by this inaccessibility, and equally so the matters of mental hygiene and the status of social adjustment.

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 for correction would be so great that it is entirely impossible for the State to correct the unfortunate conditions in its own counties. Unless stimulation to a greater local and State responsibility can be provided, and unless material 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. 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 children has for some years been essentially the same as that for the entire State department of public health.

The proposed plan 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 or 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 of maternal and child health protection and nursing service in which will be utilized the facilities of the organized groups of the profession locally and (4) by the furtherance of that important and necessary interrelationship with the public health program. An appropriate and enlarged consultation service in regard to State and local programs of maternal and child health protection, and suitable demonstrations in States where particularly needed, would do much to increase the effectiveness of the program and thereby promote social security.

I have a chart here showing the mining sections which I would like to have you see. You see how that coincides with the high incidence of diarrheal deaths. The shaded areas in each case show the intensity of the diarrheal death rate. When you stop to realize that the people in some of these sections have 25 times as many babies die of diarrhea as they have in other parts of the country, it certainly is an inequality of some significance.

Dr. LYON. Exactly.

Mr. DINGELL. In other words, it would be educational?

Dr. LYON. Very largely that.

Mr. DINGELL. In order to remedy this condition which exists, particularly as it applies, as you say, to the unsanitary privies.

Dr. LYON. That is right.

The CHAIRMAN. Some legislation might be helpful to get rid of the conditions you describe.

Mr. DINGELL. State legislation.

Dr. LYON. We are trying now to get a bill through such as they have in North Carolina.

The CHAIRMAN. You will have a good one if you do.

Mr. VINSON. May I ask that the exhibits presented by Dr. Lyon be included in his testimony?

The CHAIRMAN. Without objection the exhibits will be included.

We thank you, Dr. Lyon, for your appearance and the information you have given the committee.

STATEMENT OF DR. LILLIAN R. SMITH, REPRESENTING THE MICHIGAN DEPARTMENT OF HEALTH

Dr. SMITH. I am Dr. Lillian R. Smith, director of the bureau of child hygiene and public-health nursing, Michigan Department of Health.

The prevalence of bacillary dysentery and other forms of infectious diarrhea in the coal fields and adjoining counties accounts for the high diarrheal rate. 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 to 80 percent of the children in one typical 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 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, six times that for the country at large, and 25 that reported by Oregon and Washington for the same period.

I have chosen this method of trying to emphasize our inequalities.

During 1930 West Virginia's diarrheal death rate was nearly three 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 6½ times, and that for Huntington, W. Va., 5½ 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 problem 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 individuals, the industries, and the public officials of the section.

In Many of the nonmining rural sections, inaccessibility and poor socioeconomic status combine to present a totally different and perhaps less easily solved problem. It is one related primarily to "distribution", or local availability, of medical and health protection services. A 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 roundabout 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.

Just as the cost of highway construction in these mountainous sections is excessive, so would the cost be excessive to provide 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 2,500 live births reported, only 1,250, or one-half, were attended at delivery by a physician.

The difficulties of contact and particularly of maintaining continuity of contact with families in need of 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 socioeconomic and educational status, does not make for a sense of security or equanimity among these people. This matter of inaccessibility is an important factor in every form of maternal or child-welfare work which may be considered for these people. Whether it be the expectant mother, the delirious child or the little cripple; they are all vitally handicapped

Mr. CHAIRMAN, and members of the committee: In the States we are facing a very urgent need for Federal aid in developing maternal and child health services. I speak not only from my knowledge of conditions in Michigan but also from what I know of the situation in other States. The need is much greater than in previous years because of problems arising out of the depression, but even in the years of prosperity we were unable to meet the demand for help. It is encouraging to note that people are beginning to recognize the need and are asking for help, but we are unable to give the help needed because of reduced appropriations and reduced personnel. State funds have been greatly reduced within the last few years. In 1934 in Michigan our funds available for maternal and child health programs through the State Health Department were practically 50 percent less than in 1929. In the States as a whole, in nine States there were no funds for a maternal and child health program. In 34 States the funds were reduced as much as 96 percent in one State.

