

Bureau of Communicable Diseases—An appropriation of \$5,000 for the year 1916, and a like sum for the year 1917, is asked for the support of the Bureau of Communicable Diseases of the State Department of Health. The Bureau was organized under the provisions of Chapter 560 of the Acts of 1910, which appropriated \$24,000 for five Bureaus. The share of one Bureau is, therefore, \$4,800. This Bureau of Communicable Diseases also administers an appropriation of \$10,000, available under Chapter 512 of the Acts of 1912, for the registration of tuberculosis, the domiciliary prophylaxis of tuberculosis, the purchase of prophylactic materials for the use of consumptives in their homes, and to pay a fee of \$1.50 to the physicians who carry out certain preventive measures to the satisfaction of the local boards of health. It must be evident, therefore, that the Bureau operates on an extremely small income.

This Bureau has direct supervision over all operations for the control of the infectious diseases. It handles the records of thirty odd infectious diseases—fifteen thousand or more every year. Its duties allow no intermission. It must be instantly responsive to the emergencies of infectious disease. Questions of night or day, heat or cold, good roads or no roads, working hours or holidays should have no weight with the Bureau of Communicable Diseases.

The amount asked for will hardly meet the barest necessities of the Bureau in the next two years. At the next Assembly we must obtain adequate financial support for this Bureau. At this moment, it has indispensable need of some nursing service. The aid of a public health nurse will more than double the working capacity of a medical officer, and the need of such assistance has long been felt in the State Department of Health. It is often impossible to respond to the calls for assistance promptly. It is a general rule that we cannot remain at a point of danger as long, or revisit it as early, as good practice demands. Outbreaks are not brought to an end as rapidly as they should be. Perhaps we should wholly neglect half of epidemic situations for the sake of making striking examples of other situations handled to the best of our ability.

We also lack some of the necessary materials for cutting short epidemic diseases. The State Department of Health has not used \$100 worth of diphtheria antitoxin in 20 years. We have a fund of \$2,500 for immunizing indigent people against rabies, or hydrophobia. It has cost the State that much annually to treat indigent persons who have been bitten by rabid