

# Twenty-fifth Annual Report

of the

University of Illinois Health Service

1940-1941

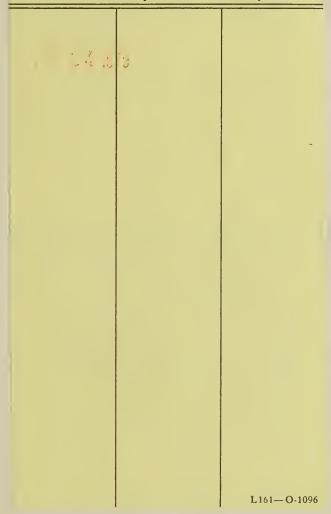
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# UNIVERSITY OF ILLINOIS

# HEALTH SERVICE

Departments in Urbana-Champaign

# Twenty-fifth Annual Report

and

A Brief Historical Appendix

J. HOWARD BEARD, M.D., Health Officer

Urbana, Illinois

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A twenty-fifth annual report is an opportunity to record the events of a year, an occasion for obtaining a perspective, and a chance to note health trends both constructive and otherwise over a period of a quarter of a century. It also provides for inventories and comparisons which give substance to conclusions as to the physical condition of students entering the University during the last twenty-five years.

The objectives of the Health Service were rather clearly defined at its beginning, and efforts during the last quarter of a century have been directed to their attainment rather than to the seeking of new goals merely to insure growth. During this period, it has been kept constantly in mind that enduring progress can be achieved only by the adoption of policies and practices which time will justify.

A health service program to be adequate for a large institution of higher learning must provide for the extensive application of the principles of preventive medicine and sanitation in seven different but more or less related fields of health promotion and disease prevention:

#### 1. Provision of a Healthful Environment

Students must have wholesome surroundings if they are to escape epidemics, the annoyance of nuisances, and dangers from fire. Their environment must include safeguards against accidents, and a good moral atmosphere. The houses in which they live, and the rooms where they learn must be clean, attractive, well-ventilated, and correctly illuminated both naturally and artificially. A safe water supply, proper disposal of sewage, clean, pasteurized milk, and carefully inspected food are essentials of good living conditions. Adequate protection for those handling injurious substances, using lethal gases, or coming in contact with plants or animals capable of producing disease, is an important consideration in the provision of a healthful environment.

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#### 2. Health Examination

A health examination of "all students entering the University for the first time" has been required since action by the Board of Trustees on March 12, 1918. It serves as an inventory of the physical and mental health of students, and provides the information essential for their classification for military training and physical education, and the correction and alleviation of defects and abnormalities.

Conditions found at the time of the examination afford an excellent opportunity to promote health education by discussing with students personally the nature, origin, and treatment of their physical or mental handicaps. They are also told where and how they may obtain the special attention required to meet their needs. The examination and its "follow-up" also impress upon students the importance of a periodic medical "check-up" and thus contributes to their keeping physically fit, and at their highest efficiency.

A medical examination makes possible the diagnosis of disease in its incipiency, the promot institution of treatment, and the taking of immediate action for the control of communicable disease. It reduces to a minimum the risk of requiring compulsory exercise without the adoption of proper safeguards to protect students against injury. By encouraging them to correct their defects and dysfunction early in their college career, they are materially helped in making the most of the facilities offered for their education.

By requiring a physical examination of each student on matriculation, it is possible to avoid the futile procedure of giving men military training who would later be rejected for military service. This saves both effort and money. The examination aids in locating and preventing subnormal students carrying a study schedule which may threaten, if not actually precipitate, a physical or mental breakdown.

#### 3. Prevention and Control of Communicable Disease

The Health Service uses every practicable means to prevent and control communicable disease among students, faculty, and employees. This effort reduces sickness and death rates from preventable disease to the minimum. It is based upon the sound economics of keeping the greatest number of students possible in in the classroom.

Immunization against smallbox and typhoid fever has been continuously promoted by a campairn of education. Students requesting it and procuring the vaccine have been immunized against diphtheria, scarlet fever, Rocky Mountain spotted fever, Asiatic cholera, and yellow fever. Only those individuals whose duties require them to visit localities where the latter diseases are endemic have been inoculated against them.

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Early diagnosis of communicable disease is essential in the prevention of its spread. It insures immediate isolation and quarantine, and thus decreases the number of contacts. Quick discovery of infectious disease makes promot treatment possible, reduces the likelihood of complications, and lessens the loss of time from classes.

With the approval of the State Department of Health, modified quarantine has been established. "Exposures" have been given daily inspections and have been permitted to attend classes. During the last decade this arrangement has saved students, faculty members, and employees the loss of many thousand classroom and work hours without endangering any of their associates.

#### 4. First Aid in Accident and Illness

The Health Service maintains a dispensary for ambulatory cases of accident or illness. This service is essential to detect communicable disease in its incipiency and to reduce to a minimum the danger of serious infections resulting from minor injuries. It promotes prompt hospitalization which does much to reduce the severity of illnesses and injuries so often caused by delay or neglect. Dispensary service also makes possible quick referral of the ill and injured to competent physicians and specialists.

First Aid Cabinets are located in convenient places in University buildings. These are equipped and supervised by the Health Service. The articles supplied to the cabinets are those approved by leaders in industrial surgery—the object being to provide all items necessary for the efficient rendering of First Aid preliminary to receiving medical attention, but not to encourage use of drugs or surgical materials by untrained persons, who in trying to do good, may do more harm than good.

#### 5. Promotion of Mental Health

The Health Service from its beginning has accented as self-evident that students not only need sound bodies and sound minds, but also wholesome, disciplined emotions, and a keen sense of social responsibility. At the time of the physical examination, efforts are made to detect students who may be nervously unstable or who give evidence of being maladjusted. This quest is continued through questionnaires in hygiene and in conferences relative to the findings of their medical examination. By frequent interviews where needed, and by "follow-up," students are helped in adjusting themselves to their surroundings and in obtaining satisfaction in their work.

#### 6. Health Education

As the functions of the Health Service at Illinois are primarily preventive and educational rather than therapeutic, sustained

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efforts are made to encourage students to acquire good health habits and to adopt an attitude towards personal and community health which will carry over into life and prove an advantage to them, their families, their communities, and the Nation.

Emphasis has been placed on the attainment of good physical health and mental toughness essential to meet with equanimity the vicissitudes of life, to withstand the strenuousness of the times, and to insure social vigor. Through education in personal and community health, effort has been made to give the leader of tomorrow the knowledge, awareness, and desire necessary to participate intelligently in enterprises for the promotion of the welfare of the community in which he lives.

#### 7. Health of Personnel

In institutions of higher learning, as in the primary and secondary schools, it has been recognized as of paramount importance that the health of personnel, whether professional, skilled, or unskilled, should receive close attention, so that they will not be a source of disease, shall possess the vitality essential to pursue their work effectively and shall set an example of vigor and accomplishment.

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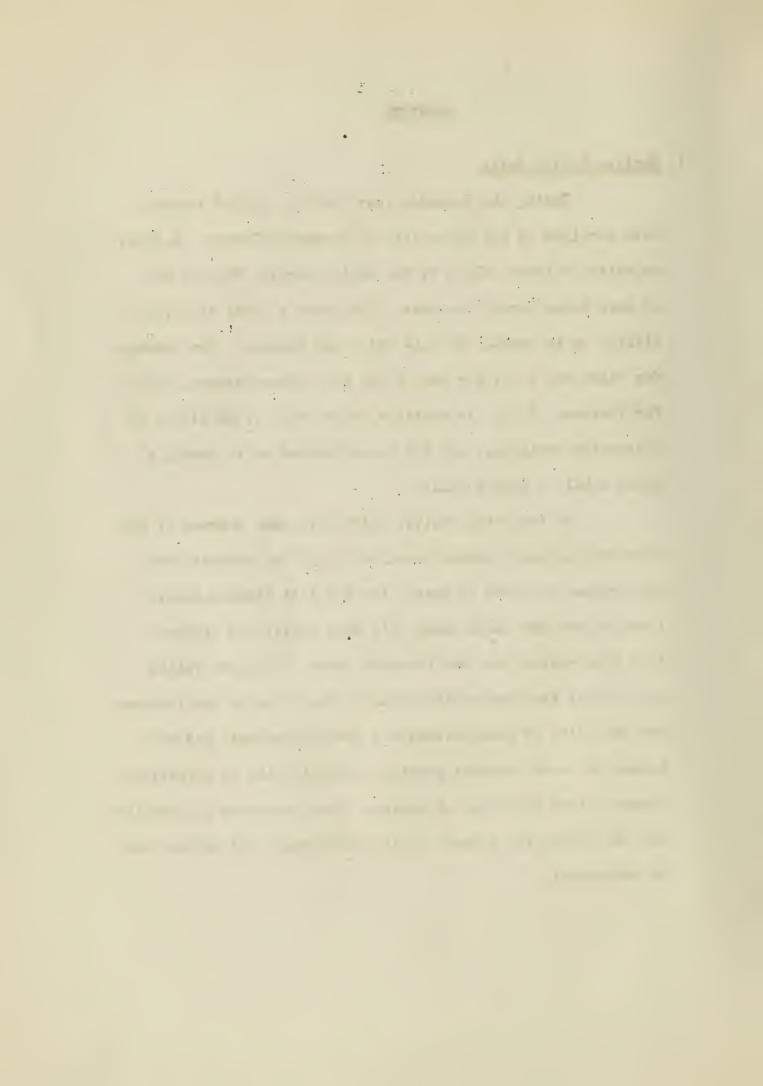


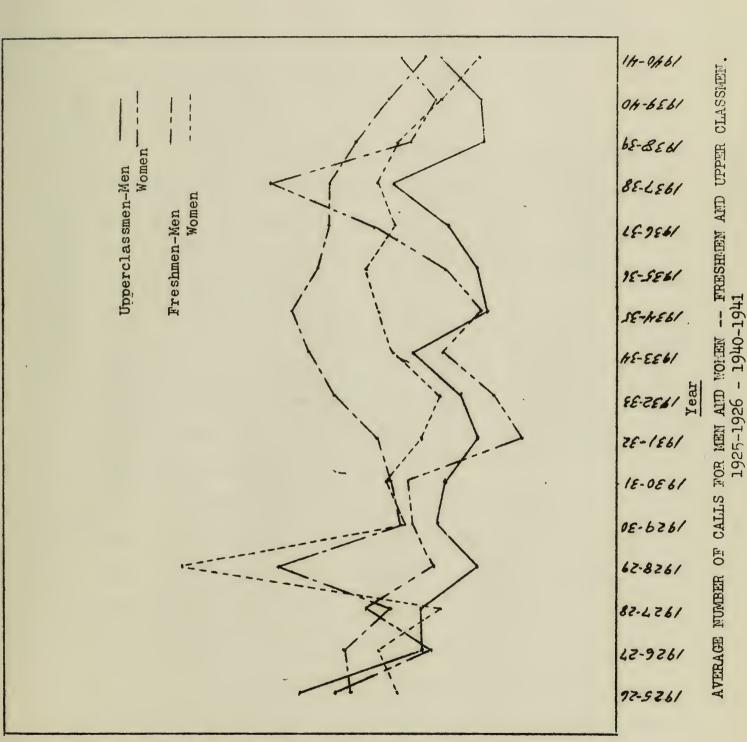
#### SERVICES

#### I. Routine Office Calls

During the academic year 1940-41, 13,108 students were enrolled in the University at Champaign-Urbana. A great majority of these called at the Health Service Station one or more times during the year. They made a total of 54,363 visits, or an average of 4.14 calls per student. The average for women was 4.32; for men, 4.08; for upper-classmen, 3.49; for freshmen, 5.29. In addition, there were 2,386 visits by University employees, and 137 miscellaneous calls making a grand total of 56,886 calls.

Of the total visits, 5,179 were made because of the required physical examinations, and 3,832 by students for conferences relative to them. For the last sixteen years, freshman men have made about 2.13 more visits per student than upper-class men; and freshman women, 0.56 more visits per student than upper-class women. The calls of the freshmen are exclusive of examinations and re-examinations, and are caused by their somewhat greater susceptibility to infectious disease, less knowledge of hygiene, less alertness in anticipating and caring for illness in its incipiency, and greater need of adjustment.





Average number of

13



There were 16,260 laboratory tests made for students and employees during the year; 11,394 at the Health Service Station, and 4,866 by the State Laboratory. Special tests were given 189 students who wished motor vehicle permits and 532 employees desiring to drive University cars.

#### II. Medical Examinations

Complete physical examinations were given to 5,179

students during the year. Of these, 3,745 were men and 1,434

were women. Of this total, 453 were individuals who did not

matriculate. Each year from 8 to 10% of those examined do

not enter the University.

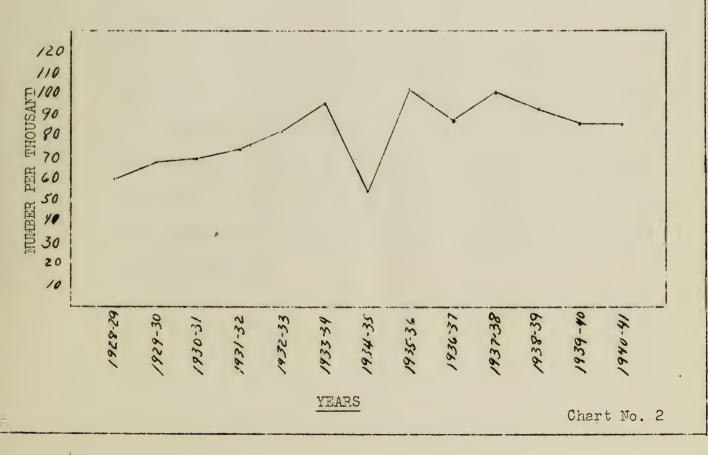
A total of 73 <u>pupils</u> sceking admission to the University High School were examined. Of these, 34 were boys and 39 were girls. Of this group approximately 48% had had their tonsils removed, none had serious abnormalities, and only 2.06 had not been vaccinated against smallpox.

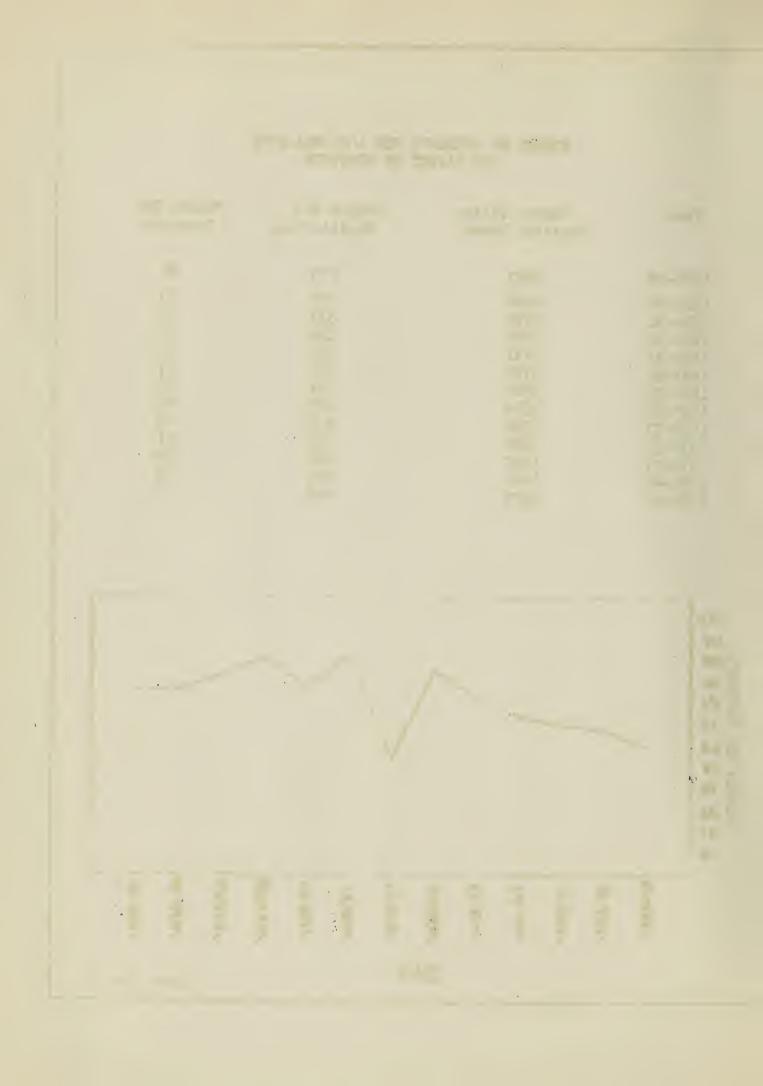
Because of the turnover associated with war, the increase in the number of workers incidental to servicing the Union Building and the Residence Hall for men, 372 domestics and laborers were examined, who were prospective Civil Service employees. Of these, 286 were men and 86 were women.

In cooperation with the College of Engineering, twenty-three students who were candidates for the primary course

# NUMBER OF STUDENTS PER 1000 EXAMINED WHO FAILED TO REGISTER

Year	Number Taking	Number Not	Number Per
	Physical Exams	Registering	Thousand
1928-29 1929-30 1930-31 1931-32 1932-33 1933-34 19314-35 1935-36 1935-37 1937-38 1938-39 1939-40 1940-41	4457 4696 4772 3936 3131 3728 4321 4662 5346 5456 5108 4691 5179	273 323 333 296 260 361 241 474 478 553 480 408 453	61 69 70 75 83 97 56 102 89 101 94 87





in the <u>aviation training program</u> were given preliminary physical examinations. This procedure saved a number of applicants from paying for special examinations when it was determinable in advance that they could not meet the physical standards of the Civil Aeronautics Authority.

Examinations for chauffeurs were given to 457 men and 75 women vishing to drive University automobiles. Of these, 471 were considered to be physically normal for driving, and 61 were found to have handicaps which made them increased risks when operating a car. A total of 189 students requesting motor vehicle permits were examined: 163 were found to be normal and 26 had defects which made driving more hazardous than ordinary. Fortunately, most of these abnormalities were associated with vision and were correctible by the use of glasses.

A total of 4,334 athletes were examined before participation in intercollegiate and intramural sports. Ten were rejected for the former, and eleven for the latter. The gradation of games on the basis of speed, strength, and endurance affords each student an opportunity to get exercise under conditions of greatest safety, when given proper preliminary training.

During the year, 863 foodhandlers were examined to determine their physical fitness and disease carrier states before serving in the food distributing agencies of the University; three prospective foodhandlers were discovered to be carriers of typhoid fever: one was a student expecting to take the course in Cafeteria Management; one to be a cook at the Union Building; and the third was to serve as a caretaker in Illini Hall. It is hardly necessary to speculate upon the harm a typhoid carrier could do in the kitchen of the University Cafeteria or dining service of the Illini Union.

Premarital examinations have been available to students since the enactment of the Saltiel law. During the year, 74 of them received the benefit of this service.

### FOLLOW-UP

New Students: At the time that new students take their physical examination, a brief summary of the abnormal findings, if any, is made on their cards. Subsequently, they are recalled for conferences concerning the defects discovered, and are given advice regarding such correction and alleviation of their conditions as may be possible.

A total of 2,091 men and 856 women were seen for this purpose.

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Albuminuria: A total of 208 new students examined on matriculation in 1940-41 were found to have albuminuria. Repeated examinations showed the condition to be transient in 194 and persistent in 14 students. The latter were referred to their family physicians or to urologists for further study and treatment. One Civil Service employee had persistent albuminuria; of the 73 University High School students examined, only one had albuminuria. All of those seen at the Health Service Station who have persistent albuminuria are kept under observation.

Heart Disease: Of the 2,947 students examined, 43 were found to have cardiac abnormalities. These have been kept under observation, have been repeatedly examined, have been excused from physical education where the condition was marked, or have been given a program of exercise which will protect them against undue strain.

Tuberculosis: During the year, 55 students have requested tuberculin tests, of which 17 proved to be positive and 38 negative. Those who reacted positive have been urged to have roentgrams of their chests to establish as far as possible the extent and activity of their infection.

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A detailed history, a thorough physical examination, and "follow-up" of suspicious cases are not enough to discover active tuberculosis in its minimal stage. Only by the wide use of the tuberculin test and X-ray of positive reactors can those with active tuberculosis be discovered in the student body and the greatest protection be provided for the University population. This procedure affords the best opportunity to discover tuberculosis in its earliest stage and to give treatment when "arrest" of the disease is most likely.

### MENTAL HYGIENE

In addition to a regular physical examination, each student fills out a questionnaire which gives an insight into his health, mental state, habits, and living conditions. It supplements his medical record and physical examination, and is an important factor in determining his emotional development, attitude and adjustment.

Students found to have difficulty in adapting themselves to the demands of University life are seen periodically and every effort made to give them all possible assistance in adjusting themselves to their environment. They are encouraged to enter into forms of extra-curricular activity which will help them to find themselves and to achieve satisfaction in their work.

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### COMMUNICABLE DISEASE

Prevalence: There was less communicable disease in the University population this year than last. Colds, influenza, diphtheria, impetigo contagiosa and scables were less common. Measles, German measles, chickenpox and scarlet fever were more frequent. The communicable disease rate, including colds, per 1,000 students was 129 for 1940-1941; for 1939-1940, the year before, 148. A comparison of the cases occurring for the two years is shown in Table 4.

Although 79.7 per cent of the students had had measles (rubeola) on matriculation, mass immunity, presumptive resistance, or previous good fortune in avoiding contact did not provide the "shield of protection" for 16 susceptible students when it began to occur frequently in the schools of Champaign-Urbana.