The special needs for mothers include adequate medical and nursing care during pregnancy and at childbirth. Such care is not available at the present time. The recent study of maternal deaths in 15 States, including Michigan, brought out the fact that this care was lacking for the following reasons:

First, lack of funds to obtain it.

Second. Lack of knowledge as to the need for such care.

Third. Inaccessibility of nurses and doctors in rural areas.

Fourth. Lack of physicians and nurses in rural areas, qualified to give such care.

The study also brought out the fact that many mothers are dying from abortions—from abortions which they have induced themselves or had induced by others, because of the fact that they had not the funds to go through with the pregnancy. There are many deaths of married women who have had abortions just because they have not the sufficient funds. We feel that the assistance of public-health nurses going into the homes, helping these mothers, securing the needed financial help for them, and teaching them to care for themselves, would markedly reduce these deaths. In Michigan, in 2½ years, out of 1,627 maternal deaths, 28 percent followed abortions. We feel that that is a very definite indication for more attention along these lines and help for these mothers.

Special needs of children include, among others, the following:

Adequate diets, which are pitifully inadequate at present. I would like to quote Dr. Thomas B. Cooley, president of the American Academy of Pediatrics, who said, in a group of doctors, that he had seen more scurvy in the last year than he had expected to see in his entire lifetime. He said that it not only indicates the need of the protective foods to prevent scurvy, but also indicates the need of education of the mothers as to the need for these foods.

There is also need of nursing and medical supervision of infants under 1 year, during which time so many children die. We need correction of physical defects in growing children. The need for this care of children was brought out in a study that was made by the State health department in one county in Michigan and included 3,000 children. Physical examination was given to these children, and it brought out the fact that 27 percent of these children were suffering from serious physical defects, such as malnutrition, dental defects,

defects of tonsils, adenoids, and anemia. Only those cases which were seriously in need of medical care were included in this 27 percent.

The picture that we found of these children as we went into the schools was that of palor, of poor nutrition, poor posture, flabby muscles, and general lack of alertness, which is just the opposite from what we should expect of children of this age. Therefore, I will repeat that in the States there is an urgent need for Federal aid, that the need is great, the people are calling for it, and that we are unable to give it at the present time.

Mr. WOODRUFF. Doctor, would you mind telling the committee which Michigan county that was you referred to?

Dr. SMITH. Macomb County.

Mr. DINGELL. What was the reduction in the budget in your Department for Michigan?

Dr. SMITH. Fifty and seven-tenths percent.

Mr. DINGELL. In the last legislature?

Dr. SMITH. Yes, sir; in the last legislature; for 1934 as compared with 1929.

Mr. DINGELL. Oh, as compared with 1929?

Dr. SMITH. Yes.

Mr. DINGELL. Was not your budget gradually cut down until it reached 50.7 percent, reduction as you say?

Dr. SMITH. It has been reduced gradually; yes.

Mr. DINGELL. It was not cut in 1 year?

Dr. SMITH. Not in 1 year; no.

Mr. DINGELL. So the tendency is to cut down constantly——

Dr. SMITH. That seems to be the tendency.

Mr. DINGELL. The appropriation for the care of this service?

Dr. SMITH. For this service.

The CHAIRMAN. We thank you, Dr. Smith, for your appearance before the committee and the information you have given us.

STATEMENT OF J. PRENTICE MURPHY, PHILADELPHIA, PA., THE CHILDREN'S BUREAU OF PHILADELPHIA

Mr. MURPHY. Mr. Chairman and members of the committee:

It is a very high honor to be permitted to discuss briefly so important a bill, because it is very evident that although this is not a perfect bill and cannot because of human frailty result if enacted in perfect legislation, it certainly is destined to be looked back upon as an historic and classic legislative document. Its inclusiveness represents a note in the Federal approach to human welfare which is timely and effective and very far-reaching.

Running very hurriedly, I would like to be recorded as expressing the opinion that in regard to the old-age assistance the administration of that section should be properly left with the Department of Labor, because all signs point to a fairly rapid—whether wise or unwise is another question—diminution of some of the major activities of the Federal Emergency Relief Administration. Others will discuss the adequacy of the total appropriation and of the individual grants under this heading.

Also, in regard to the administration of the proposed mothers' assistance Federal-State program, that might very properly be left to the Children's Bureau of the Department of Labor.