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CENSUS OF PUBLIC HEALTH NURSES

In keeping with its earliest tradition—to ascertain the number of public health nurses in the United States and where they are employed—the National Organization for Public Health Nursing has taken a census. This census of January 1, 1924, includes nurses engaged in all phases of public health nursing except hospital social service, dispensary and industrial nursing. The findings were published in the May, 1926, issue of the Public Health Nurse.

This census contains a great fund of information for those interested in public health nursing. Summary tables have been made for the United States and individual states showing the number and kinds of agencies administering public health nursing, and the number of nurses employed by these agencies. Tables have also been prepared by states listing all cities of 10,000 or more population which had a nursing service, and giving for each the type of agency administering the service and the number of nurses employed. Still another group of tables shows the kind of nursing service given by the agencies doing public health nursing throughout the United States and how these agencies are supported.

It is only possible to mention a few of the interesting facts brought out. All told there were 3,269 agencies in the United States doing public health nursing and 11,171 public health nurses. Fifty-one per cent of these agencies were under official administration and employed 57 per cent of all the nurses. Forty-eight per cent of them were under non-official administration and employed 43 per cent of the nurses. This does not mean that all the agencies under either official or non-official administration were supported entirely by either public or private funds, for of the agencies giving information as to the source of their support, 47 per cent were supported entirely by public funds; 25 per cent entirely by private funds, and 28 per cent by both public and private funds.

There is still a wide field untouched by public health nursing. The census shows that 59 per cent of the total number of counties in the United States were without any public health nursing service. Of the remaining 41 per cent of the counties a relatively small number of them had nursing services available to the entire county. Public health nursing was largely confined to the towns and cities, for 74 per cent of the public health nurses in the United States were working in cities of 10,000 or more population.

When we know that of 3,032 agencies doing public health nursing January 1, 1924, 78 per cent employed their first public health nurse in 1914 or later, and that

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1885 may be said to have been the first year for any of the agencies employing a graduate nurse for public health nursing; we realize how recently public health nursing has developed.

This stock taking of public health nursing in the United States shows what has been done and also what there is still to do to make public health nursing available to all who want and need it.

THE TUBERCULIN TEST

ANYTHING WHICH tends to cast doubt upon the accuracy of the tuberculin test in cattle gives comfort to those who oppose regulations which have been adopted for the protection of the public in many states of the Union. Long series of tests in practically every part of the world have shown an astonishing degree of accuracy. It is true that from time to time lesions of tuberculosis cannot be found in individual animals which give reactions. At other times prolonged search will show a small lesion which would escape ordinary observation, but which is enough to give a well marked febrile reaction.

In the fall of 1925 a paper was published showing that of 51,679 animals tested in two counties in Wisconsin, 123 or 0.237 per cent of the total number did not show lesions on post-mortem examination. As expressed in the article, approximately 24 per cent of the reacting animals failed to show lesions. From one standpoint, this is an entirely fair way of stating the matter, but it gives a misleading impression of the accuracy of tuberculin tests, which should be calculated on the total number of animals tested and not on those only which reacted.

For the first half of 1925 tests on 3,842,902 cattle were reported to the Federal Tuberculosis Eradication Division of which 2.852 per cent reacted. During a four-year period, 1920–1924, 8.5 per cent of reacting cattle reported to the division failed to show lesions. Using these figures for 1925, the proportion of reactions would be 0.242 per cent, or approximately one animal in every 412 tested, a degree of accuracy which is seldom exceeded in any biological test. It must be remembered that while these animals are reported as having shown no lesions, and we must admit that many of them were free from tuberculosis, the only thing we can say with certainty is that the ordinary examinations did not show lesions, but as pointed out above, prolonged search will sometimes reveal a small lesion in such animals. Tissues from several thousand cattle which reacted to tuberculin but did not show lesions on the ordinary post-mortem, when examined by the Pathological Division of the Bureau of Animal Industry revealed the presence of tubercle bacilli. They were incipient or undeveloped cases. Taking these figures in conjunction with others furnished by the bureau, it is shown that the tuberculin test is better than 99.75 per cent reliable.

While no-lesion reacting animals are used as arguments against the test, a greater danger is the tuberculous animal which does not give a reaction. In one case a very small percentage of safe animals is destroyed, while in the latter a dangerous spreader of disease may escape detection. It is possible and even probable that tuberculin is not 99.75 per cent accurate, considering all cases, and it is not generally claimed to be so perfect, but it remains the best method of detecting tuberculosis which we have, and the only thing which reveals early and slightly developed cases. It is the only way in which an infected herd can be