German measles was epidemic in the Community during the year. A total of eighty-three students acquired the disease. The long incubation period, the early communicability, the polymorphous nature of its rash, and the absence or mildness of its constitutional symptoms make the control of this disease exceedingly difficult. Many students do not know when they are exposed, or that they have German measles until a doctor tells them the cause of their rash; by this time a number of their associates have acquired the disease.

Faculty and Civil Service Employees: Occurrence of communicable diseases in the families of faculty members and Civil Service employees was less than in previous years. Only eight cases were reported, of which three were chickenpox, two scarlet fever, two measles, and one German measles.

Incidence of Communicable Disease in the Student Body for the Biennium 1939-1941

	1940-41	1939-40
Coryza	724 734 50 13 16	<b>8</b> 66 934 96 4
German measles	83 10 13	0 10 11
Diphtheria	6 1 27	12 1 5
Impetigo contagiosa	15	16 3 1
Total	1,694	1,959

By the modified quarantine for scarlet fever.

permitted by the State Department of Health, the loss of time

from the classroom has been reduced to the minimum compatible with safety. Of the 222 students exposed to scarlet fever,

148 gave a positive Dick test, but were allowed to attend

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classes after daily observation. This procedure saved a total of 888 school days or the equivalent of a full semester for eight students.

Table 2

Modified Quarantine for Scarlet Fever

Number Exposed	Dick Positiv		Certificates of having had the disease
222	148	51	18
Т	able 3		

Disposi	tion	of	Stude	ents	Exposed
to	Commu	mic	able	Dise	ease

Contacts
Number held in quarantine 12
Number permitted to attend classes under daily observation 199
Number requiring no isolation under Regulations of the State Depart-
ment of Health 7.053

Venereal Disease: The quarter of a century which this report concludes has witnessed a complete revolution in the attitude of the public towards venereal disease. In 1916, as now, gonorrhea was widespread. The sterility it caused blighted the fondest hopes of many couples wishing children. Its victims crowded into clinics, increased taxes, and added to the death rate; but cultured people were indifferent, apathetic, and silent.

Syphilis, a protean disease, attacked at least ten per cent of the population, destroyed thousands of unborn children, caused many still-births, and was responsible for children afflicted in body and mind. It damaged the bones, tissues, and organs of both young and old. Impaired hearts, arterial degeneration, sclerotic spinal cords, paralytic gaits, and insanity followed in its wake; yet its name was never spoken in polite society. Not even the most courageous editor dared to go farther in his columns than to indicate by subtle innuendo that a serious "blood disease" existed.

All treatments for gonorrhea and syphilis were prolonged, inconvenient, costly, and left much to be desired. Thousands of dollars were spent for medical care; hundreds of millions for hospitalization of those made physically ill and mentally sick by the gonococcus and the pale spirochete. Men, women, and society suffered, paid, and did little to escape the blight that had attacked the race for centuries.

Suddenly, a new day davned; common sense asserted itself. The vale of prudery was torn apart. Men and women discovered they could pronounce the words gonorrhea and syphilis. These diseases quickly made the headlines. Pamphlets flooded the mail. Exhibits appeared at meetings. Movies

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brought the public up to date on venereal disease. Syphilis even became a topic for term papers for "coeds," and wherever two or three gathered together in a sewing circle, on the golf links, in the clubs, or on the street—syphilis and gonorrhea were discussed with the interest of men and women who had gained a new freedom. Caravans were formed for pilgrimages to where Kahn tests could be obtained free.

Legislatures vied with each other in the adoption of inadequately considered legislation requiring premarital examinations. Laws to protect prospective mothers and unborn children against syphilis were passed without a dissenting vote. Laboratorics were enlarged to do serologic tests, and facilities for treatment multiplied with most gratifying rapidity. The public awoke from its centuries—old nightmare; reticence disappeared and the battle against venereal disease had begun.

Fortunately, scientific discovery and medical progress were equal to the demand for action. The dark field microscope, serologic tests, and specific therapy were available for dealing with syphilis; the advent of the sulfonamide drugs and the use of heat provided highly efficient treatments for gonorrhea. Thus, the means, will, and enthusiasm to attack a great scourge were at hand, and man's redemption of man got under way.

Reared in such a venereal disease-conscious age, it is no surprise that the incidence of gonorrhea and syphilis is exceedingly low in college students-about one case in 500.

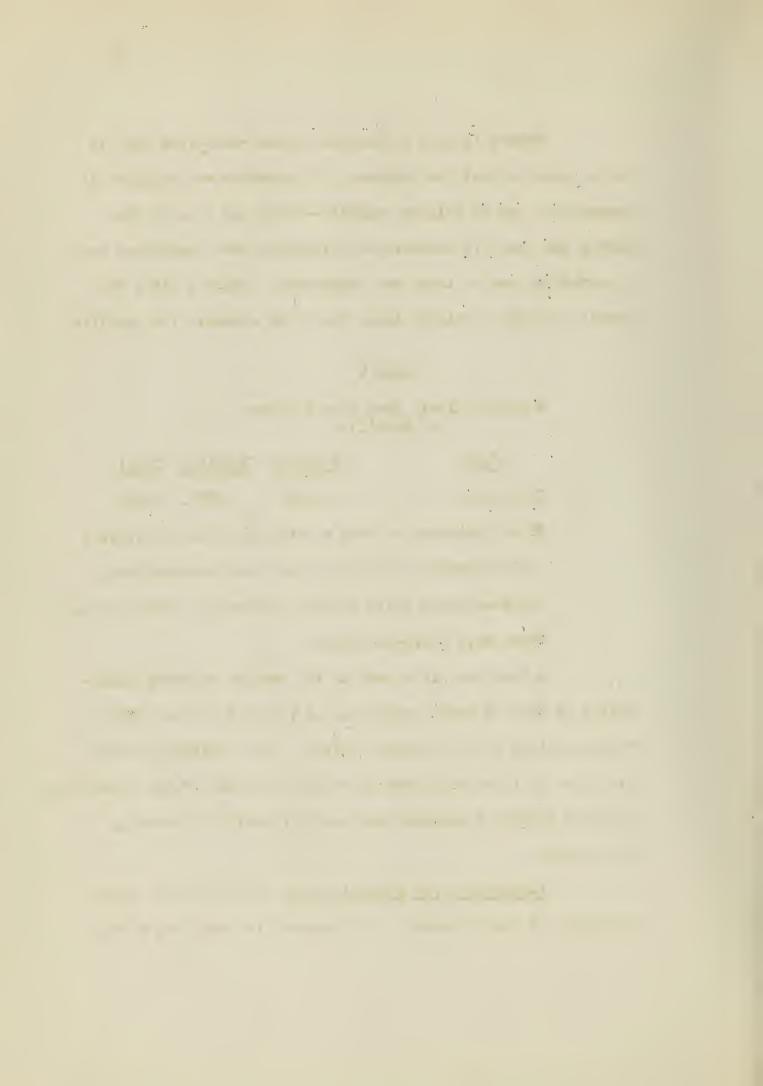
During the year, 13 students were found to have gonorrhea; and 2, syphilis; one of these was congenital. Table 7 gives the result of 2,619 serologic tests done upon students for syphilis.

### Table 4

Serologic Tests Done Upon Students for Syphilis

A Mahn test is a part of the routine physical examination of Civil Service employees. A total of 13 were found to have either late or latent syphilis. The incidence of lues is higher in this group than in students because of age permitting a longer period of exposure and less information concerning the disease.

Vaccination for Spotted Fever: This year, as last, students and faculty members who expected to study and to do



research in the Rocky Mountain region during their vacation, were inoculated against spotted fever. A total of five men and two women were immunized. The vaccine was furnished without cost by the special laboratory of the United States Public Health Service at Hamilton, Montana. Spotted fever, however, is no longer confined to the Rocky Mountains but occurs in most of the states of the Union

### Table 5

### Immunizations for Communicable Diseases

Cholera					•				1
Diphtheria									
Smallpox		•	•	•				٠	2,300
Spotted fever									
Typhoid fever									
Typhus									
Total	•			•		•	•		4,331

### HOSPITALIZATION

The Student Body: The facilities of the McKinley Hospital are a great insurance for the student body. A total of 3,569 students was admitted to the Hospital for 12,188 days, an average of 3.42 days per patient.

Of all the students hospitalized, 90 per cent were admitted to McKinley Hospital and only 10 per cent to other hospitals. The local hospitals, however, had 12 per cent of the student patronage in hospital days; the McKinley, 88 per cent.

This difference between percentage of cases and hospital days is due to the low average stay (3.33 days) of students in the McKinley Hospital for medical cases and the longer hospitalization in local institutions for surgical treatment.

As will be seen from the following table, 559 students with communicable disease were admitted to the McKinley Hospital for a stay of 2,958 days or an average of 5.29 days per patient. Influenza was responsible for 107 or 17.4 per cent of the cases, and 443 or 14.9 per cent of the hospital days.

Table 6

Student Cases of Communicable Disease Cared for at McKinley Hospital

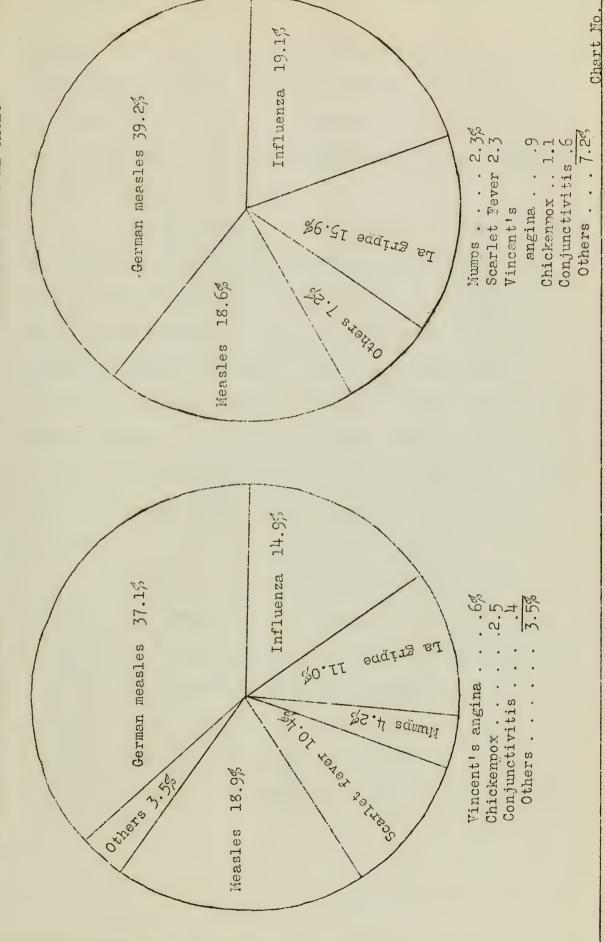
<u>Discase</u> <u>Cases</u>	Days
Influenza 107	443
La grippe 89	325
Mumps 13	124
Scarlet fever 13	309
Measles 104	558
Vincent's angina. 5	15
Chickenpox 6	74
Conjunctivitis 3	13
German measles 219	1,097
Total 559	2,953

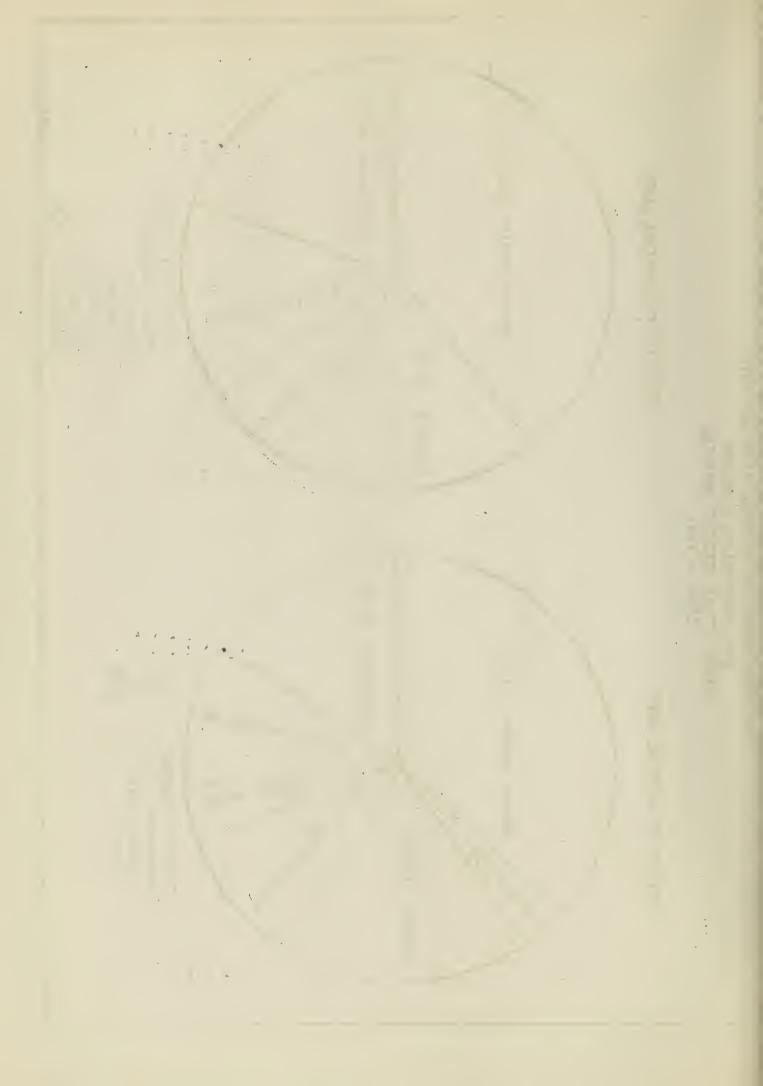
Civil Service Employees: During the year, University employees suffered 165 accidents in the line of duty. It was necessary to have 20 X-rays taken in order to exclude possible fractures. Of those injured, 108 required only minor surgical

# THE DISTRIBUTION OF HOSPITAL CASES AND DAYS FOR COMMUNICABLE DISEASES CARED FOR AT MCKINTLEY HOSPITAL 1940 -- 1941

DIVISION OF HOSPITAL DAYS

DIVISION OF HOSPITAL CASES





attention and 47 were referred to outside surgeons or specialists for prolonged treatment. Fourteen employees were hospitalized for a total of 110 days, or an average of 7.9 days per patient.

Two of these cases were admitted for herniotomy, and remained in the Hospital for two weeks.

Hospital Insurance: A new method of hospital insurance was instituted in the University for the year 1940-41. The Student Mutual Benefit Association reinsured its prospective beneficiaries this year through the North American Accident Insurance Company. The plan, as usual, was ably promoted and carried out by the office of the Dean of Men. Its energetic campaign induced 6,173 students, faculty members, and employees to join during the first semester, and 5,122 the second, which was 47.09 per cent of the student enrollment for the first, and 39.08 per cent the second semester of 1940-41.

This year, as under the old plan, two types of membership were made available to students, faculty members, and employees. A \$3.00 payment provided for 30 days ward care in any one semester plus \$5.00 allowance for laboratory charges; a \$5.00 premium which, in addition to the above, included a payment toward the physician's bill at the rate of \$3.00 per day for the two-thirds the number of days hospitalized

during the semester up to a maximum of two-thirds of 30 days at \$3.00 per day or a total of \$60.00.

The number of students having sickness insurance was somewhat increased by those patronizing companies now providing such a service. It is, nevertheless, regrettable that more students do not join the Association or otherwise provide protection for themselves, particularly during the second semester when sick rates are higher and hospitalization is often badly needed by those who can least afford it. As long as less than half of the student body has hospital insurance, both the control of communicable disease and the rendering of prompt treatment of the ill leaves much to be desired. There is also a correlation between delay in medical attention and the increase of complications and the severity of the disease.

A number of insurance companies of varying degrees of merit are trying to sell insurance to students. The extent and quality of the service they offer are not yet equal to that of the Student Mutual Benefit Hospital Association. Such companies generally offer much that will rarely be needed, but are more conservative where service is most likely to be used. Such action is essential where rates are low and considerable overhead has to be met before profits are made.

However, the publicity associated with their bids for business causes some students to make provision for illness who otherwise would not do so.

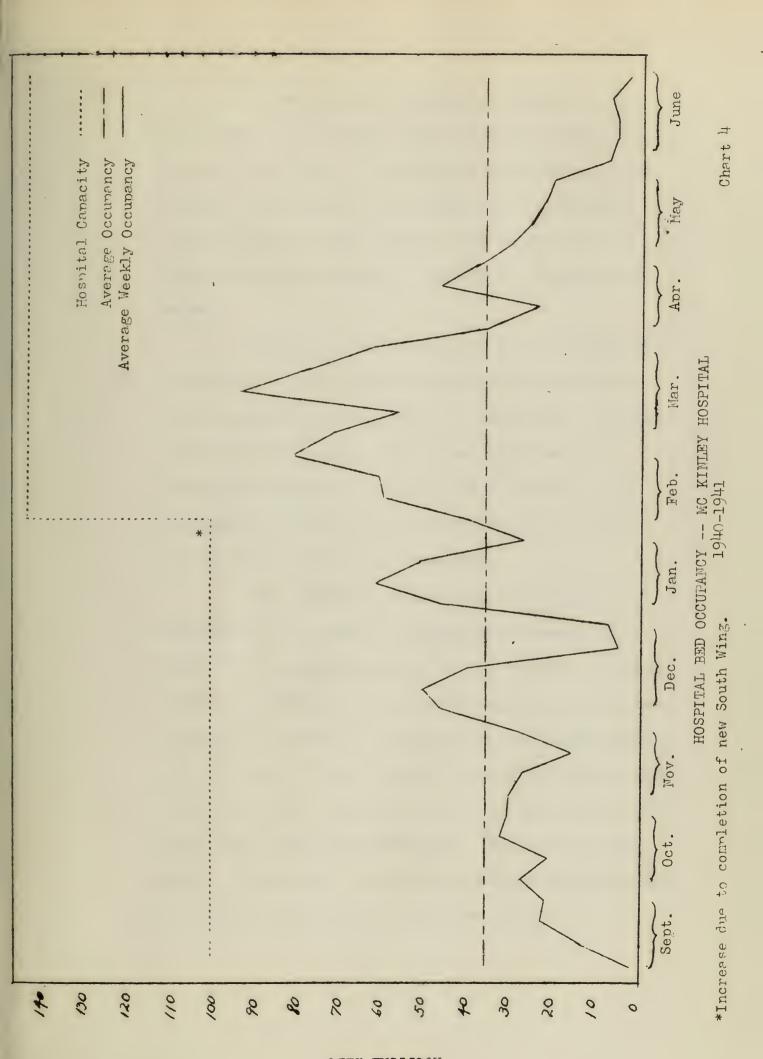
Local Hospitals: The Mercy and Burnham Hospitals admitted 357 students for a total of 1,475 days, an average of 4.14 days per patient. The average length of stays in these hospitals was 5.25 and 3.98 respectively, which are longer than those of the McKinley Hospital by 19 per cent. They admit students requiring surgery; hence, the prolonged period of hospitalization.

## MC KINLEY HOSPITAL

Last year marked the completion of the south wing to the Hospital; the new addition is completely equipped. All rooms in the new unit were in use this year.

Patients: The Hospital was open for a period slightly over nine months. The first patient was admitted September 9, 1940 and the last discharged on June 30, 1941. A total of 3,072 patients were treated for a total of 10,735 days or for an average stay per patient of 3.49 days. Of this number 2,789 were bed patients and 283 out patients. The highest number of bed patients in any one day was 119. (See chart 4.)

The total number of patients admitted to the Hospital were 3,072, of whom 2,350 were students, 165 were members of the faculty, and 57 were outsiders who were chaperones, members of the family of operators of lodging houses for students, etc.



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Of the patients entering the Hospital, 2,079 were members of the Mutual Benefit Hospital Association. Although only 43.08% of the students were members of the Hospital Association for both semesters, nearly 68% of those hospitalized were members. The benefits paid on these memberships amounted to \$25,925.10, or \$13.91 per patient.

Failure of students to join the Hospitalization Association results in greater exposure of their associates to communicable disease and of themselves to serious complications when ill. Grave cases of pneumonia are usually more common in those who are not members of the Association and delay going to the Hospital until they are too sick to avoid doing otherwise.

The student who saves himself the cost of a membership in the Hospital Association; who makes provision for his health secondary to his effort to obtain an education is often like the man who pays for a car by not buying oil, and fails to arrive because his machine burns out. Of the 137 Illini who have died of tuberculosis since the class of 1916, death has occurred on an average of 4.21 years after leaving the University. Obviously learning, whether in high school or college, is inadequate which does not bring an appreciation of relative values.

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A student who saves himself 33 to \$5 a semester by not joining the Hospital Association with the expectation of remaining at his lodging house or fraternity when sick frequently infects others, who as a result, become ill and must pay for their own hospital and medical care. Thus, he dulls his sense of social responsibility and gets his education at the expense and at the temporary or permanent loss of the health of others—hardly a commendable standard of conduct in an age of "Keeping Fit."

