quarantine Measures

There was a wealth of relevant facts available regarding the causes and transmission of these diseases, what was required now was practical and realistic approach to the problem of international health control, to limit quarantine to an effective minimum with the least possible interference with the speed of trade and travel, especially at transit points.

WHO created an Expert Committee on International Epidemiology and Quarantine to review existing conventions and combine them into a single body of regulations covering the needs of all travellers, including sanitation at airports. The International Sanitary Regulations were adopted by the World Health Assembly in May 1951 and came into force on October 1, 1952. Certain amendments were made in 1955 and 1956. These regulations reduced quarantine procedures to a minimum compatible with existing sanitary conditions. The only immunizations made obligatory were those of proven value (vaccination against yellow fever, smallpox and cholera) and reliance was placed on disinfection of persons and good for protection against the spread of the louse-borne and flea-borne diseases: typhus, relapsing fever and plague. The irksome bills of health were abolished for ships and aircraft, as were the personal declaration of movements during the 10 days before arrival at destination, and the taking of rectal

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swabbings from those arriving from cholera endemic areas was prohibited.

Putting Their Houses in Order

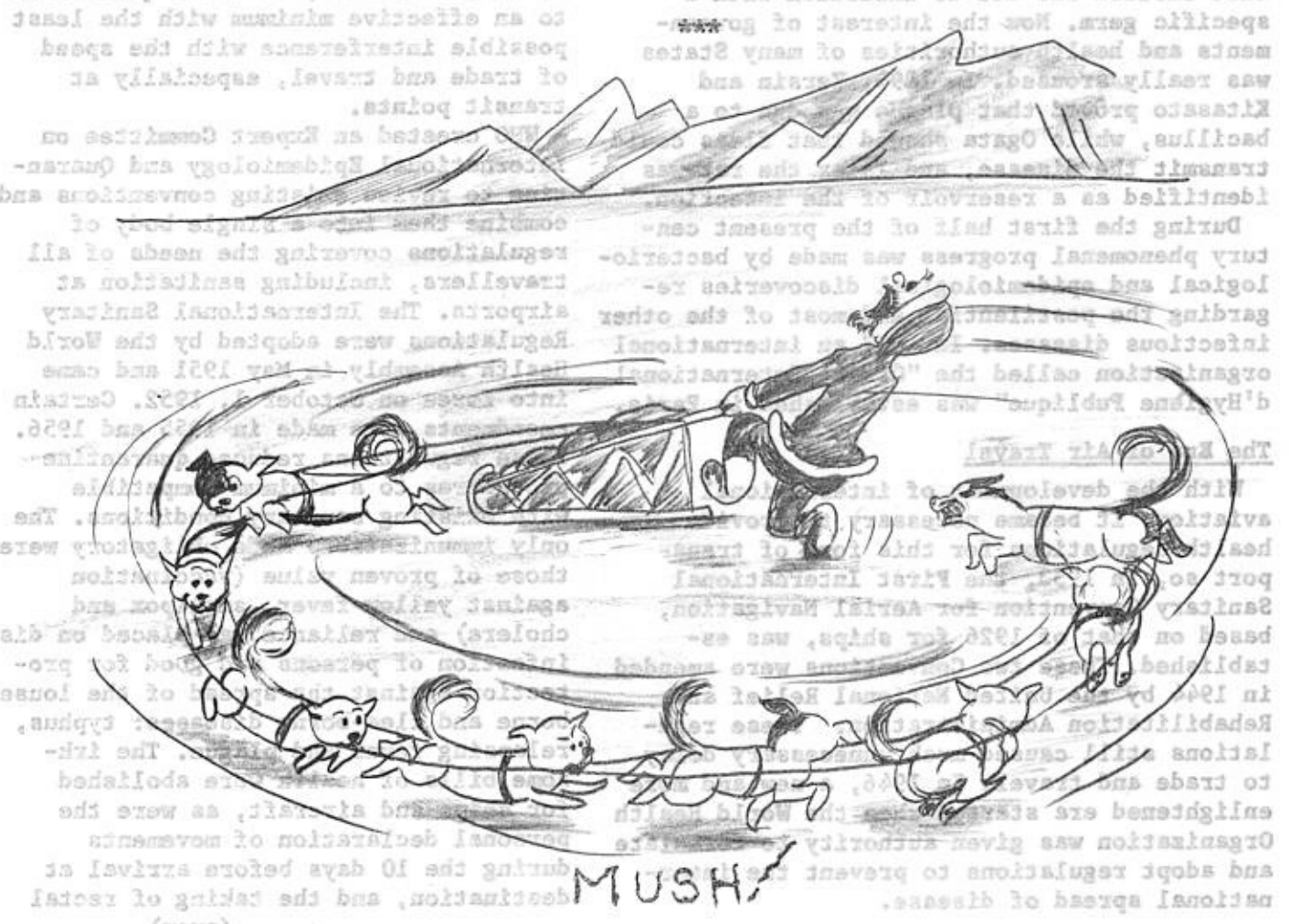
A campaign was started to encourage health authorities of all countries to improve the hygiene and sanitation of airports and the areas around them, and by immunizing their populations against certain of the pestilential diseases. These improvements have proved fully adequate to limit the spread of infectious diseases.

Nowadays, quarantine is rarely imposed. Infectious cases are isolated in hospitals, and contacts placed under surveillance - they have their liberty providing they report to the health authorities any illness occurring within 14 days.

During the last decade, the pestilential diseases have been pretty well confined to a very few places where they are endemic, and even in those places there has been a marked decline.

This satisfactory state of affairs is due to a number of factors: the development of highly efficient, organized medical and health services; wider use of immunizations and the introduction of powerful insecticides and better technic of application. Even more important has been the overall improvement in hygiene and sanitation linked with health education of the public and better standards of living generally.

(to be continued)



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