Contagious Disease McKinley Hospital admitted 457 cases of contagious disease. Of these, 360 were hospitalized for German measles; a total of 351 students, or 96.7 per cent, and 9 non-students. The cases of contagious diseases admitted to McKinley Hospital are given in the following table:

Table 7

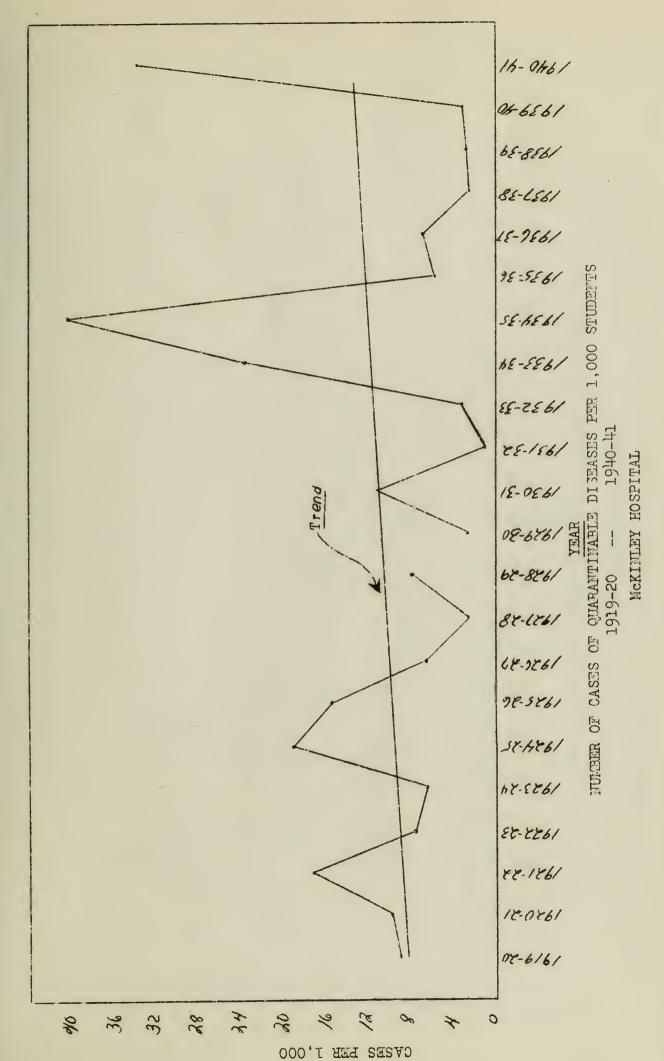
McKinley Hospital Contagious

Disease Cases

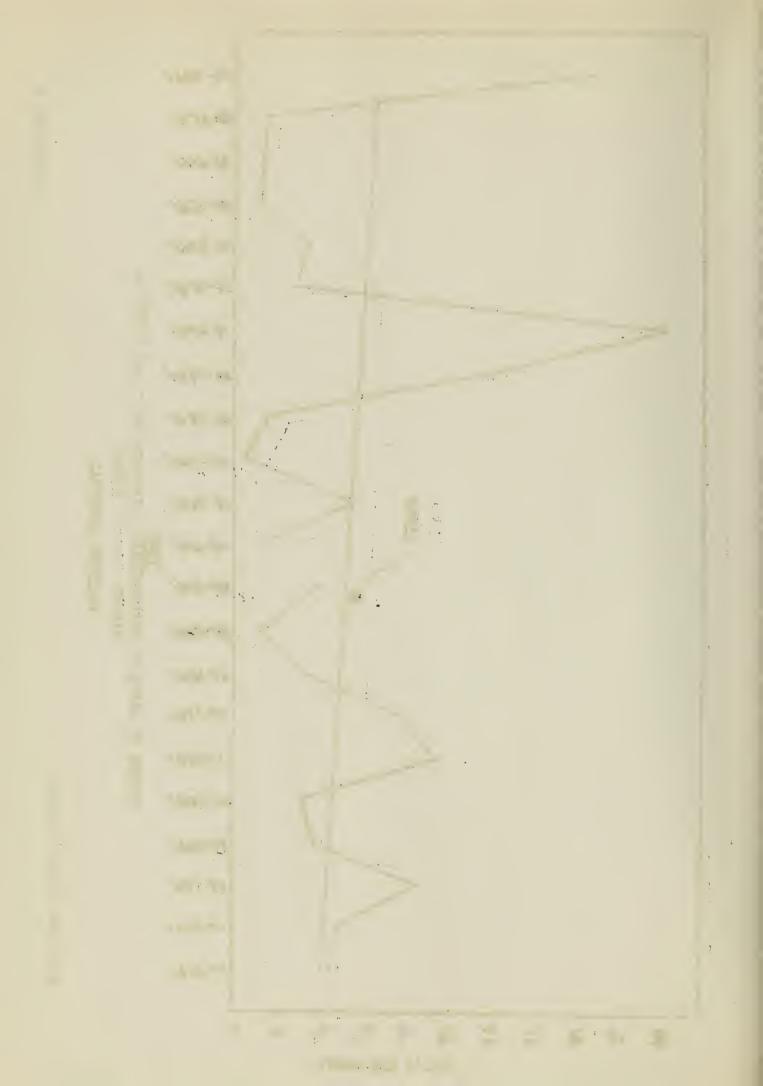
Disease	Students	Mon-Students
Scarlet fever	. 10	. 10
Chicken-box	. 17	
Diphtheria	. 1	
Diphtheria carriers	. 12	
Red measles	. 8	. 4
German measles	. 351	. 9
Mumps	. 14	. 2
Pneumonia	. 14	. 2
Infectious mononucleosis	. 2	
Meningitis	. 1	
Total	430	27

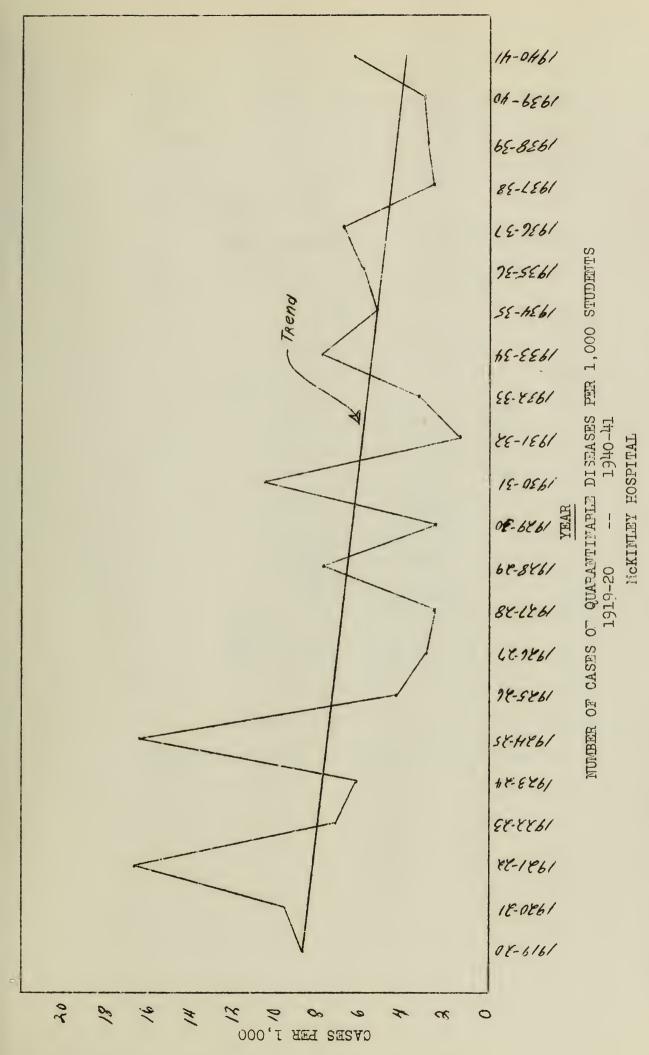
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Includes German measles.

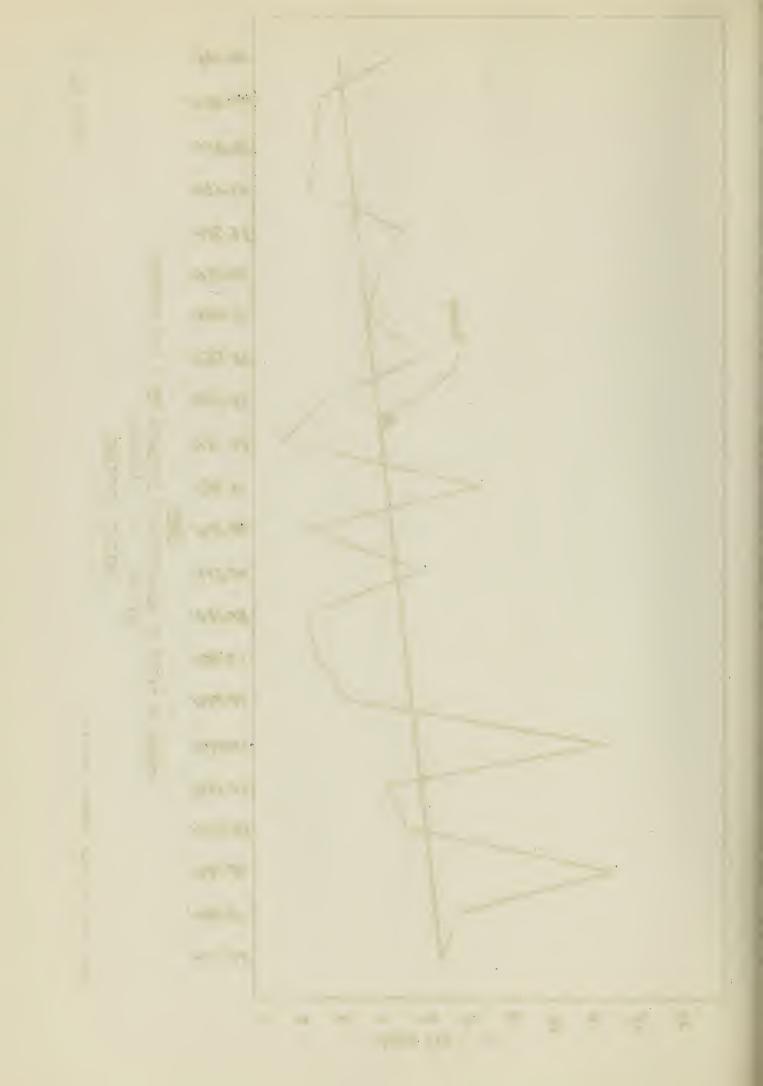




Does not include German measles.

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Chart No.



In special instances, where it was to the advantage of the University, patients who were neither students nor employees were admitted to the McKinley Hospital. There were twenty-seven such admissions.

<u>Laboratory Service</u>: The Clinical Laboratory made 3,853 tests as listed in the following table:

Table 3

## Clinical Laboratory Tests

Urinalysis	2,803
Blood count	
Complete court	
White and differential327	
White count 78	
Matching 23	
Specimens for State 14	
Smears for melaria 4	
Haemoglobin estimation 4	
Determination of	
coagulation time 2	
Sedimentation 3	
Total blood tests	779
Throat smears and cultures	. 269
Sputum	. 1
Spinal fluid cell count	
Total clinical laboratory	
tests	3,853
00505	2,027

A total of 637 roentgrams were made by the X-ray laboratory which may be summarized as follows:

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Table 9

X-Ray Laboratory Examinations

#### Roentgrams

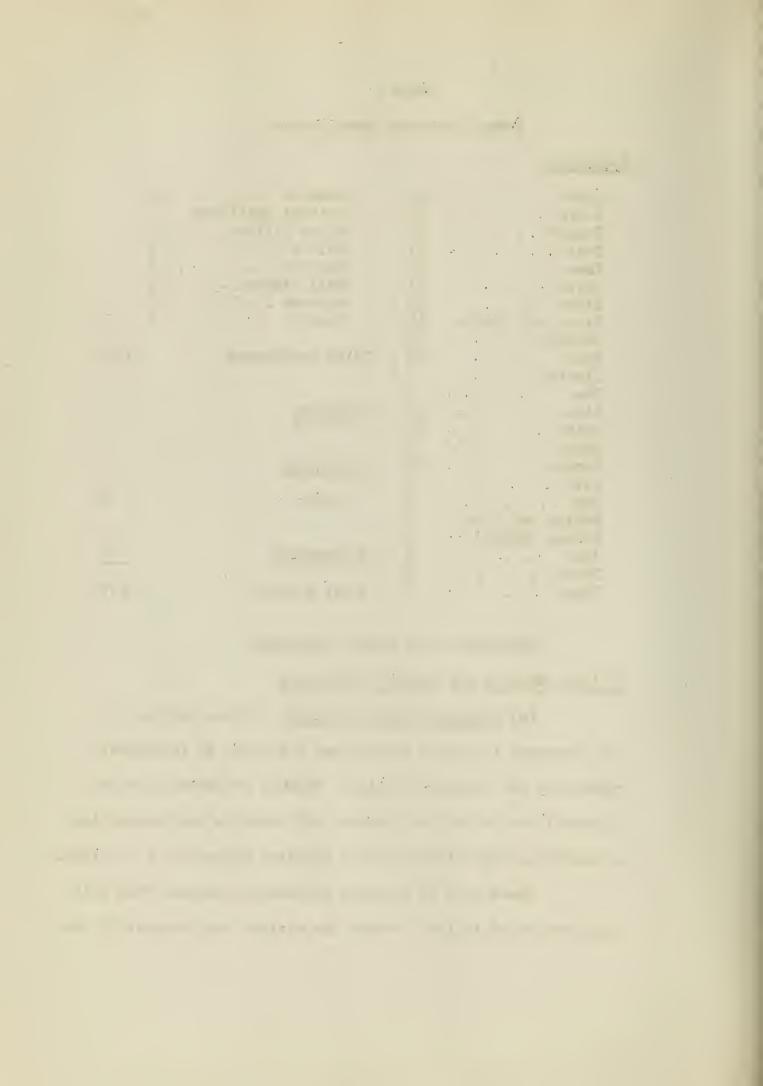
Chest Ankle Finger Foot Knee Wrist Elbow Tibia and fibula Shoulder	251 94 29 31 19 21 18 16	Humerus	
Hand	26 9	Total Roentgrams	630
Toe	8 15 18 7	Urography	1
Sinuses	12	Fluroscopy	
Hip	3 2 2	Chest	4
Kidney bladder  Jaw	2	Pyelography	2
Femur	2	Total X-Rays	637

#### COOPERATION WITH OTHER DEPARTMENTS

## Military Science and Physical Education

(a) <u>Permanent Classification</u>: During the year it was necessary to assign 324 men and 188 women to individual gymnastics for special training. Because of marked physical abnormalities or organic disease, 146 students were classified as unable to take either regular physical education or military.

There were 33 students permanently excused from military because of failure to meet the minimum requirements of the



Medical Department of the Army. Five students were reassigned to military because of improvement or correction of their physical defects.

- (b) Advanced Corps Students: The Health Service administered 286 doses of typhoid vaccine and vaccinated 112 students against smallpox who were planning to attend the Reserve Officers Training Camps. In cooperating with the Army Medical Corps, 289 urinalyses were made upon candidates for advanced military training.
- (c) <u>Temporary Excuses</u>: During the year 216 men and women students were given temporary deferment from military, physical education, or both; 12 men from military only, 84 men and 120 women from physical education only. They had undergone recent operations, or had lost so much time on account of illness that they could not complete satisfactorily the work for the semester.

Students suffering from certain forms of dermatitis, sinusitis, infection of the middle ear, or perforation of the ear drum were transferred from swimming to a form of exercise less likely to cause them trouble. A total of 44 recommendations were made to change students from one type of physical education to another or for modifications of their required exercise.

## The Personnel Bureau

The Bureau has referred students to the Health
Service for a recheck of their physical condition, metabolism tests, or further determination of their acuity of vision. Forty-seven students were given telebinocular examinations. Ninety-one students were given metabolism estimates, and a number of others advised as to their health.

#### INSTRUCTION IN HYGIENE

Compilation of the results of 1,965 questionnaires filled out by freshmen registered in Hygiene 1, 2, and 5 revealed that only 33 teachers of hygiene in the high schools attended by those students, gave full time instruction in health education. The greater percentage taught the subject as a "side line." Illinois is still far behind in having its teaching of hygiene and sanitation of a quality comparable to their importance to the individual and to the State.

The survey (see Appendix G) reveals, furthermore, that students who do not attend college do not receive sufficient training in high schools in regard to personal health, nutrition, sanitation, the control of communicable disease, and healthful living to meet intelligently the demands of our highly complex society. The seriousness of this situation becomes apparent when we recall that only 10 per

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cent of those graduating from high school attend institutions of higher learning, and that science can only be
applied to the general welfare in a democracy by support of
the people. This educational deficiency assumes the aspects
of a menace in a chaotic world of rapid transportation,
shifting troops, demolished cities, and life in bomb shelters.

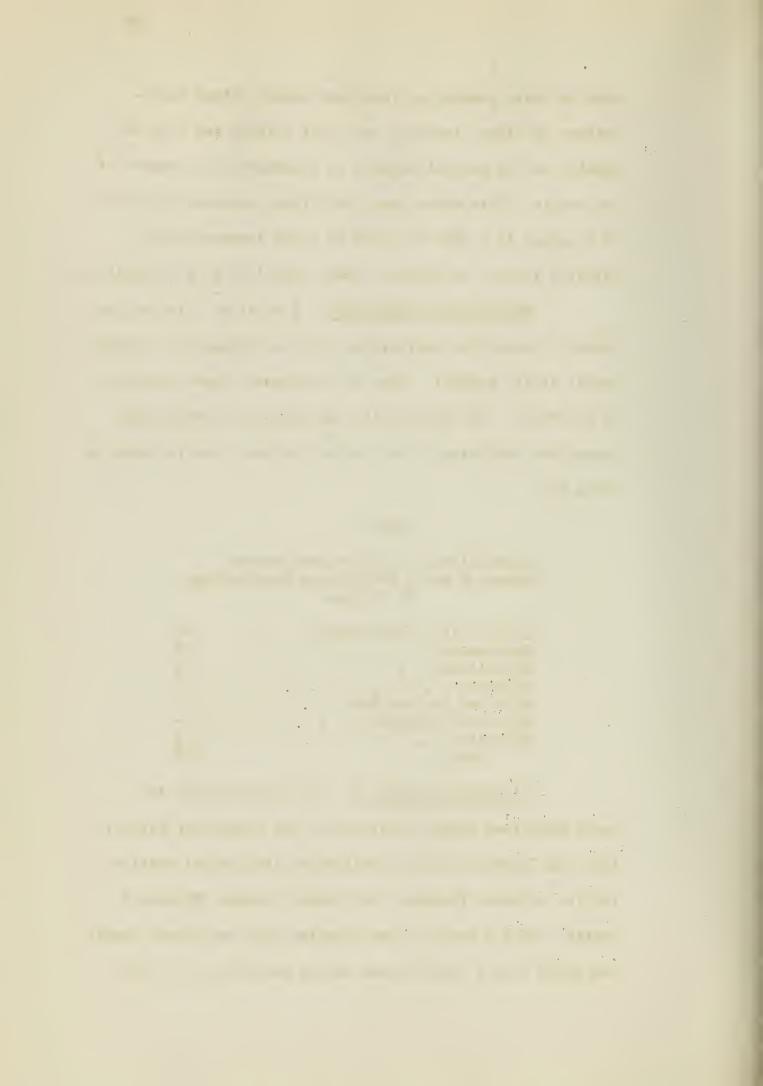
Proficiency Examination: A total of thirty-three students passed the proficiency test in hygiene and received credit in the subject. Mone of the students were from out of the State. The distribution by colleges of those who passed the proficiency test during the past year is given in Table 13.

#### Table 10

Classification of Those who Passed
Hygiene 2 and 5 Proficiency Examinations
by College

Liberal Arts and Sciences	24
Engineering	2
Agriculture	7
Commerce	1
Fine and Applied Arts	1
Physical Education	-
Education	1
Total	33

Elementary Hygiene 1: To cooperate with the newly organized General Division of the College of Liberal Arts and Sciences in the formation of its special curriculum for selected freshmen, the regular course, Hygiene 5, meeting twice a week for one semester with two hours' credit was split into a two-semester course meeting once a week



for an hour's credit each semester. This course extended over a full year and was given to 127 students the first semester and 120 the second semester.

This arrangement seemed necessary to help the College of Liberal Arts and Sciences in its experimental program but it is distinctly not in the interest of better instruction in freshman Hygiene and Sanitation. With the course meeting only once a week, continuity is exceedingly difficult because, with the intervention of holidays, the class may meet but once in two weeks, or even three weeks. Courses conducted on this plan lose prestige, are likely to prove uninteresting to the student and discouraging to the instructor because it is necessary to so condense subject matter in order to complete each topic at a session that inadequate instruction occurs in a number of instances. This is peculiarly unfortunate in a course like Hygiene and Sanitation, which is not only essential in normal times, but may prove life-saving to students who in a few months may find themselves in the Army serving in tropical or subtropical climates.

Elementary Hygiene 2 and 5: In the first semester, elementary hygiene and sanitation were taught to 1,562 students, of which 1,167 were men and 395 were women. The total registration for both semesters in elementary hygiene was 3,291. There were 25 sections for the men and 10 for the women each semester.

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Advanced Hygiene: The advanced course in hygiene for coaches, physical education majors, and teachers had a total registration for the year of 157 students. During the first semester the enrollment was 37 students; in the second, 120.

Hygiene X3: In cooperation with the Director of the University Extension Service, a correspondence course in hygiene has been offered, which has had a registration of twenty-nine students. The quality of the work presented by those taking it was most satisfactory. This training should better prepare them to protect themselves and their families and to function more intelligently as citizens interested in improving living conditions in their community.

### SANITATION

Swimming Pools: Immediate attention has been given to reports which have been received concerning the conditions of the swimming pools and water supply. No colon bacilli were reported found during the year. The pools and water supply of the University have been well supervised by an able and conscientious Sanitary Engineer.

#### FIRST AID

A total of 144 first aid cabinets is being maintained in the various buildings on the campus. They are much used and are visited weekly or twice weekly, depending upon their location, to replace supplies as needed.

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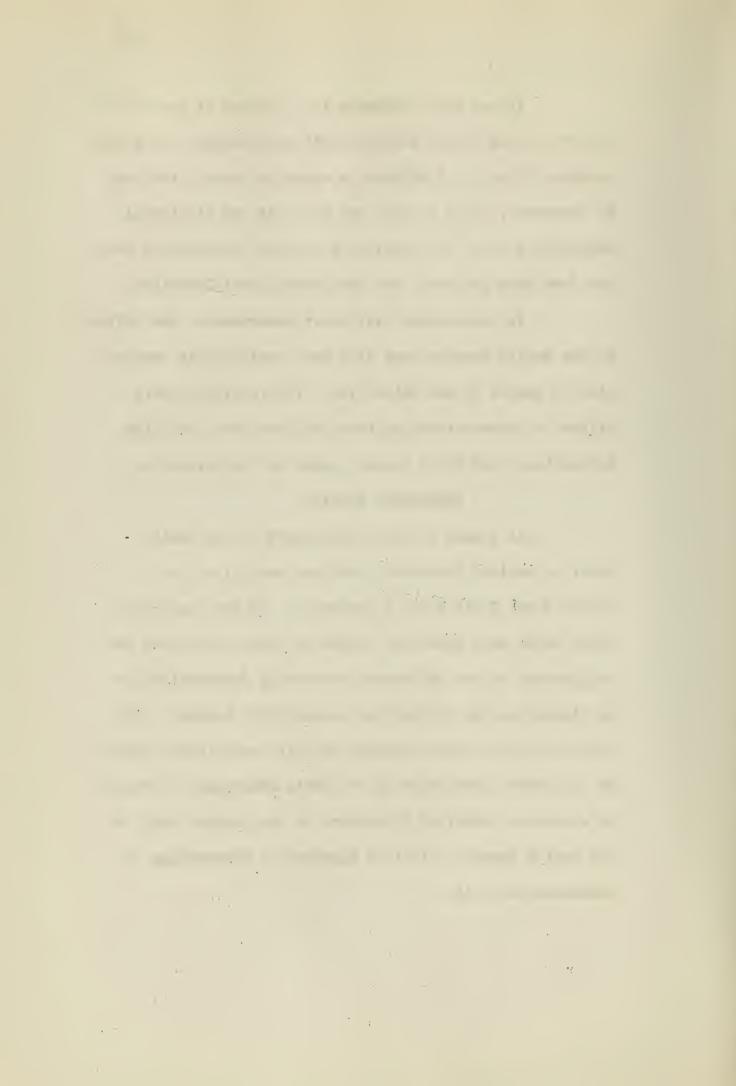
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It has been customary for a number of years for members of the Health Service staff upon request, to attend certain University functions in order to render first aid if necessary. This service was given at the Electrical Engineering Show, the Physical Education Tournaments, Farm and Home Week Programs, and the Commencement Exercises.

In cooperation with other departments, the offices of the Health Service were also made available in emergencies to guests of the University. Its facilities were offered to those attending Farm and Home Week, 4-H Club Conventions, and short courses given by the University.

#### LABORATORY SERVICE

As a part of the routine work of the Health
Service, various laboratory services were given the
students and Civil Service employees. In many instances
these tests were essential either in making effective the
regulations of the University concerning foodhandlers or
in diagnosing and controlling communicable disease. The
bacteriological tests recorded herewith were largely made
by the branch laboratory of the State Department of Health
on specimens submitted by members of the medical staff of
the Health Service. It is a pleasure to acknowledge our
indebtedness to it.



## Table 1.1

## Laboratory Tests

Urinalyses	+
Kahn tests	)
Wassermann tests	
Bacteriological examinations of excreta 1,605	
Diphtheria cultures	
Smears for Vincent's angina	
Smears from the urethra	)
Blood examinations (white cells) 18	5
Basal metabolism tests 91	
Sputum examinations	
Agglutination tests for undulant fever	
Blood smear for malaria	
Eye cultures	
Hemolytic streptococcus	
Endomoeba histolytic	
Telebinocular examinations	5
Streptococcus viridans	5
Heart-O-Meter examinations	5
Audiometer Tests	
Total 16,307	-
10,00	

## Table 12

## Positive Laboratory Tests

Smears for Vincent's angina	64
Kahn tests for syphilis	23
Bacteriological examinations of excreta	4
Smears from the urethra for gonorrhea	8
Throat swabs for diphtheria	16
Streptococcus viridans	18
Hemolytic streptococcus	6
Total	139

## REQUESTS FOR INFORMATION

A total of 221 citizens of the State have requested information on various aspects of public health.

Requests were also received for reprints of articles by

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members of the department and for copies of forms used by the Health Service. Questionnaires from numerous sources have been many, varied and often quite comprehensive. This form of survey seems to be increasing in popularity.

#### THE GENERAL PRACTITIONER AND THE HEALTH SERVICE

The medical staff of the Health Service has had the most helpful cooperation of local and family physicians in caring for students. A total of 212 letters have been received concerning the physical conditions of students who are or have been patients of these doctors. From Table 16 it is seen they have made 461 certifications relative to communicable disease.

Table 13
Certificates of Immunity

Smallpox	
By illness	4
By vaccination	96
Typhoid fever	
By illness	2
By inoculation	68
Diphtheria	
By immunization	2
Scarlet fever	
By illness	269
By immunization	2
Dick test given	18
Total	461

The number of students admitted to local hospitals during the academic year was 3,569. Of this number, 2,899 were sent to the hospitals by local doctors, and

670 went directly from the Health Service Station. The .
670 who went to the hospitals from the Health Service
Station chose fifty-three different doctors to attend them while ill.

#### STUDENT DEATHS

It is with much regret that I report the death of six students during the year. Of these deaths, one was caused by an automobile accident, one died of streptococcus pneumonia, one by suicide, one by agranulocytic angina, one by accidental electrocution, and one after appendectomy.

TWENTY-FIFTH ANNUAL REPORT

APPENDIX A

#### APPENDIX A

## A BRIEF RECORD OF THE CREATION AND DEVELOPMENT OF THE HEALTH SERVICE OF THE UNIVERSITY OF ILLINOIS

The Health Service of the University of Illinois was conceived in the throes of an epidemic and brought forth in a world at war. Its quarter of a century of existence, official and actual, almost coincides with the period between the sinking of the <u>Lusitania</u> and the attack upon Pearl Harbor. Although there was some medical service to students and employees from February 1915, to September 1, 1916, it was not until the latter date that this University activity assumed the dignity of the name which now characterizes such work throughout the colleges and universities of the country.

## An Epidemic Contributes to Progress

In February 1915, virulent scarlet fever appeared among the students. Within seventy-two hours, the first two attacked died. One of their nurses acquired the disease and promptly succumbed a few days later. The wife of the barber whose shop was in the basement of the old Y.M.C.A. building, now Illini Hall, also became infected and lost her life.

Excitement was intense; the wildest rumors flew thick and fast. "The towns are quarantined. Trains do not stop. Ten miles out they increase their speed and go through at 60 miles an hour with blasting whistles to make their next stop twelve miles away." There were even those who had heard many students had died and like Sir John Moore had been buried without a "funeral note,"

"By the struggling moonbeam's misty light, And the lantern dimly burning."

Telephone calls, telegrams, and letters of inquiry from anxious parents arrived in a steady stream. It became apparent that reassurance and

## A. CYCHESIA

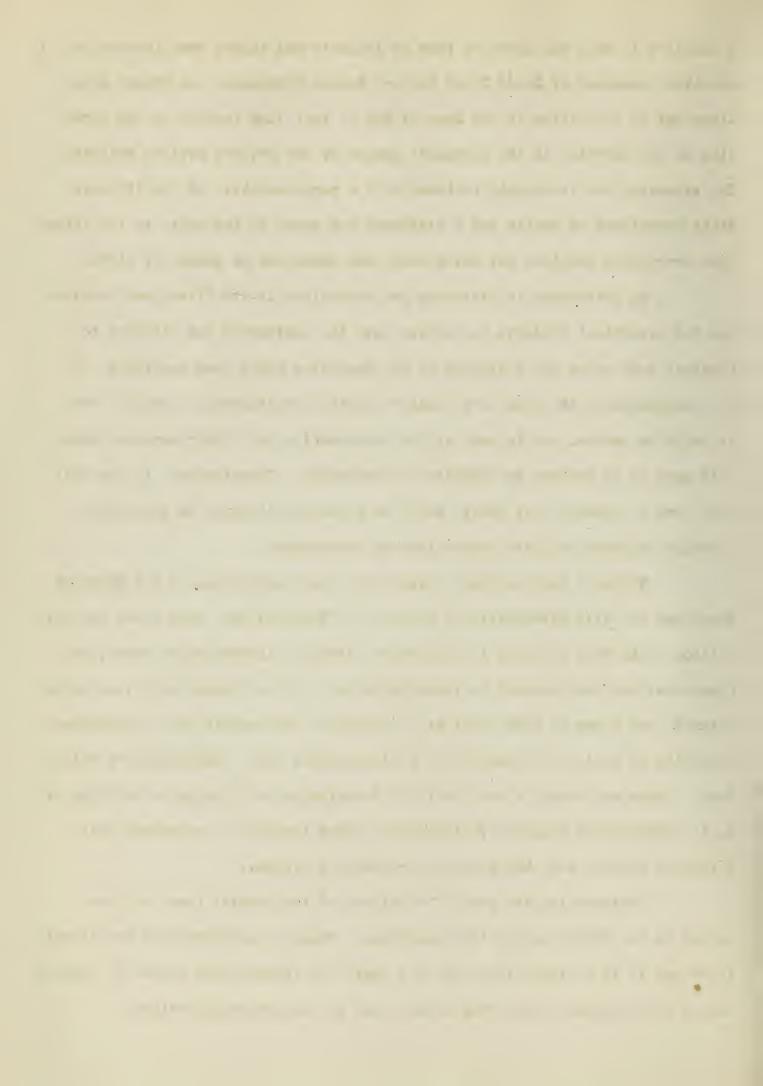
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a sedative to calm the needless fear of students and others were imperative. A committee composed of Deans David Kinley, Eugene Davenport, and Thomas Arkle Clark met in the office of the Dean of Men at that time located on the north side of the corridor in the southeast corner of the Natural History Building. The situation was thoroughly reviewed with a representative of the Illinois State Department of Health and a statement was given to the press to the effect that everything possible was being done, and there was no cause for alarm.

An instructor in histology and physiology in the first year curriculum for premedical students was called into the conference and directed to fumigate such rooms and buildings as the Committee might deem desirable. It was recognized at the time that fumigation with formaldehyde as usually done or could be carried out in many of the laboratories with their numerous vents left much to be desired as effective disinfection. Nevertheless, it was felt that such a procedure, at least, would be a good preliminary to subsequent thorough cleaning and both impressive and reassuring.

Within a few evenings, through the fine cooperation of the Physical Plant and the able foremanship of Thomas J. ("Shorty") Fay, some three and half million cubic feet of space in classrooms, offices, laboratories, shops, and gymnasiums had been exposed to formaldehyde gas. These places were then aired, cleaned, and given as much sunlight as possible. The result was as confidence restoring as music to passengers on a storm-tossed ship. Something was being done. Those who caught a good whiff of formaldehyde on entering a building or as it escaped from windows of classrooms seemed immediately convinced that strenuous efforts were being made to combat the disease.

Fortunately, the peak of virulence of the scarlet fever had been passed in the first week of its occurrence. Students who developed the disease later had it in a milder form and in a month the epidemic had become an unhappy memory of seventeen cases, four deaths, and no serious complications.



The methods for controlling scarlet fever over a quarter of a century ago were cuite different from many of those being used in the Furious Forties.

Isolation, quarantine, and disinfection were the only dependable means at hand and they were often too late and inadequate. Even the cause of the disease was still in the realm of debate. The Dick test was yet to be discovered and immunization was still experimental. Antitoxin was not being manufactured and general knowledge concerning the types and behavior of streptococci was very meager.

Like all epidemics which cause severe illness, deaths, alarm, much inconvenience and expense, this one of scarlet fever was a milestone in the application of preventive medicine and sanitation to University life:

- 1. Illinois now held all collegiate records for speed and amount of cubic air space fumigated with formaldehyde without the interruption of instruction.
- 2. The engine room of the old Floriculture Building at the south end of Sixth Street had been used as a hospital and a movement had been initiated which led to the conversion of the remainder of the building and the horse stable fifty feet south of it into a reasonably well-equipped hospital of fifty-five beds. This hospital served a most useful purpose for over ten years.
- 3. This scarlet fever epidemic led Professor T. A. Clark, Dean of Men, to express a determination to present to the Hon. Wm B. McKinley the need of a hospital for the students and faculty of the University. The Dean was successful and this distinguished alumnus, his lifelong friend, donated funds for the erection of the main section of what is now the McKinley Memorial Hospital.
- 4. The urgent need of the service of a college physician to prevent and control communicable disease was clearly demonstrated.

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5. It became very apparent that epidemics are fought with great difficulty unless the public understands the cause, mode of spread, and methods of prevention of disease. Thus from an unhappy experience, there were laid the foundations of two hospitals, a health service, and regular instruction in hygiene and sanitation.

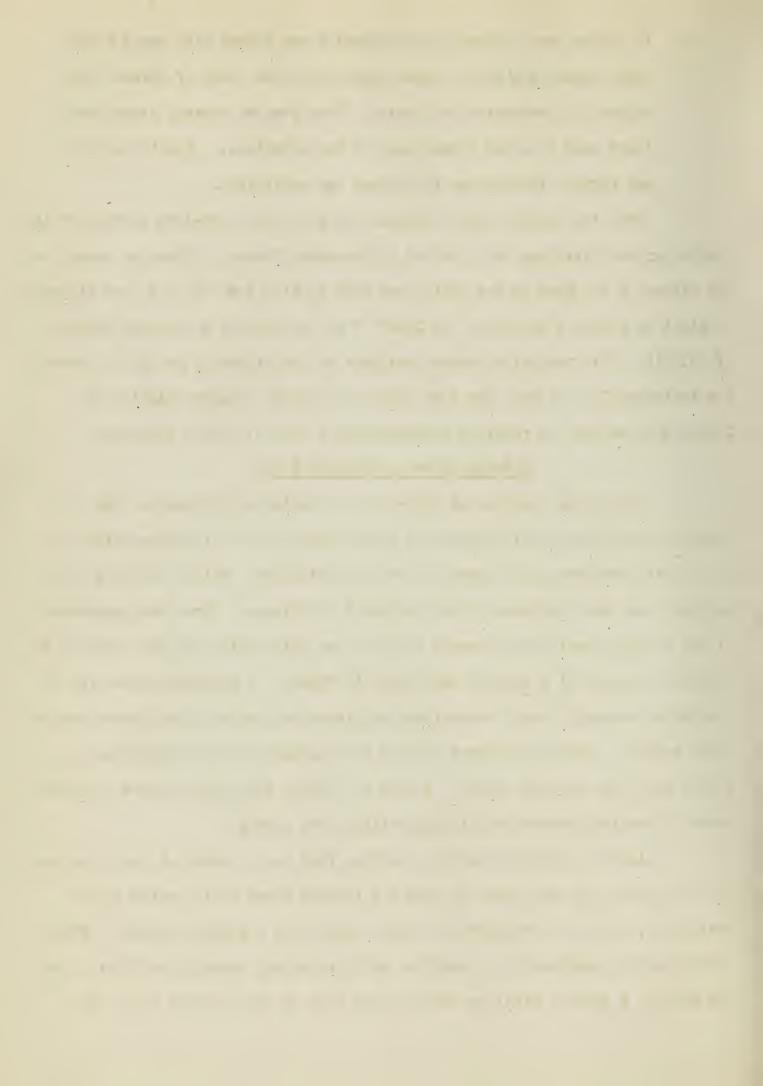
When the scarlet fever epidemic was over, the part-time instructor in physiology and histology was directed by President Edmund J. James to report to the office of the Dean of Men daily from 4:00 to 6:00 P.M. "to see such students as might be referred to him by the Dean" for the rest of the second semester of 1915-16. This physician became available in the office of Mr. A. R. Wernock, the Assistant Dean of Men, for such advice as certain students might seek.

During this period, he received approximately 1,000 calls from students.

#### A Foodhandler has Typhoid Fever

The second semester of 1914-15 was a period of epidemics. The last student who had had scarlet fever had hardly been released from quarantine when one of his schoolmates was found to have typhoid fever. Within ten days twelve students and three townspeople had developed the disease. From the appearance of the second case it was apparent that the one thing which all the sick had in common was eating at a certain restaurant in Urbana. A thorough inspection of the place revealed a very cooperative proprietor who had had the disease twenty years before, a rather well-kept kitchen and lunchroom, and amployees who insisted they were in good health. A cook was absent from work because of severe burns of her foot caused by spilling boiling lard upon it.

As the proprietor had been serving food for a number of years and none of his patrons had been known to have had typhoid fever while eating at his restaurant, it was not believed he would prove to be a typhoid carrier. This assumption was confirmed by a negative bacteriological examination of his feces and urine. A special visit was made to the home of the disabled cook. In



response to a rap on the door, she appeared at the second story front window with the question, "What do you want?" When asked if she were ill or had been, she replied "There is nothing wrong with me except my foot and that is gradually getting better."

As all the other workers at the restaurant had been found to be apparently normal, its water supply and its sources of food and milk were thoroughly checked. Not only the dairy which supplied the milk was inspected but all the farms from which the milk came were visited, their sanitary condition noted, and the health of the members of the family of the producers ascertained. This inspection and investigation, however, was without result.

The local health officer stated that no cases of typhoid fever had been reported to him for several months. All the practicing physicians in Champaign-Urbana were contacted but none were found to have patients with typhoid fever. When all evidence to locate the source of the epidemic seemed to be unsuccessful and a thorough recheck was being made, a doctor that had been previously interviewed, telephoned to report that he had found the source of the disease. The second cook, who had been at home because of her burned foot, had become so ill that her fiance insisted upon a doctor being called. She was found to have typhoid fever. Her mother who was employed at the restaurant was stopped from working there. No other cases developed. The cook had caused fifteen cases, twolve of whom were students who had hospital and doctors' bills totaling approximately 31,500.

With the close of the academic year, Health Service work was officially suspended for twelve months. The physician whose services had been drafted during the scarlet fever epidemic was appointed as examiner of Civil Service employees in the summer of 1915. He opened his office in the southeast room on the second floor of the dwelling at 1205 West Springfield Avenue with equipment consisting of a scale and a measuring rod. He provided his own stethoscope,

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thermometer, sphygmomanometer, and tape. His office hours were from three to five daily, except Saturday.

#### The Formal Beginning of the Health Service

During 1915-16, students were seen only occasionally for medical advice at the special request of the Dean of Men, but in the summer of 1916 the Health Service was created and the examiner appointed health officer as of September 1. In the late fall, an office was equipped for him in the southwest corner of the first floor of the Men's Old Gymnasium. At this location students and employees were seen in ever increasing numbers until the dwelling at Green and Wright Streets, which had been the residence of the President of the University, was converted into a Health Service Station.

In the fall of 1916, a somewhat comprehensive study was made of the present and future needs of a Health Service adequate for the students of a large University. On February 17, 1917, the late Mr. Kendrick C. Babcock, formerly Dean of the College of Liberal Arts and Sciences and first Provost of the University, transmitted its results and recommendations to President Edmund J. James with the following comment.

"The accompanying report of Dr. J. H. Reard on 'A Proposed Health Service for the University of Illinois' is transmitted at his request with my strong endorsement. This should have been sent on several days ago. I understood that it was a copy for my information and not the original for transmission to you.

"This report is the result of a careful investigation of the practice of other institutions, made by Dr. Beard and summarized in the attached chart, and a judicious survey of the need and opportunities here at Illinois. Dr. Beard has had several conferences with me on the matter, as well as with Dean Clark and others. The report in its present form seems to me at once comprehensive and concise. The provisions and arrangements for examination, dispensary treatment, hospital for medical, surgical, contagious, and isolation cases, sanitary supervision of the University community, and the conduct of investigation of problems arising from those different branches of the Health Service, as well as direct instruction to students, have been carefully considered. In my judgment the provisions recommended are sufficiently claborated to provide for a much larger student body than we now have. For example a hospital provision of fifty beds, if judged by the experience of the University of California as described

in the valuable and interesting paper by Dr. Legge which I have attached to the report, would be larger than the immediate needs of our student community. If a semester fee of \$2.50 or \$3.00 for the Health Service can be charged, I believe the Service, once established and well equipped, would be self-supporting save for the salary of the Director and for charges for major operations in surgery where the assistance of outside help would be necessary. Even in the last group of cases it might be possible to arrange for regular consultations either here or in Chicago with the experts on the staff of the College of Medicine without involving the students in the mesh of high professional charges.

"The nature of the service to be rendered by the dispensary or clinical division of the infirmary makes it desirable to locate the new building where it will be readily accessible to the great mass of the student population. Merely as a hospital, it might go out on the Augustus tract; as an agency of the Health Service it ought to be within four or five blocks of Green Street and Burrill Avenue if possible to find a site which would be at once spacious enough and quiet enough for the combination of purposes under consideration."

# A UNIVERSITY HEALTH SERVICE

"An efficient University Health Service and a great school of preventive medicine are complements. The former creates public sentiment by teaching future community leaders to know and to appreciate the relation of good health to efficiency, economy, happiness, and personal success; the latter trains experts for leadership in hygiene and sanitation. Limited will be the success of one without the other. A Health Service to meet properly its obligation to the University and to society should be conservatively advanced, and to be adequate must have a four-fold function:

- 1. The prevention of disease.
- 2. Means for caring for the sick.
- Education.
   Investigation.

#### PREVENTION OF DISEASE

- "1. A preliminary examination of all freshmen and new students by competent medical examiners is the most essential part of any system of prevention of disease among students.
  - For the detection of disease in its incipiency and the giving of treatment when the greatest number of cures are possible.
  - For the discovery of communicable diseases and their early isolation and cure.
  - For the complete co-operation between the Depart-C. ment of Physical Training and the Health Service.

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- d. For the detection of defects of vision, or hearing, or abnormalities of the nose and throat, and for provision for their early treatment by specialists.
- e. For advice as to need of dental service.
- f. There should be not only a thorough 'follow up' system to ascertain whether the student has been effectively treated, but there should be a 'follow back' system that would definitely determine how it is possible for a student to pass through high school and come to the University with a vision of only 4/20 and uncorrected, with untreated discharging ears, deforming adenoids or neglected tuberculous glands of the neck. The records of a University Health Service will always show the efficiency of the medical supervision of schools of the State.

## "2. Employees.

- a. Physical examination of all Civil Service employees. (Now being done)
- b. All Civil Service employees be required to be vaccinated against smallpox. (Now being done)
- c. All Civil Service employees who come in contact with the food or milk products of the University be required to undergo an examination to exclude them from being typhoid carriers. (Now being done)
- d. All Civil Service employees who handle the food or milk products of the University be required to be inoculated against typhoid fever. (Now being done)
- e. Greater effort should be made to adapt the work to the physical condition of the employees. (Now being done in a small way)
- f. An employee should be required to undergo a physical examination when he does not seem able to do his work or there is evidence that he may have an infectious disease.

# "3. Faculty.

- a. Members of the faculty should be required to report infectious diseases in their families or on their premises. (Now being done)
- b. All faculty members who come in contact with food or milk products of the University should be required to fill out a blank stating whether they have had

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typhoid fever, have been associated with typhoid patients, or have been exposed to an infectious disease within three weeks before beginning to handle the food or milk products. (Now being done)

# "4. Systematic Inspection of Lodging Houses as to:

- a. Ventilation, bath and toilet facilities, heating and lighting, general appearance of comfort, cleanliness, etc.
- b. Stables, privies, piggeries, chicken coops, wells, garbage disposal, etc.
- c. Protection against fire.
- d. The houses inspected should be classified as 'Accredited' and 'Unaccredited' and the list of classification should be available for the information of the students.

## "5. Eating Places Should be Systematically Inspected.

- a. All students of the University who cook, serve food, or wash dishes should be required to furnish a certificate that they have no transmissable disease and are not typhoid carriers.
- b. That student organizations be encouraged to insist that all proprietors of lunch-rooms catering to student patronage should show evidence that their help other than students are not 'typhoid carriers' and are not suffering from a transmissable disease.
- c. That the Health Service of the University should permit proprietors of lunch-rooms at which students eat regularly to have their help other than students tested against being typhoid carriers without cost. (This is open to some objections, but in the light of experience of other schools its adoption would save lives and avoid much illness.)

# "6. Swimming Pools.

Swimming pools may readily become a medium for the transmission of typhoid fever and dysentery, respiratory diseases, infections of the ear and eye, and according to some sanitarians, of venereal diseases. I should recommend that the Director of the State Water Survey be requested to assign one of his assistants to assume charge of the sanitation of the swimming pools permanently, and that the assistant shall make weekly examinations of the sanitary condition of the pools and send the Health Service of the University a result of his findings.

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### "7. Immunization.

- a. That the unvaccinated student be vaccinated, if he submits a request in writing and is twenty-one years old, or if he is less than twenty-one years old, provided his request is endorsed by his parent or guardian.
  - 1. The value of vaccination against smallpox is unquestioned by scientific men.
  - 2. If the University is to avoid an epidemic of smallpox, the number of unvaccinated students must be kept at a minimum.
  - 3. The cost of vaccination is small.
- b. That the student be inoculated against typhoid fever, if he submits a request in writing and is twenty-one years old, or if he is less than twenty-one years old, provided his request is endorsed by his parent or guardian.
  - 1. The great value of typhoid inoculation as a means of prevention is well established.
  - 2. The Illinois State Board of Health, recognizing the great value of typhoid inoculation as a preventive measure, and at the cost of the State, furnishes the vaccine free of charge.
  - 3. The self-supporting student working his way and many times with little choice as to the sanitary conditions of the place at which he works is unable to enjoy this protection offered by the State unless he pays a physician \$5-\$10.
  - 4. As the Military Training at the University is extended and the students go to rifle ranges, encampments, and on marches, the danger from typhoid fever is increased.

### PHYSICAL EDUCATION.

# "1. Physical Training.

It is obvious that four years of life in a University should mean for the average young man or young woman a distinct gain in physical efficiency. The flat chests, the slight musculature, the abnormal shoulders, and the underweight for age and height, in men who have completed the period of physical training at the University are conclusive evidence that many of the students at the University of Illinois have not obtained the physical benefit they should receive during their four years at school.

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### We should, therefore, recommend:

- a. That, beginning with September, 1917, a student's physical proficiency be determined by definite measurements of development and strength, rather than by exercise for an hour twice a week for two semesters.
- b. That all students who on entrance show by physical examination normal strength and development for their age be excused from physical training.
- c. That all students who are below the normal development and strength for their age be required to pursue a course of physical training until their development and strength are normal.
- d. That examinations be held during the month of May of each year for subnormal students who may desire to qualify as proficient in physical training.
- e. That the Department of Physical Training make provision for the physical education of the student who may be unable, on account of some physical defect, to take the regular course. Such a course should not only include general exercise, but it should be given with a view of correcting the physical defect of the individual student.
- f. As swimming may be life saving, as well as an excellent form of exercise, the present requirements should be retained.

## "2. Athletics.

In athletics the danger of over-doing when carried out along lines of extreme specialization makes it advisable that all athletes should have medical supervision. By such care it would be possible to keep out of strenuous competitive events those unequal to the strain, but who under ordinary circumstances would be able to keep up athletic work with benefit to themselves.

- a. Men desiring an athletic career should be carefully examined to exclude unsuspected heart disease, dangerous hernias, kidney disease, or incipient tuberculosis.
- b. During training it would be of advantage both to the health of the athlete and to the efficiency of his team, if his physical condition was carefully followed in reference to physical measurements, condition of heart, blood pressure, lung capacity, weight, function of kidneys, etc.

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"Practically all participants in major athletics have physiologically hypertrophied hearts and muscles—hearts and muscles that are likely to undergo detrimental retrogressive changes. For this reason, the athlete should be encouraged to engage in some sport or form of exercise between seasons which he would likely pursue beyond his university days, since he must consider the great reaction that will follow the change from the physical tension of strenuous athletic competition to the physical passitivity of a sedentary occupation.

#### CARE OF THE SICK.

"To take care of the sick a building will be needed. It must have wards for men and for women, a ward with separate rooms for the isolation of those that might be ill with various infectious diseases, and a detention ward so arranged as to take care of those exposed to contagious diseases. A 'group building' could be used more effectively and economically than one large structure.

#### "1. The building should provide for:

- a. A University Hospital of not less than fifty beds, to be divided as follows:
  - 1. Separate wards for men and women.
  - 2. Isolation wards for infectious diseases.
  - 3. Private rooms for the isolation of the very ill.
- b. A Detention Ward for those exposed to infectious diseases, an attractive place, where the students would be willing to go and to remain until it was safe for them to mingle with other students.
- c. Dispensary for the treatment of local injuries and minor ailments.
- d. Examination rooms.
- e. An Operating Room to meet the needs of the modern surgeon who might be called in cases of injury or in emergency cases of illness.
- f. An Actinographic Room for medical and surgical diagnosis.
- g. Diet kitchen.
- h. Clinical Laboratory for the examination of urines."

## World War I Delays Health Service Development

Before "A Proposed Health Service for the University of Illinois" could be adopted, the United States entered World War I on April 6, 1917, and the University put its facilities at the disposal of the Federal Government.

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In the spring of 1918, however, men students desiring a complete physical examination, were offered an opportunity to get one. With the assistance of certain local physicians, a total of 404 students were examined in three days without interference with their class work.

As expected, the examination revealed that the physical condition of those examined did not differ materially from draftees in the number and type of their defects. Defective vision (much of it uncorrected), partial deafness, carious and missing teeth, diseased tonsils, flat feet, hernias, cardiac lesions, underweight, and postural defects were found to be common and in need of attention from the viewpoint of their prevention in future classes and their correction as far as possible in those already in college. A large per cent (97.5) were not vaccinated against smallpox.

In 1919 the Board of Trustees passed a regulation requiring all new students to be examined on matriculation. This requirement, however, was not enforced immediately because all men students matriculating in the University in the fall of 1918 were prospective inductees of either the Student Army Training Corps or the Student Navy Training Corps.

Members of the Medical Corps of the Army and Navy were to be assigned to the University to examine the students in September 1918. The day before the examinations were to begin, President James was notified that the Army and Navy did not have surgeons available for such an assignment; he was authorized to amploy contract surgeons for the purpose. As a result of this direction, the local physicians who had assisted in the optional examination in the spring of 1918 were appointed contract surgeons to make the examinations for the Army; the Navy sent a member of its medical staff to the Campus from Peoria to conduct the examinations for it.

### Influenza Pandemic

The physical examinations were conducted for the Army with as much dispatch as the greatly reduced number of physicians remaining in Champaign-Urbana, classes, and the military training of the S.A.T.C. and S.M.T.C. would permit. By the last week of September all of the men students had been examined with the exception of about fifty who had not registered at the regular time.

September 30, 1918 marks a milestone in the epidemiological history of student health at Illinois, because influenza which had been reported in many places throughout the world and in the United States made its first appearance in the student body. During the next six weeks over 2000 students had the disease. Seventy were known to have acquired pneumonia and nine died, a low mortality rate for the period antedating typing, serum treatment and the sulfonamides.

The first "wave" of the pandemic presented some striking features. Women students were attacked much less frequently than men, the ratio being about 1 to 3. They developed pneumonia less often and none of them died. The disease spread with less rapidity in students housed in small groups and on the whole appeared less virulent. This may have had some bearing upon the incidence and mildness in women since they lived in smaller groups than the men. This fact may also have had some effect upon the spread of virulent secondary invaders and upon the amount of sleep, fatigue, and resistance of those attacked.

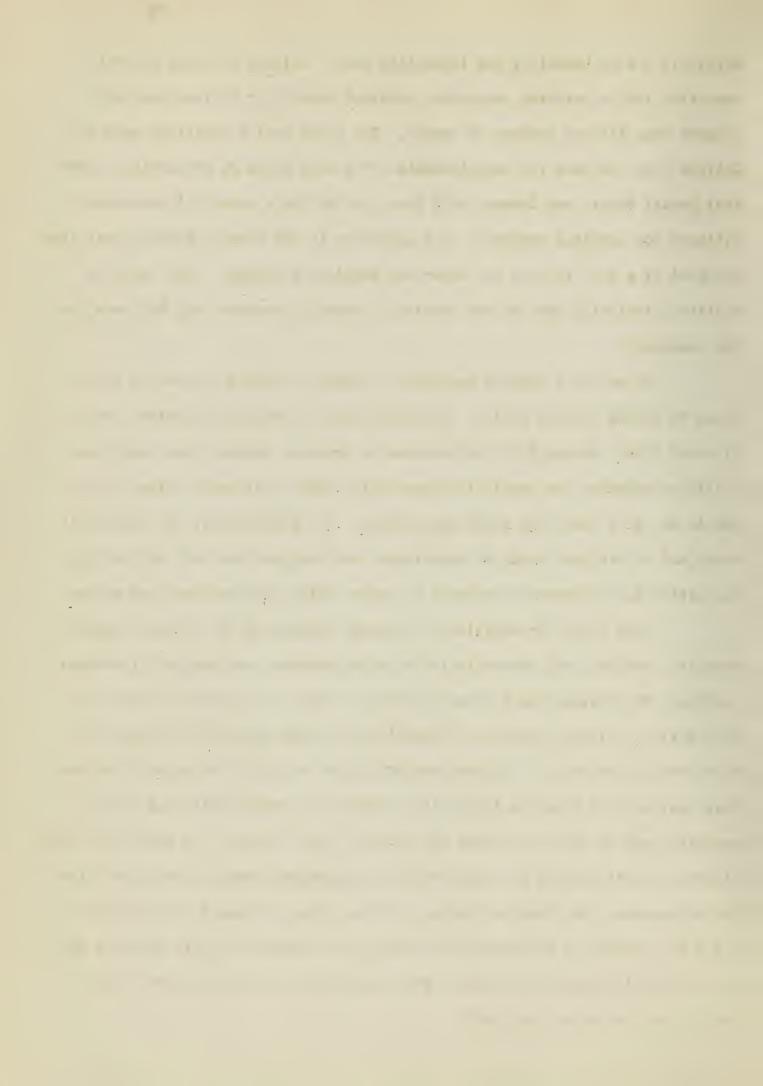
The pandemic extended almost explosively. Within seventy-two hours, students were being hospitalized at the rate of one hundred a day. To meet this demand, the University had only the hospital on the South Campus of fifty-five beds. All available space was quickly filled, and the improvisation of

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hospitals was an immediate and imperative need. College Hall was promptly converted into a hospital, equipment obtained locally or by telephone and trucked from distant centers of supply. The dance hall immediately east of College Hall was used for convalescents. The Beta Theta Pi fraternity at 202 East Daniel Street and Osborne Hall (now the Chi Omega sorority) were requisitioned for hospital purposes. The gymnasium in the Woman's Building was also prepared as a ward to care for women who acquired influenza. The total facilities, including that of the hospital, provided approximately 450 beds for the emergency.

To combat a rapidly developing pandemic, various groups had to be found to assume special duties. The Department of Physical Education, ably directed by Mr. George Huff, volunteered to procure, prepare, and equip the buildings selected for hospital purposes with beds, mattresses, linen, etc., and to see that they were ready when needed. Mr. Ralph Jones, the basketball coach and an athletic scout of experience, was assigned the duty of locating and hiring such necessary personnel as cooks, maids, dishwashers, and nurses.

Dean Clark, in addition to the many demands of his office, informed, consoled, advised, and generally looked after excited, enxious and distressed parents. He obtained the assistance of many faculty townsmen and women who were willing, without thought of themselves, to risk acquiring influenza to care for sick students. The Business Office was taxed to its capacity to obtain equipment at once, to insure its delivery, to provide food and medical supplies, and to keep an account of services being rendered. A number of local citizens, outstandingly Mr. Isaac Kaufman, generously provided transportation for physicians. Mr. Stanley Kaufman, his son, who was then a member of the S.A.T.C., rendered a most valuable service as a chauffeur of his father's car in transporting nurses and doctors from hospital to hospital or from their lodging houses to the hospitals.



Many who volunteered became ill of influenza in a few days after reporting for duty and had to be cared for in the hospital or in their homes. Their spirit and courage were beyond praise. Their attitude was well expressed by Miss Ella Crawford, a citizen of Urbana, who had offered her services to assist in nursing ill students. When asked if she were afraid of getting influenza, she replied, "If I have it, I can get over it," both of which she did.

The nurses available locally were soon overwhelmed either by work or influenza. A great many usually available were in military service, and the demand for those that remained was so great that it was impossible for them to do more than partly meet it. Mr. Palph Jones and Mr. Orville Davis, then head of the local Red Cross, visited near-by towns and telegraphed many nursing agencies in distant cities to procure nurses. They succeeded in getting eight or ten from Bloomington, Peoria, Danville, and Decatur. Unfortunately, most of them came down with influenza three or four days after their arrival for duty and thus increased the patients in the hospital to be nursed.

Luckily, most of the cases in the first "wave" of influenza were mild, did not require a great deal of medical care or nursing, and could be released from the hospital in four to six days. Patients were usually kept in bed in the hospital until their temperatures had been normal for twenty-four hours and then carefully removed to the convalescent ward and kept two days more to reduce to the minimum the possibility of recurrences or of complications. If they continued to improve, they were then discharged and taken to their lodging houses.

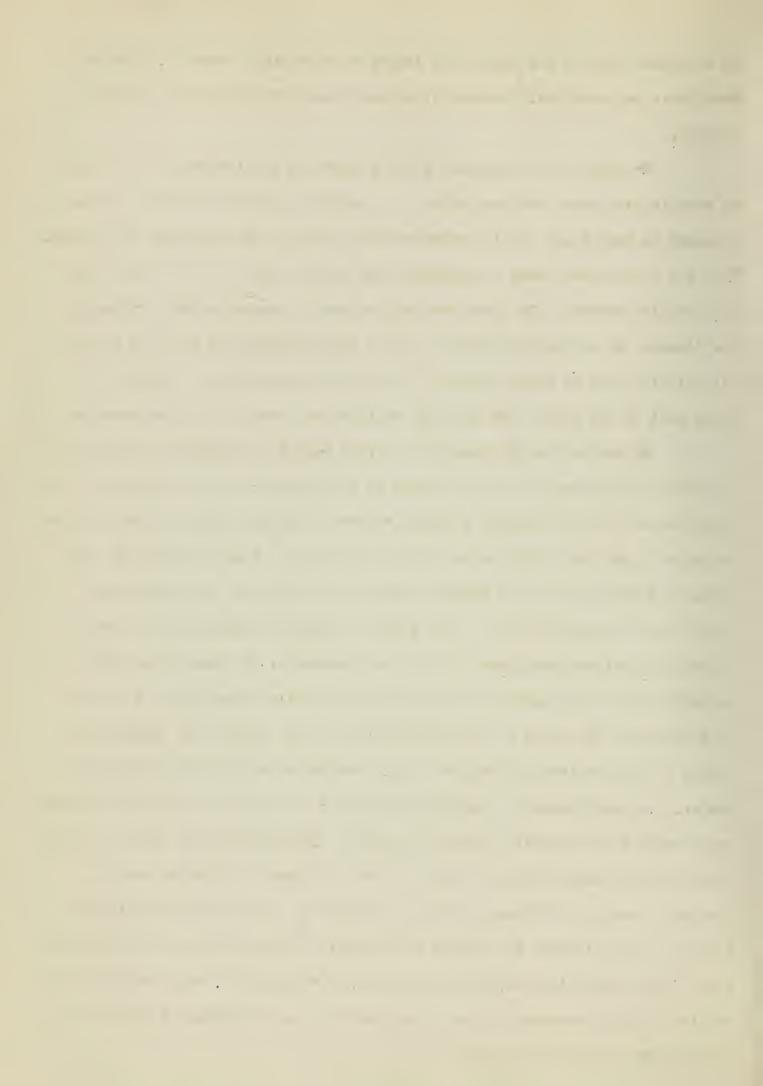
In dealing with influenze in 1918, the most valuable procedure was early diagnosis of the disease, getting the patient to bed, keeping him warm and giving him symptomatic treatment. This reduced the likelihood of pneumonia

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to a minimum and did the maximum to insure an uneventful recovery. The low death rate and relatively few complications proved the soundness of such a program.

To insure the detection of the disease in its incipiency, a student in each lodging house was designated as a captain in charge of it and was instructed to report any of his associates who began to show any sign of illness. When the reports were made a physician went to the house in an ambulance and examined the suspect. If there were any reason to suppose he was developing the disease, he was warmly wrapped, but in the ambulance and taken to a hospital. In the case of women students, an ambulance containing a doctor and a nurse went to the house, examined the patients and took them to the hospital.

By the middle of Movember the first "wave" of influenza was history. The number of nationts had been reduced to the capacity of the hospital on the South Campus. It was evident a second "wave" was in the making, so arrangement was made to use Busey Hall as an emergency hospital. About November 25, the cases of influenza began to increase again, and during the next month some three hundred cases occurred. This time the complications were more severe. Thirty-six patients were known to have had pneumonia; of these, nine died, a mortality rate about normal for that period of medical knowledge. A part of this increased mortality was probably caused by the tendency of secondary invaders of the respiratory tract to become more virulent with the approach of winter. In some instances, influenza assumed a severe form in students who had been fatigued in intensive military training. Their resistance seemed to have been reduced. Another factor that may have had some significance was the housing of students in larger quarters, notably in those constructed in the Armory. These students had common food supplies, eating and drinking utensils, etc. Such a situation probably made it easier both for the virus of influenza and for virulent secondary invaders to pass from one individual to another by both direct and indirect contact.



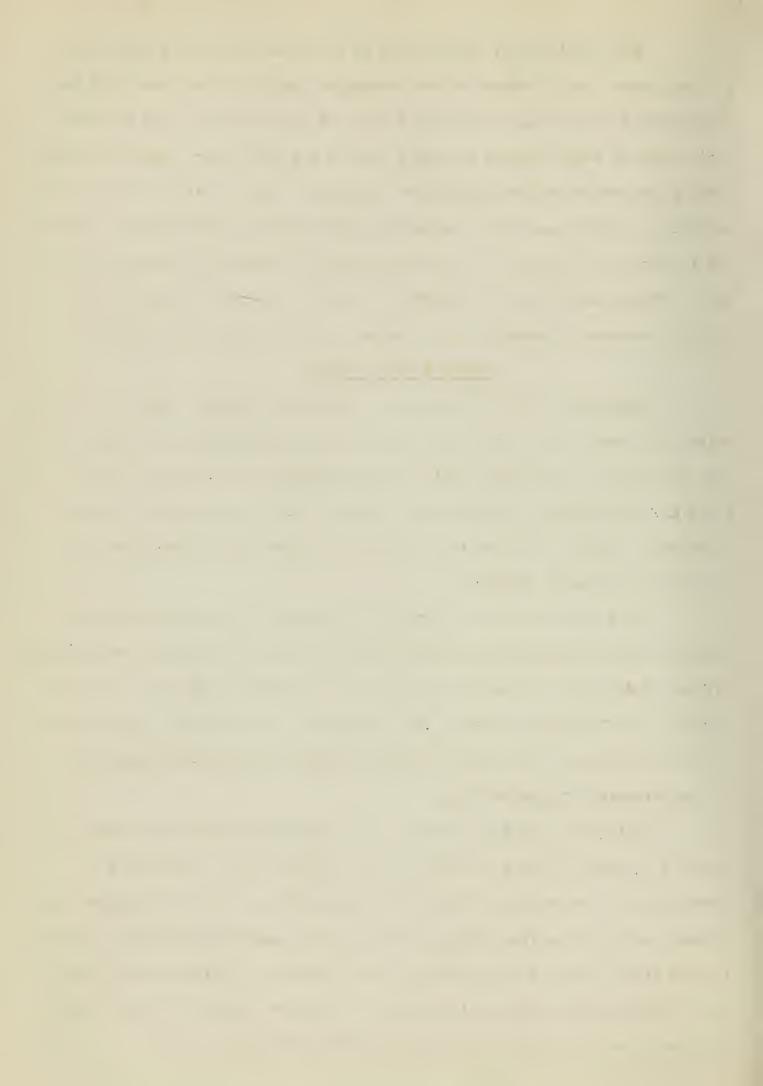
When one locks on the pandemic of influenza twenty-five years after its occurrence, one is struck by the tremendous amount of literature that has accumulated in regard to it, and the fewness of the facts that were gleaned which would be really useful to combat such an epidemic today. Early diagnosis, getting the patient to bed quickly and keeping him warm are still the best means to insure a prompt cure and to reduce the likelihood of complications. Happily, the introduction of typing of pneumococci and the discovery of the great value of the various members of the sulfonamica group are tremendous progress in fighting secondary pneumonia, the principal cause of death in influenza.

#### Health Program Begins

During the fall of 1919 plans of the Health Service, which had been delayed on account of the war, were brought to materialization. The Department was moved into the President's old house which had been vacated by the Y.M.C.A. This building provided ample room and many conveniences it had not previously enjoyed. The location at Wright and Green Structs was almost in the center of student activity.

In August of 1919 Dr. Gertrude E. Moulton, the former head of the Department of Physical Education for women and a recent graduate of the Illinois College of Medicine, was appointed to the Health Service staff to be in direct charge of its Division for Women. Dr. Max Lammert, who was also a graduate of the Illinois College of Medicine, joined its staff as a part-time assistant to the University Health Officer.

With the beginning of school, the regulation passed by the Board of Trustees on March 18, 1918, requiring all new students to be examined on matriculation, was put into effect with the assistance of local physicians and several women doctors from Chicago to help in the examination of women students. At this time a total of 3,214 students were examined, of which 850 were women and 2,364, men. The findings in the case of men were similar to those of the draft noted in individuals of the age of college freshmen.



#### Hoalth Education

A formal course in hygiene had never been given at the University of Illinois. Freshmen, however, were required to attend certain lectures dealing with health at the beginning of the first semester. Originally they were given by an instructor in physical education, but for a number of years preceding the establishment of the Haalth Service three or four lectures in personal hygiene, etiquette, and University regulations were given by Professor T. A. Clark, Dean of Men. He had obtained permission from the Department of Physical Education to use one hour a week for three or four weeks of its class periods for freshmen for this purpose. The women students received similar talks from the Dean of Women who also utilized time allotted to her by the Department of Physical Education for Women.

In 1916 the Physical Education Department permitted Dean Clark to extend his lectures from four to seven periods at the commencement of the first semester. He invited the recently appointed University Health Officer to lecture to freshmen men on hygiene, and specified that the subject matter should deal with venereal disease. By this arrangement the freshmen were exposed to a short composite course called <u>hygiene</u> which consisted of two lectures on personal hygiene, one on manners, one on University regulations, and three on venereal disease. Such lectures were a distinct advance over no instruction in health education, but obviously were only a very modest sample of what a course in hygiene should be.

No text book or outside reading was required. The men students had to hand in notebooks; in passing the course, the lack of absences was a highly important consideration. The women, however, were required by the Dean of Women to read a text entitled The Woman Citizen in which they learned of the duties of women as prospective voters, members of juries, etc. This was clearly not hygiene, but preparation to meet the anticipated responsibilities of women on the ratification of the Susan B. Authony, or Mineteenth, Amendment.

riba s  After a year or two of discussion, hygiene was finally extended to include lectures for one hour a week for a semester, four periods of which were to be used by the Dean of Men and the Dean of Women to make such contacts and to give men and women such information as might be desirable for students on entering the University.

Lectures were given to groups so large that it was not uncommon to exceed the seating capacity of the classrooms assigned for the purpose. Even in Room 228 Natural History students often had to sit on the window ledges, and some sat on the radiators when their temperature would permit. This type of instruction was better than nothing, but not a great deal. In 1922 the course was extended to one hour for two semesters. Over-crowding of sections, the impossibility of giving attention to the individual student, and the lateness of the hour in the afternoon at which the lectures were held make the course in hygiene unpopular with the students and even more so with those attempting to teach it. Continuity was very poor since with vecation periods, class intervals were commonly two weeks and sometimes three or even four weeks.

With the phenomenal advances in preventive medicine and sanitation, demand for instruction in them increased throughout the country. In other universities, as well as at Illinois, the feeling grew that all instruction in an institution of higher learning should be given under conditions which experience had shown were essential for successful teaching. In 1924 the univeldy sections in hygiene were discontinued, and sections were formed of the size considered desirable in the University for other subjects. Enough members were added to the Health Service staff to make it possible to give instruction in hygiene under satisfactory conditions.

# Objectives of the Health Service Have Been Well Defined

The realization of a University Health Service as outlined on February 17, 1917 had been the objective for student health since that date.

 The program for applying the principles of preventive medicine and sanitation to a college community has taken seven general directions.

#### 1. A Healthful Environment

The privision of a safe, healthful environment is necessary to prevent epidemics, to eradicate fire hazards, and to insure against avoidable accidents. Surroundings must be clean and attractive; illumination, both artificial and natural, must be adequate; and proper ventilation must be assured. A safe water supply, proper disposal of sewage, wholesome food, and a good, clean milk supply are essentials of a healthful environment.

First Aid must be available in cases of illness or accidents. Cabinets with supplies for giving it must be at hand in strategic locations where accidents may occur. Proper facilities must be provided to protect those who handle injurious substances, use lethal gases or come in contact with plants or animals capable of causing disease.

#### 2. Medical Examinations

In accord with the recommendation creating a Health Service, the Board of Trustees of the University passed a regulation on March 12, 1918 requiring a physical examination of all students entering the University for the first time. The burbose of an examination is to provide an inventory of the physical and mental health of students and to initiate the correction, cure or alleviation of their defects. The information obtained through it is also essential in the classification of students for military service and physical education. In ascertaining whether or not students have physical defects, the risk is avoided of requiring compulsory exercise without the adoption of proper safeguards. By reouiring a medical examination of each student on matriculation, it is possible to avoid the futile procedure of giving men military training who would later be rejected for military service -- thus there is a saving in both effort and money.

A medical examination is recognized as an excellent means of health education. It makes the student aware of his defects and abnormalities which need attention, and offers a chance to refer him to competent physicians and specialists for treatment. The examination reveals to him the many benefits to be derived from a periodic check of his physical and mental condition. This knowledge can prove of great help to him in keeping physically fit and at his highest efficiency. A medical examination is of tremendous importance in making an early diagnosis and adopting measures for the prompt control of communicable disease. By having the student correct his physical handicaps and functional abnormalities at his

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earliest opportunity in his college career, he is materially assisted in making the most of the facilities available for his education. It prevents students from carrying a study schedule which threatens, if it does not actually precipitate, a physical or mental breakdown.

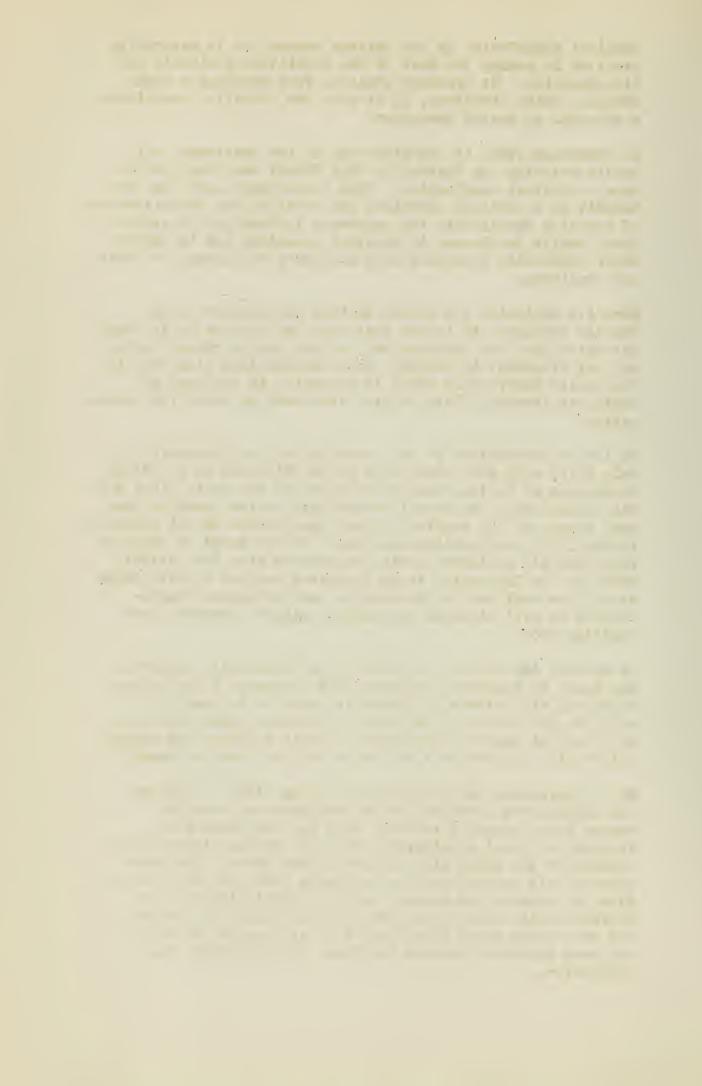
In September 1930, at the direction of the president, all publis entering the University High School were required to take a physical examination. This requirement gave them the benefit of a physical inventory and provided the administrators of the High School with the necessary information to assign their publis to classes in physical education and to modify their scholastic schedules when necessary on account of physical handicaps.

Form its beginning the Health Service has examined Civil Service employees to insure that they are able to do the work for which they are applying and to give them a chance to seek medical treatment if needed. Such examinations also give the University information which is essential in the case of accidents involving loss of time from work or requiring compensation.

On the recommendation of the president of the University in July 1915, with the endorsement of the Director of the State Department of Health, and the approval of the State Civil Service Commission, successful vaccination against smallpox was made a part of the regular medical examination of all employees. In May 1916, a regulation was passed by the Board of Trustees requiring all employees coming in contact with food distributed by the University to be immunized against typhoid fever as well as smallpox and to undergo such laboratory examinations as will discover and exclude disease carriers from handling food.

To protect the public, the driver, and University property, the Board of Trustees, in March 1928, approved a regulation requiring all drivers of University cars to be examined with special reference to acuity of vision, color sensation, acuteness of hearing, condition of their reflexes and physical ability to operate a car at an ordinary rate of speed.

By the direction of the president, in May 1936 a medical examination was provided for all students who were to become "educational internes"; that is, for those who intended to spend considerable time in practice teaching in certain of the large high schools of the State. The purpose of this examination was to insure that graduates certified to certain high schools would be physically able to perform their duties, were free from communicable disease, had no defects which might render their success doubtful, and were immunized against smallnox, typhoid fever, and diphtheria.



During summer sessions, the college of Education planned to use pre-school children in connection with instruction of prospective teachers. Bringing together such children highly susceptible to certain communicable diseases involved responsibility, and made daily medical supervision of them imperative. Therefore, in June 1936 the President of the University directed that the Health Service provide such daily inspection.

At the request of the director of athletics, and with the approval of the president, all students wishing to participate in major athletics are required to take a physical examination to reduce the risk of the unfit participating in strenuous sports, and to protect the Athletic Association against unwarranted claims. To this end all students desiring to participate in athletics are examined each semester; those wishing to engage in football, basketball, and wrestling are examined before participating in each of these sports. The same procedure has been applied also to those engaging in intramural sports. The classification of those for intramural sports, however, is modified to insure that each student can have an opportunity to enjoy sports within his ability. Students are grouped according to whether they are able to engage in mild, semi-strenuous, or strenuous physical activity.

For a number of years the University had placed certain restrictions on the use of automobiles by students. In August 1936, to insure greater safety to the student himself, to the public, and to property, the President of the University directed that all student drivers who wished to obtain a permit to use motor vehicles must show that they are physically and neurologically able to drive a car. Students, therefore, like users of University care, are given a complete examination before being given a motor vehicle permit.

#### 3. First Aid in Illness and Accident

In 1916 the University approved the establishment of First Aid cabinets in strategic locations throughout its buildings to provide supplies and equipment essential to the prompt rendering of First Aid. The articles supplied to the cabinets are those which represent the consensus of leaders in industrial surgery—the object being to provide all the items necessary for the efficient rendering of First Aid preliminary to seeking medical attention, but not supplying materials or drugs which might prove harmful to the injured in case the person rendering First Aid was inclined to exceed his training and experience.

By direction of the president on June 29, 1928, in case of injury. First Aid was provided for faculty members who suffered acci ents in the line of auty as well as for

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students and employees. The purpose of this provision is to reduce infection to the minimum, prevent complications, and protect life.

The provision of dispensary service for cases of illness and accident makes it possible to ascertain the occurrence of communicable disease at the earliest opportunity. It also decreases the likelihood of minor injuries assuming serious aspects. By this arrangement students are seen early and quickly referred to competent physicians and specialists when necessary. Early diagnosis makes prompt hospitalization possible, which in turn does much to reduce the severity and duration of illness and injury, and the loss of time from the classroom.

#### 4. Prevention and Control of Communicable Disease

It is the duty of the Health Officer, who is Director of the Health Service, to use every practicable means to prevent and control communicable disease among students, faculty, and employees. This rule not only makes prevention of unnecessary illness and deaths obligatory, but it is based upon the sound economics of keeping the maximum number of students in the classroom by the reduction of absences from preventable disease.

The Health Service consistently and continually promotes immunization against smallpox and typhoid fever by conducting a program of education. Its staff has also immunized against diphtheria, scarlet fever, typhus fever, Rocky Mountain spotted fever, Asiatic cholera, and yellow fever. Immunization for the latter diseases are confined to those individuals who for valid reasons have to visit localities where they are occurring.

Every effort has been made through the years to diagnose communicable disease in its incidency to insure prompt isolation and quarantine, where required, and to see that the sick receive treatment at the earliest opportunity.

With the approval of the Illinois State Department of Public Health, modified cuarantine has been made possible and contacts with communicable disease have been given daily inspection and permitted to attend school. This arrangement saves students from the loss of thousands of classroom hours without endangering any of their associates.

#### 5. Promotion of Mental Health

It has been recognized from the beginning of the Health Service that students need not only highly efficient bodies, but sound minds and wholesome emotions. Efforts are made at the time of the physical examination to detect students who are emotionally unstable or give evidence of being maladjusted. v

This quest is continued through personal questionnaires in hygiene, and conferences concerning the findings on the student's medical record made on matriculation. By frequent contacts and follow-up students are helped to adapt themselves to their surroundings and to achieve satisfaction in their work.

#### 6. Health Education

As the functions of the Health Service at Illinois are preventive and educational rather than therapeutic, it tries to take advantage of every opportunity to stimulate and to encourage students to acquire good health habits and to adopt an attitude towards personal and community health which will carry over into life and prove an advantage to them, their families, their communities, and the Mation.

Emphasis is placed on the promotion and attainment of good physical health, mental toughness to withstand the strenuousness of modern life, moral responsibility, and social vigor. Through education in community health, effort is made to lay the foundation for the student to participate intelligently in the enterprises for the welfare of the community in which he lives.

#### 7. Health for Teacher and Other Personnel

In institutions of higher learning as well as primary and secondary schools, it is of paramount importance that the health of teachers and other personnel should be of such a grade as to insume that they will not become a source of disease for pupils or students, but will possess the vigor essential to pursue their work effectively and to set an example of vitality and accomplishment which will be a wholesome influence upon their associates and those under their direction.

TWENTY-FIFTH ANNUAL REPORT

APPENDIX B

Table I

TYPES OF MEDICAL ATTENTION TO STUDENTS AND EMPLOYEES

	1939-40	1940-41
Advice in case of illness  First aid in injury and infection  Sent to hospital  Referred to specialist  Urinalyses  Complete physical examinations of students	2938 576 1898	3552 2946 773 1812 11094
and employees	. 3727	5551

Table II

MONTHLY DISTRIBUTION OF VISITS

	Student		Civil Service		Miscel	Total	
	Men	Women	Men	Women	Men	Women	
July	1082	750	189	17	5		2043
August	2083	518	218	12	1		2832
September	8073	2028	94	9	8		10212
October	4853	1628	129	83	12		6705
November	. 3009	1284	72	53	8		4426
December	2804	1346	127	23	18		4318
January	2985	995	138	41	16		4175
February	.4226	1956	104	100	24		6410
March	3757	1408	120	81	16	2	5384
April	2888	1334	182	38	10	1	4453
May.	2697	1165	202	24	12		4100
June	904	590	305	25	7		1828
Totals	39361	15002	1880	506	134	3	56886

Table III

#### CLASSIFICATION OF INJURIES TO CIVIL SERVICE EMPLOYEES FOR FIVE YEARS

#### 1936-1937 1937-1938 1938-1939 1939-1940 1940-1941 Abrasions.... 12 16 14 13 11 Bites 2 1 Blisters ..... 1 1 1 Broken bones ..... 1 Bruise..... 7 2 4 g 3 6 Burns, acid. 5 1 --others 8 9 7 5 13 14 Contusions 21 1.3 12 16 Excoriations 2 \_\_\_ 3

ć . . . ş. . 1. . 

### 1936-1937 1937-1938 1938-1939 1939-1940 1940-1941

Foreign body, eye. 17 14 14 8 Fractures 7 3 1 2 Ges inheled 2 Gunshot wound 2 Heat stroke 2 2 Hernia 3 1 Incisions 1 Infections 9 11 4 12 Inflammations 2 Injuries 7 2 22 Lacerations, incisions 32 22 34 abrasions, and puncture wounds 6 1 Pain Poison ivy 1 Puncture wound 9 4 5 3 Sliver and splinter 5 4 5 7 Sprain and strain 11 7 10	3 1 1 2 6 12 18 29 1 3 7 32
	7 32 2

Table IV

LABORATORY EXAMINATIONS

	Positive	Negative	Total
Urinalyses			11094
Kahn test for syphilis		2599	2619
Bacteriological examinations of excrete		1601	1605
Throat cultures, diphtheria		207	223
Urethral smears		154	162
Smear, Vincent's Angina		67	131
Heart-O-Meter examination			116
Basal metabolism test			91
Telebinocular examination			75
Soutum for tuberculosis		69	69
X-ray examinations		26	26
Wassermann tests		21	21
Blood exeminations (white cells)			18
Throat cultures, hemolytic streptococcus	6	1	7
streptococcus viridens	18		18
Agglutination tests for undulant fever		74	7
Malaria blood smear		3	3
Eye cultures			3
Entomoeba histolytic		1	1

Table V

CASES CARED FOR AT MC KINLEY HOSPITAL

	mmunicable		mmunicable		Total
Cas	es Days	Cases	Days	Case	s Days
July August September October November 1 December 2 January 6 February 8	2 4 6 22 1 63 28 207 50 292 52 401 56 1074 62 644	132 357 258 337 334 372 343 245	306 306 906 766 897 1061 1196 1191	 13 <sup>1</sup> 4 363 269 365 394 454 549	310 928 829 1104 1353 1597 2265
Total 56				48 3212	•

Table VI

## AVERAGE HOSPITAL STAY Percentage of Students Using Hospitals

Year	Average Hospital Stay	Percent of Students Using Hospitals
1935-1936 1936-1937 1937-1938 1938-1939 1939-1940 1940-1941	3.89 3.81 3.39 3.45 3.34 3.42	24.8 21.43 25.31 24.07

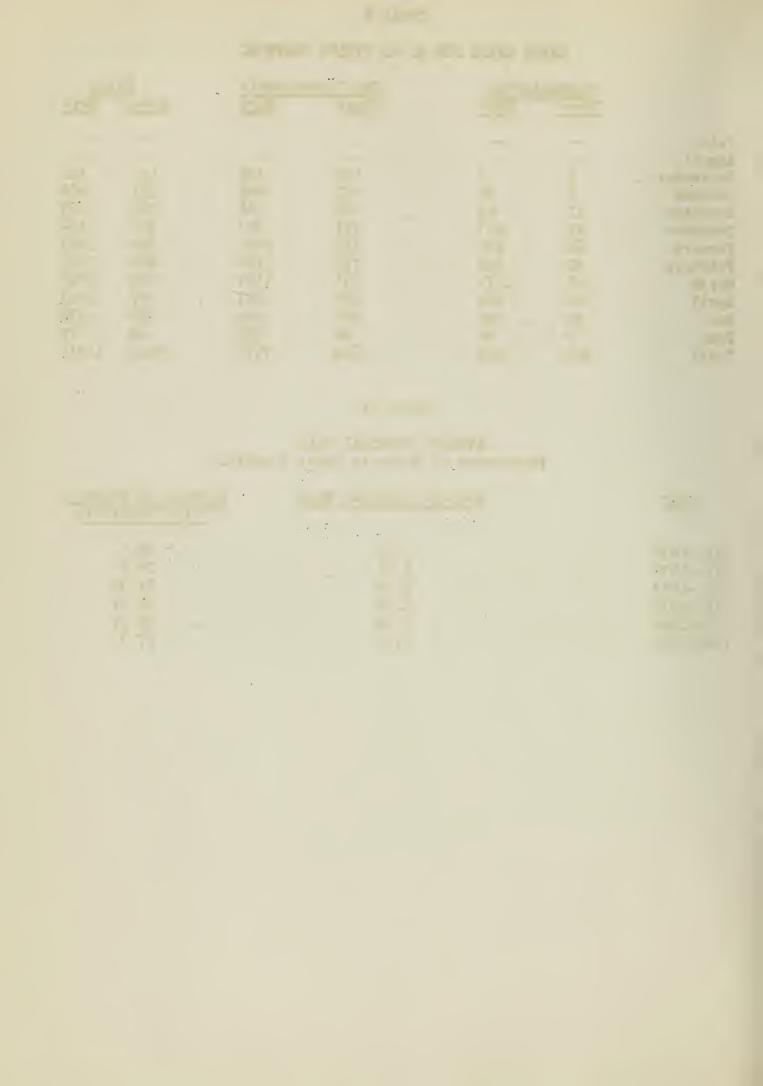


Table VII

CASES CARED FOR AT MC KIMLEY HOSPITAL

	<u>1938-1939</u> Cases Days		1939-1940 Cases Days			1940-1941 Cases Days		
	Oases	บลสูร	_	Jases	Days	08.565	Diff 2	
Angina								
Chickenpox								
Diphtheria								
Influenza								
Lagrippe								
Malaria				. 1	2			
Measles	3	14				104	558	
Mumps	13	104		13	104	13	154	
Pneumonia								
Scarlet fever	g .	211		. 20	440	13	309	
German measles								
Total	. 927 .	3421		315	1704	564	3034	

### Table VIII

#### ELEMENTARY HYGIENE

	umber of Students   Number of Sections
Hygiene V Men, First Semester Men Second Semester	
Hygiene II Women, First Semester Women, Second Semester	
Hygiene I  Men, First Semester  Women, First Semester  Men, Second Semester  Women, Second Semester	

#### ADVANCED HYGIENE

	Men	<u>Wome</u>	n Total
Hygiene X			
First Semester	33	8	41
Second Semester	110		122

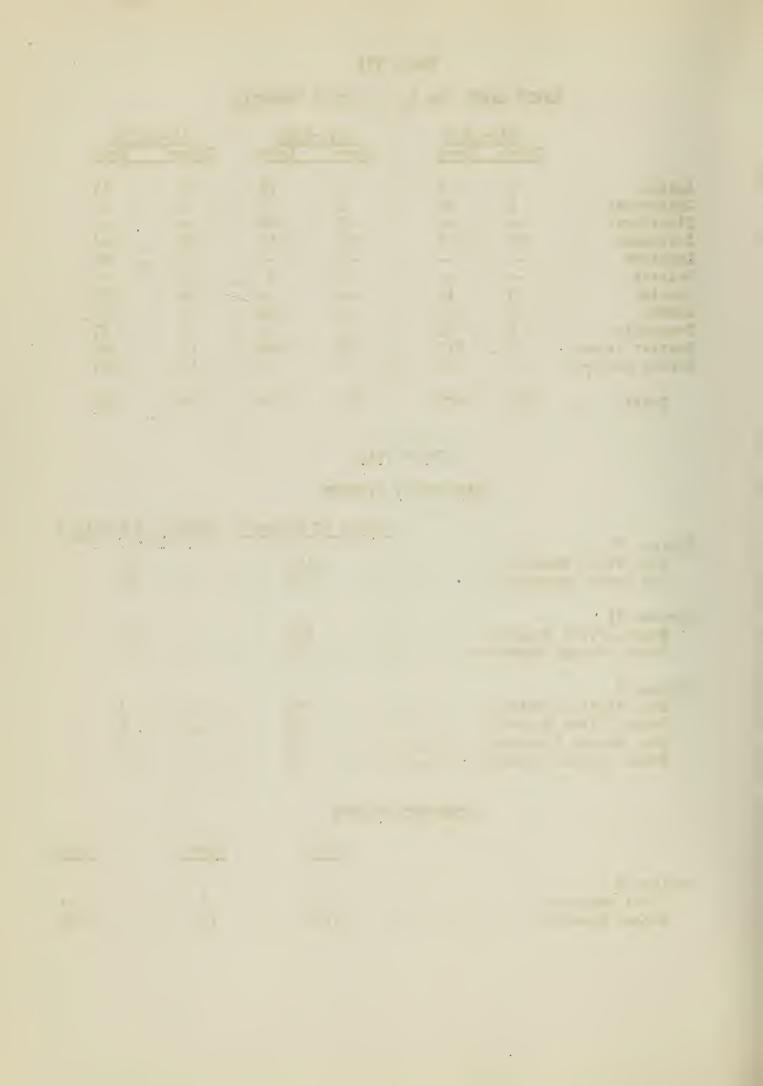


Table IX

FAMILY HISTORY OF INHERITABLE DISEASES

	1	943				1944				
	Men	Women		Men			Women		Tot	al
	.68	J <sub>2</sub>		No.	10		No.	50	No.	62
Apoplexy	.68	1.4		25	<del>-</del> 6		25	1.74	50	.96
Cancer	8.77	14.94		308	8.2		210	14.64	518	10.0
Goiter	3.95	8.43		129	3.4		93	6.46	222	4.28
Mental distur-										
bances	1.1	.81		22.	.58		6	.41	28	. 54
Diabetes	5.42	9.83		215	5.74		149	10.39	364	7.02
Kidney disease		2.59		58	1.54		37	2.58	95	1.83
Enilensy	.23	. 44		5	.13		1	.06	6	.11
Tuberculosis	_	6.83		-	5.23		99	6.90	295	5.69

Table X

#### INJURIES .

. 1	1943				1944			
Men	Women	Me	n	Th.	lomen	Tot	al	
Head 4.25 Chest 2.39 Abdomen .43 Arm 13.95 Leg 9.67 Others 5.32	1.7 .51  7.16 4.65 2.7	24 581	5.92 4.27 .64 15.51 7.66	No. 27 13 2 89 60 49	1.87 .90 .13 6.20 4.18 3.41	170. 249 173 26 670 347 87	4.87 3.34 .50 12.93 6.70	

#### Table XI

### OPERATIONS

	1943 Men Women Men				1944 Women Total				
Head	12	<u>1</u> 2	No.	<u> 2</u>	No.	<u>10</u>	No.	%	
Tonsils		61.31	1962	52.38	769	53.62	2731	52.71	
Adenoids	-	6.87	948		_	7.32	1053	20.33	
Others		3.24		3.92	71	2. 0	218	4.20	
Chest Abdomen	.32 9.16	.29 10.68	12 395	.32	162	.27		.30	
Circumcision	_	10.00	727 727	10.54	102	11.29	557 327	10.75	
Others		3.1	182	4.35	78	5.43	260	5.03	

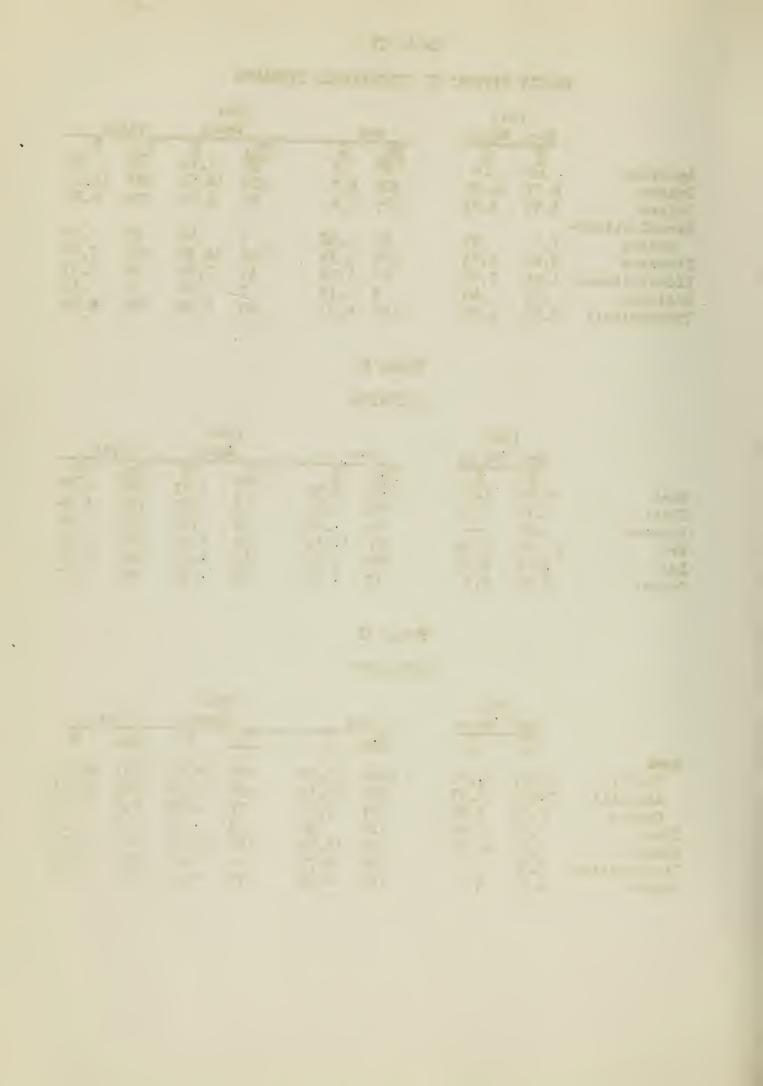


Table XII

USE OF TEA, COFFEE, AND TOBACCO

•	19	43		1944					
	Men Women		Men		Women	Total			
	, ,	eg P	No.	50		No. %			
Tea	24.71	44.30	834	22,25	683 47.62	1517 29.28			
Coffee	41.51	44.30	1546	4128	623 43.44	2169 41.88			
Tobacco	34.24	23.08	1288	34.39	358 25.02	1646 31.73			
None of 3	33.57	16.49	1297	3140	364 25.30	1661 30.07			

## Table XIII

#### SLEEPING HARITS

	1.9	43		1.944					
	Men	Women	Hen		Wome:	Total			
	90	70	No.		Fo.		No.		
Under 6 hrs.	•	.15	3	•	5			.27	
6 to 7 hrs.	_		7770	11.74		13.11		12.12	
3 to 9 hrs.	_			82.56		79.77	_	81.79	
10 hrs. & ove	r 6.50	7.32	206	5.50	96	6.69	302	5.83	

Table XIV

#### SEUDENTS GIVING HISTORIES OF TYPFOID PEVER

Class of	1931	2.79	Class	of	1938 2.57
	1932		Class	of	1939 - 1.46
Class of	1933	3.02	Class	of	1940 1.14
Class of	1.934	2.09	Oless	01	1941 69
Class of	1935	2.08	Class	0.0	1942 94
Class of	1936	2.21	Class	of	194394
Class of	1937	2.28	Class	o.f	194477

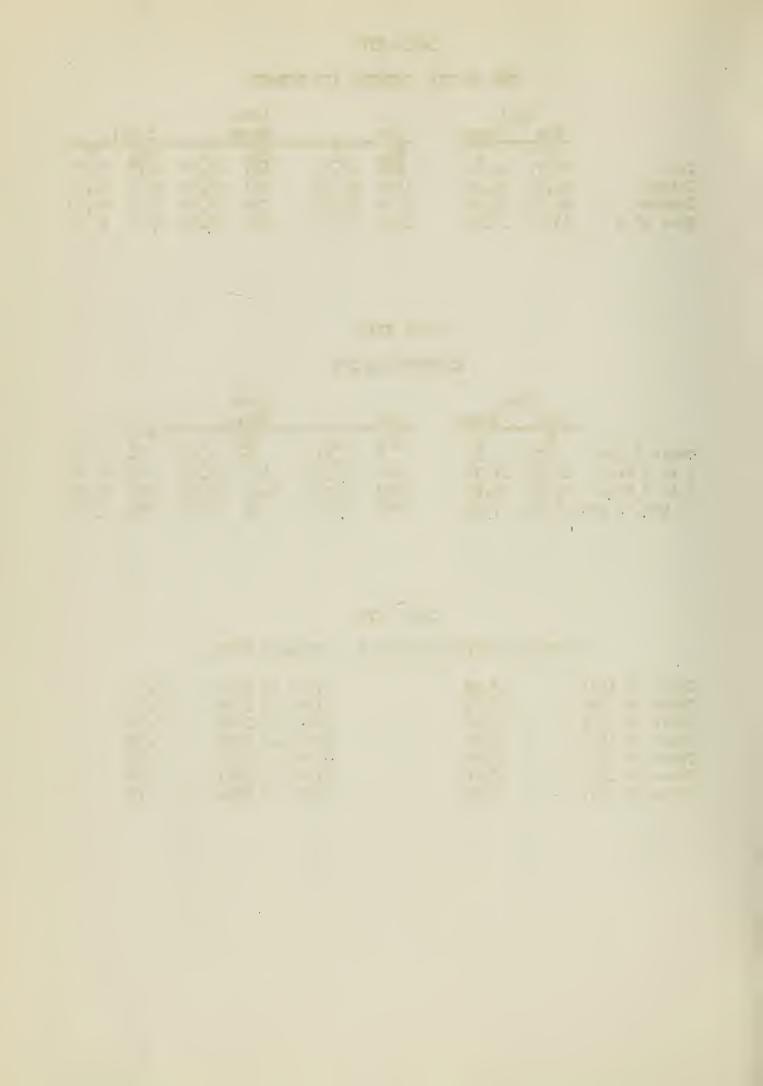


Table XV

RELATIVE OCCURRENCE OF CERTAIN DISEASES IN HISTORIES OF THE CLASS

OF 1944

	19	943	1944					
	Men	Women	Mer	1	Wo	men	Tot	al
	%	0,0	No.	9,	No.	93	No.	6,0
Appendicitis Asthma Chickenpox Chorea Constipation Diabetes Diphtheria	10.18 2. 58.22 .90 1.13 .09 4.76	13.53 1.77 72.7  7.39 .51 4.43	380 109 2311 3 41 6	10.14 2.91 61.71 .08 1.09 .16 4.59	231 29 915 1 81 1 53	16.10 2.02 63.80 .06 5.64 .06 3.69	611 138 3226 4 122 7 225	11.79 2.66 62.29 .07 2.35 .13 4.34
Discharging ear  Dysentery  Epilepsy  Heart trouble  Hay fever  Hernia (rupture)	3.98 .47 .06 1.73 6.85 3.32	7.39 .88  2.36 8.13 .51	167 11 6 73 271 108	4.45 .29 .16 1.94 7.23 2.88	97 11  37 103	6.76 .76  2.58 7.18 .48	264 22 6 110 374 115	5.11 .42 .11 2.12 7.22 2.22
Infantile Paralysis Influenza Kidney trouble Malaria Measles	.68 15.45 1.16 2.57 89.09	.59 22.33 3.1 2.07 87.05	26 469 32 85 3029	.69 12.52 .85 2.26 80.88	13 271 47 25 1099	.90 18.89 3.27 1.74 76.63	39 740 79 110 4128	.75 14.28 1.52 2.12 79.70
German measles Meningitis Mumps Nervous breakdown Pleurisy Pneumonia	15.00 .21 52.32 .02 1.58 9.58	36.24 .22 53.24 .96 2.21	667 5 1975 3 53 410	17.81 .13 52.73 .08 1.41 10.94	490 2 766 15 29 167	34.10 .13 53.41 1.04 2.02 11.63	1157 7 2741 18 82 577	22.34 .13 52.92 .34 1.60 11.14
Rheumatism Scarlet Fever Sinusitis	1.88 17.51 3.92 2.99 19.76 .06	2.44 17.52 6.06 2.66 24.70 .29	68 651 148 179 677 3	1.81 17.38 3.95 4.77 18.07 .08 .42	42 268 76 53 364 1	2.93 18.68 5.29 3.69 25.38 .06	110 919 224 232 1041	2.12 17.74 4.32 4.47 20.10
Undulant fever Whooping cough Others IMMUNIZATIONS:	.02	.14 63.98	4	.10 49.39 2.13	3 892 26	.20	7	.13 52.94 2.08
Diphtheria Scarlet fever Smallpox	16.29	15.82	1599 688 3034 799	42.69 18.37 81.01 21.33	606 385 1239 329	42.25 26.84 86.40 22.94	2205 1073 4273 1128	42.57 20.71 82.50 21.78
Schick Dick		26.99 11.90	1037 488	29.02 13.02	457 204		12/17	49.12

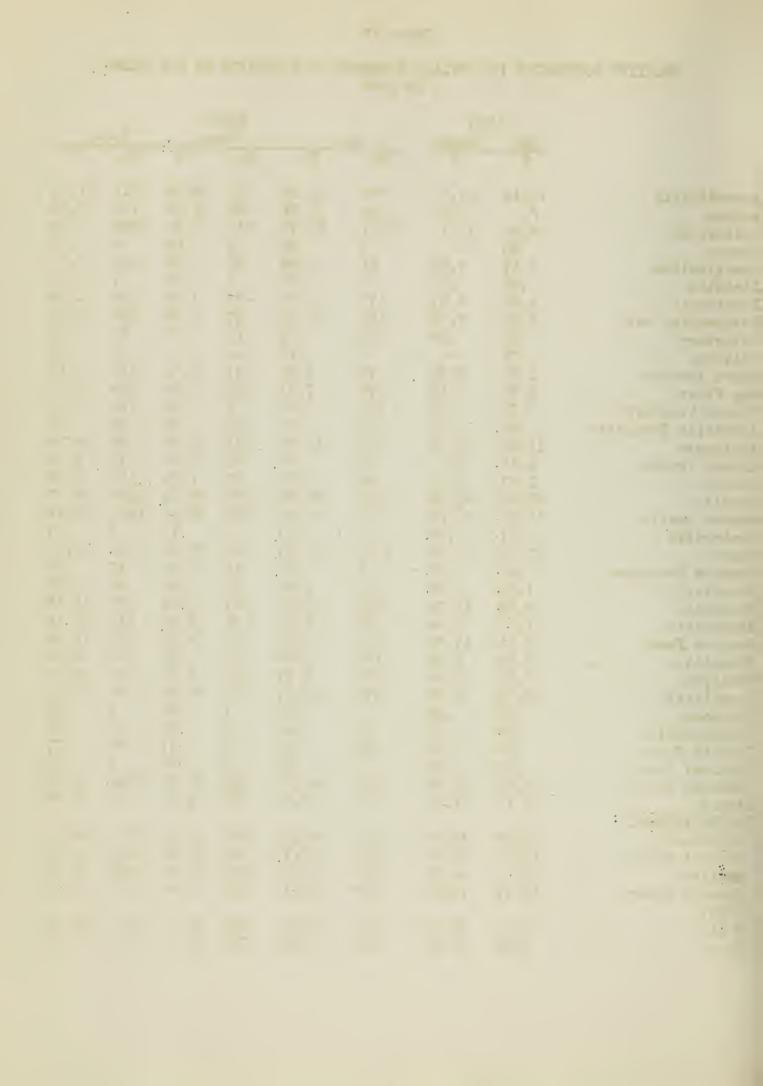


Table XVI
GENERAL DEVELOPMENT

	19	143		1941						
	Men	Women		Men		Women		tel		
	5,	95	No.	6,	No.	0,0	No.	60		
Excellent Good Fair Poor	34.60 14.43	1.92 94.89 3.10 .07	83 2942 666 54	2.21 75.55 17.75 1.44		2.09 93.16 3.83 .20	113 4288 721 57	2.10 82.79 13.92 1.10		
Stocky Medium Slender	66.85	11.01 48.96 40.01	297 2566 882	7.93 68.51 23.55	175 731 528	12.20 50.97 36.32	472 3297 1410	9.11 63.66 27.22		

Table XVII

#### COLOR OF EYES

	194	+3	1944						
	Men Women		Men		Women		Total		
	70	Ç,	No.	?	ľo.	\$	No.	55	
Blue Gray. Greenish Hazel Brown Black	4.04 7.31 5.45	37.79 8.65 9.31 8.65 32.54 2.95	1632 205 268 347 1282	43.57 5.47 7.15 9.26 34.23	557 96 130 137 499	38.84 6.69 9.06 9.55 34.79 1.04	2189 301 398 484 1731 26	142.24 5.83 7.54 9.34 34.38	

Table YVIII

#### COLOR OF HAIR

	19	43	191+}+						
	Men	Women	Men		Women		Tota	÷.].	
	É	677	No.	72	No.	of jo	No.	Ep.	
Flaxen	5.36	12.79	558	6.08	135	9.41	363	7.00	
Reddish	2.43	4.14	115	3.07	87	6.06	202	3.90	
Light Brown	27.34	23.10	967	25.32	382	26.63	1349	26.04	
Brown	13.35	20.11	1439	38.42	419	29.21	1858	35.87	
Dark Brown	39.59	27.83	688	1.3.37	296	20.64	984	18.00	
Black	11.35	6.95	305	8.22	115	8.01	423	8.16	

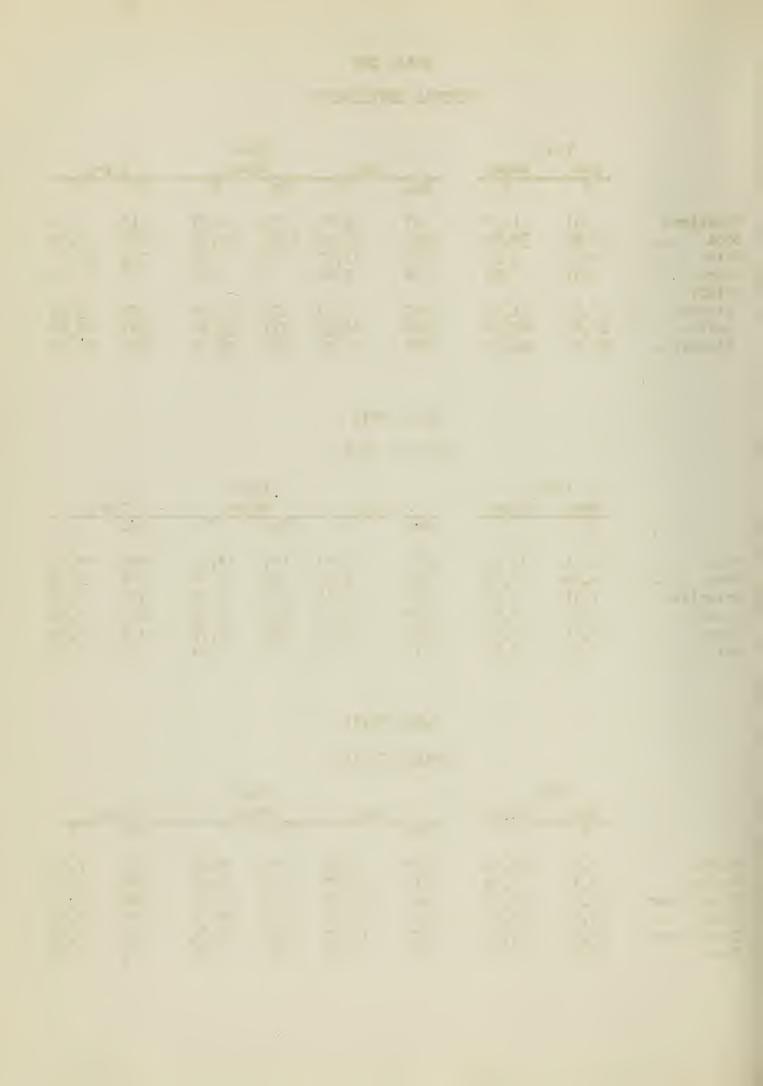


Table XIX

#### TEETH

	19	43						
	Men	Women	Me	n	Vome	en	Total	
•	es.	60	No.	Ş	No.	95	Mo.	ç,
Cavities  Absent  Meed cleaning.  Diseased gums.	44.71	12.28 25.44 4.22 1.11	733 1805 716 19	19.57 41.19 19.11 .50	331 392 51 4	23.08 27.33 3.55 .27	1064 2197 767 23	20.54 42.42 14.80 .44
No cavities, none absent-	43.25	60.66	1560	41.65	767	53.48	2327	44.93
Teeth devitel-	2.13	1.78	125	3.33	62	4.32	187	3.61

Table XX
ABNOPMALITIES OF THE HEART

	191	<del>1</del> 3		:1944				
	Men Women		ilen		Women		Total	
	63	%	20.	5/5	ito.	90	l™o.	%
Abnormalities Irregular pulse	.84 .18	.22	30 9	.82 .24	13 6	.96 .48	43 15	.83 .28

Table XXI
THYROID EMLARGEMENT

	1	943	1944						
	Men Women		ilen		Women		Tot	al	
	Ş	Ş.	To.	¢,	No.	Ş	370.	6,7	
Enlarged									
Slicht	714	10.50	31.	.82	181	12.62	212	4.09	
Moderate	.02	1.47	1	.02	1.8	1.25	19	. 36	
Harked	02	.07					***		
Evidence of									
toxicity	02	.22	2	.05	5	. 34	7	.13	



Table XXII

#### CHEST AND LUNGS

		- 191	43 °¢		1944						
		Men	Women	Men		Women			Total		
		%	%	No.	80	No.	0,0	No.	60		
Lungs, Chest:	abnormal	.35	.66	17	.45	3	.20	20	.38		
Flat	el	.75	4.06 .44 1.10	137 26 5	3.65 .69 .13	55 7 27	3.83 .48 1.88	192 33 32	3.70 .63 .61		

#### Table XXIII

#### CONDITION OF ABDOMINAL WALLS

	19	143		´ 194¼						
	Men	Women	Men		Women		Total			
	6/0	%	No.	e,	No.	Ç	No.	6/0		
Abnormal		. 44 • 37	3 26	.08 .69	11 7	.76 .48	14 33	.27		

#### Table XXIV

#### INCIDENCE OF ENLARGED LYMPH GLANDS

	191	<del>1</del> 3			19	77		ø
	Men	Women	Men		Wome	n	Total	
	6,3	P	Mo.	er iv	No.	%	No.	979
Epitrochlear	3.77	.07 .14 4.73 1.18	27 66 86 423	.71 1.76 2.29 11.29	2 4 83 15	.13 .27 5.78 1.04	29 7 <b>0</b> 169 438	.56 1.35 3.26 8.45

#### Table XXV

#### HERNIA IN MEN

Class	of	1931	1.26	Class	of	1938 1.16
Class	of	1932	1.41	Class	of	1939
		1933		Class	of	1940
		1934		Class	of	1941 1.20
		1935				1942
		1936				1943
Class	of	1937	1.19	Class	of	1944



#### Table XXVI

#### GENITO-URINARY ORGANS

	191+3	1944	+
	<del>- 1</del>	No.	ep ep
Testes Abnormal		25	.62
Circumcision	8.35	1574	42.02

#### Table XXVII

### CRYPTORCHIDISM

Class	of	1931	.38	Class	of	1938	.43
Class	of	1932	.60	Class	of	1939	.03
Class	οî	1933	.32	Class	of	1940	.29
Class	of	1934	.70	Class	οÎ	`1941	.18
Class	of	1935	.48	Class	of	1942	.12
Class	of	1936	.28			1943	
Class	of	1937	.32	Class	of	1944	.67

#### Table XXVIII

#### URINALYSIS

	19	145			19	14,14		
	Men	Women	Men		Wom	en	Tot	ല
	92	P	No.	c's	No.	Ę,	No.	F/s
Acid Alkaline Neutral Sugar Albumin	20.36	78.4 15.97 4.113 .37	2458 1232 55 15	65.63 32.89 1.46 .40 3.65	1024 378 23 26 71	71.40 26.35 1.60 1.81 4.95	3482 1610 78 41 208	67.23 31.08 1.50 .79 4.01

a.p.t . 4 . . . . . p'

Table XXIX

GLYCOSURIA AND ALBUMINURIA OVER A PERIOD OF YEARS

	·	Sug	gar		Albu	min
			Women		Men	
		6/2	10		%	6,0
Class of Cla	f 1931 f 1932 f 1933 f 1935 f 1936 f 1937 f 1938 f 1940 f 1941 f 1943	58 06 09 21 22 52 52 86 42 43 13	1.86 .48 .85 .79 1.29 1.19  2.13 .59 .78 4.81 1.38		5.62 5.62 5.62 5.62 5.64 6.65 6.40 7.79 7.99 4.60 7.42	2.75 2.1 1.44 2.97 4.2 2.87 1.15 3.66 2.47 4.51 4.51
	f 1943 f 1944			*******		4.9

Table XXX
FOOT ABMORMALITIES

19	943						
Men	Women	Men		Women		Total	
5	P	No.	6,3	No.	d's	No.	67)
Long Arches  1st degree 9.04  2nd degree 6.37  3rd degree 1.28  Anterior arches 7.46  Abnormalities	22.7 13.68 4.36 35.5	470 379 65 561	12.55 10.12 1.73 14.97	369 181 71 460	25.03 12.62 4.95 32.07	839 560 136 1021	16.20 10.81 2.62 19.71
of feet	.96	1	.02	17	1.18	18	. 34



Table XXXI
FOOT ABNORMALITIES OVER A PERIOD OF YEARS

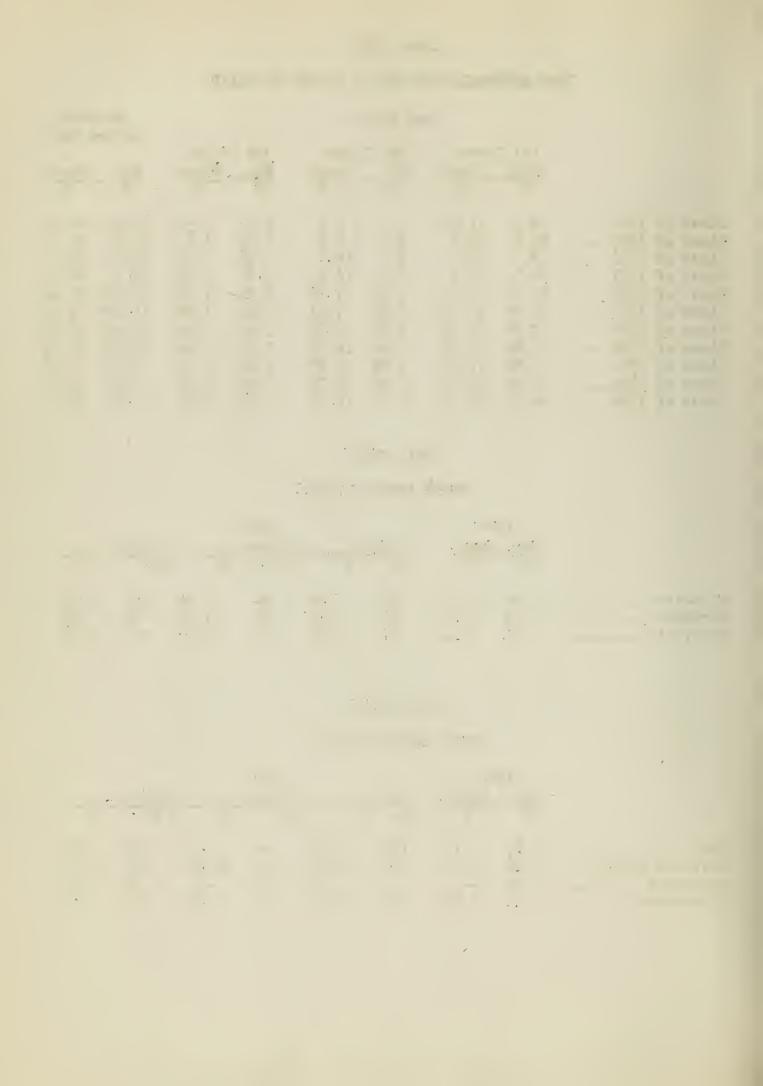
Long Arches							Anterior Arches Flat	
	lst D Men	Women	Men	Women	3rd D Men	Women	Men	Women %
Class of 1934	15.9 18.3 14.3 15.82 11.92 7.84 10.48 9.92 9.04	11.68 19.2 36.4 32.9 25.21 32.16 27.83 25.39 27.21 23.52 25.03	9.73 9.5 9.5 7.1 6.98 5.52 2.26 5.40 5.49 6.38 10.12	9.3 8.7 10.0 12.3 7.84 7.03 9.95 12.76 10.94 13.76 12.62	2.03 1.08 .99 2.4 2.36 2.46 1.08 1.39 1.62 1.29	1.51 1.6 2.18 2.72 1.68 1.98 2.08 4.60 2.70 4.36 4.95	22.31 19.6 28.3 22.2 18.98 14.47 10.29 10.28 9.78 7.46 14.97	28.41 35.9 29.0 34.0 20.49 7.47 29.01 34.89 2.96 35.50 32.07

# Table XXXII SPIME ABNORMALITIES

	19	943			1944				
	Men Women		Men		Women		Total		
	00	9,	No.	%	No.	10	No.	d'i	
Kyphosis	1.26	2.81	92	2.45	2.8	1.95	120	2.31	
Lordosis	1.23	1.78	26	.69	19	1.32	45	.86	
Scoliosis	.81	3.11	76	2.02	35	2.44	111	2.14	

## Table XXXIII NOSE ABNORMALITIES

,	19	43	1944					
	Men	Women	Men		Women		Total	
	677	Po	No.	ç,	No	%	No.	70
Spur Deviated Septum			181 416	4.83 11.10	4 152	.27 10.59	185 568	3.57 11.31
Atrophied		2.66	6 79	.16 2.10	<u></u> 37	2.68	6 116	.11



#### Table XXXIV

#### THROAT ABMORMALITIES

	1943 Men Women Men			n	1944 Women			Total	
	S/O	%	No.	%	No.	5	No.	6,5	
TOUSILS: Removed Tags Pathological	3.59	46.52 8.89 3.06	2140 141 238	57.10 3.76 6.35	163	64.01 11.36 8.64	3058 304 361	59.04 5.86 6.97	

#### Table XXXV

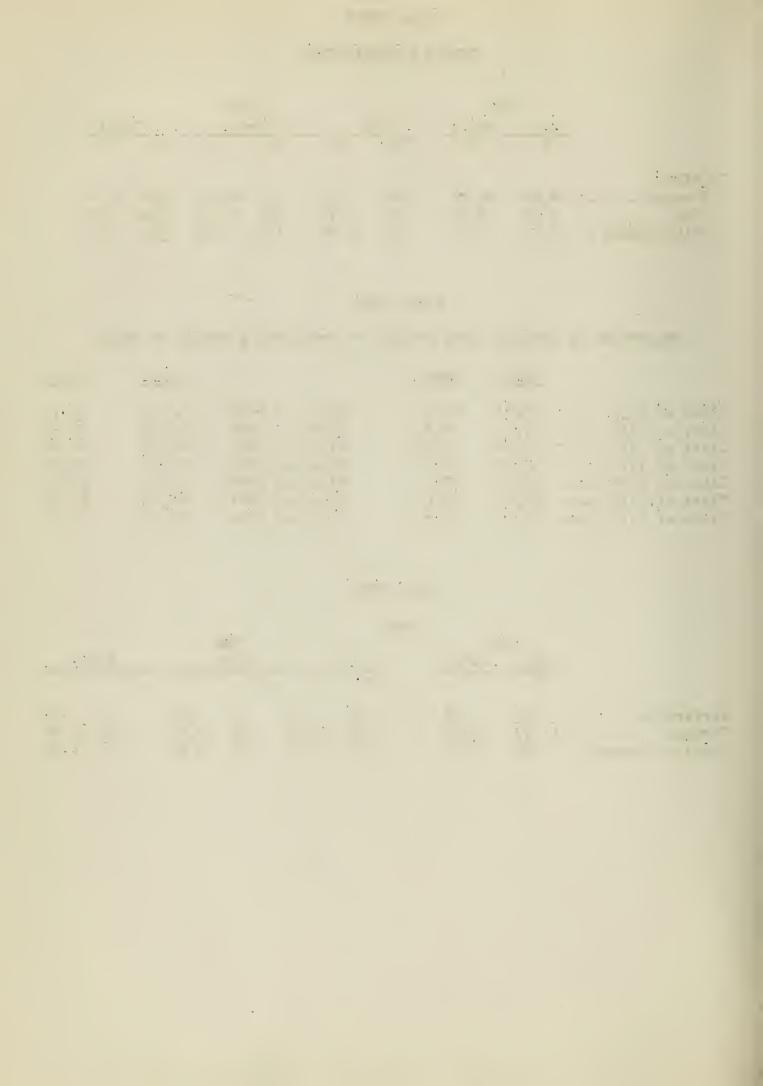
#### PERCENTAGE OF STUDENTS WITH TOWSILS FERIOVED OVER A PERIOD OF YEARS

	Men	Women		<u>Men</u>	Women
Class of 1931	37.3 42.48 42.41 45.4 44.0	42.42 37.2 45.56 41.1 52.2 50.1 52.1	Class of 1938 Class of 1940 Class of 1941 Class of 1942 Class of 1943 Class of 1944	.49.20 .46.59 .51.51 .50.0 .48.55	57.19 56.26 57.54 59.71 59.62 46.52 64.01

#### Table XXXVI

#### EARS

	19	43			194	4		
	Men	Women	Men		Wome	n	Tot	tal
	45	5	No.	P	No.	F,	Mo.	<i>ξ</i> ,5
Perforated	12.67	.52 20.64 1.25	724	.61 19.33 1.04	263		987	.61 19.05 1.35



#### Table XXXVII

#### EYES

	191	+3			194	4		
	Men	Women	Mei	n	Wome	n	To	tal
	67	0,3	No.	6/2	No.	6/5	No.	0,
Abnormal Color vision	.18		9	. 24			9	.17
Refraction O. D. only O. S. only Both O.D. & O.S. 2	5.98	6.5 6.5 <sup>g</sup> 23.44	133 141 920	3.54 3.76 24.56	-			5.21 5.02 24.17
Corrected with glasses 1	0.21	14.05	1498	13.29	216	15.06	714	13.78

#### Table XXXVIII

#### POSTURE

	1943 Men Women M			1944 Women Total				
	- A - A - A - A - A - A - A - A - A - A	G G	No.	%	No.	<i>d</i>	No.	95
Restricted flexibility Excellent Good Fair Poor	.03 84.06	.96 1.77 89.49 8.21 .51	3 42 2949 717 37	.08 1.12 78.7 <sup>1</sup> 4 19.1 <sup>1</sup> 4 .98		88.56	4219 850	36 1.33 81.46 16.41 .79

#### Table XXXIX

#### INCIDENCE OF HISTORY OF VENEREAL DISEASE

		191	<del>1</del> 7 <del>1</del>			
	M	en	Wome	en	Total	al
	No.	63	No.	G,	$\overline{\text{Mo.}}$	7,
Gonorrhea		.08	-		3	.05
Syphilis	-		-		-	
Chancroid	-		-		-	

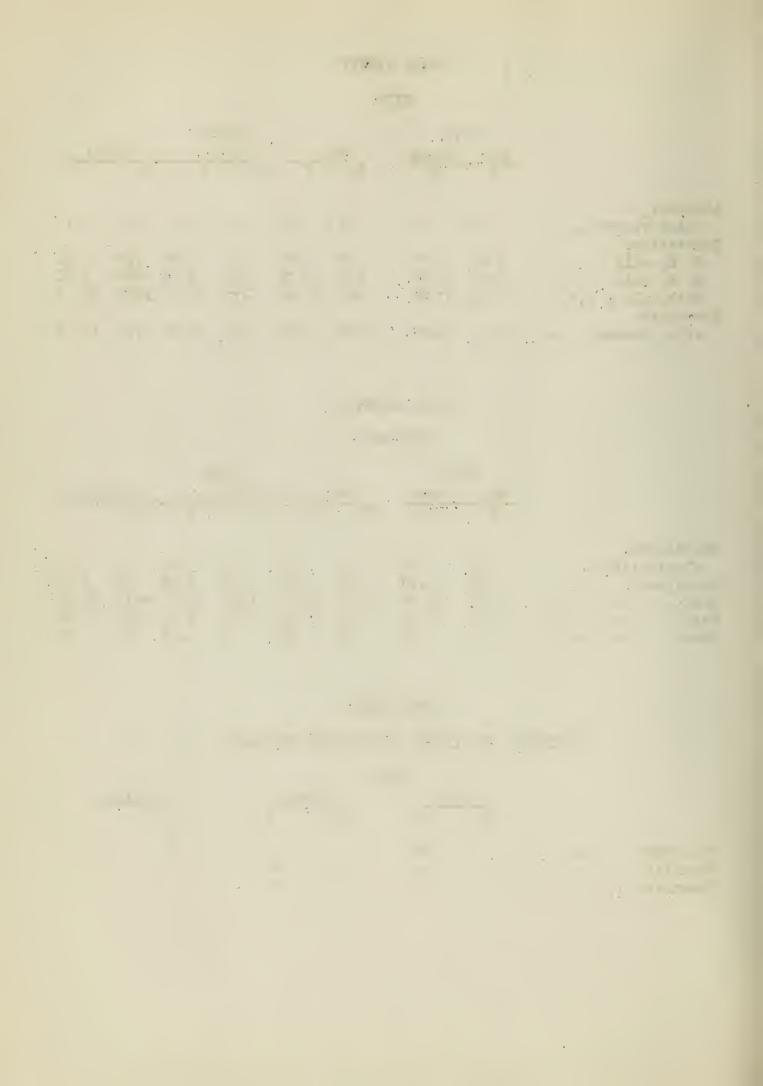


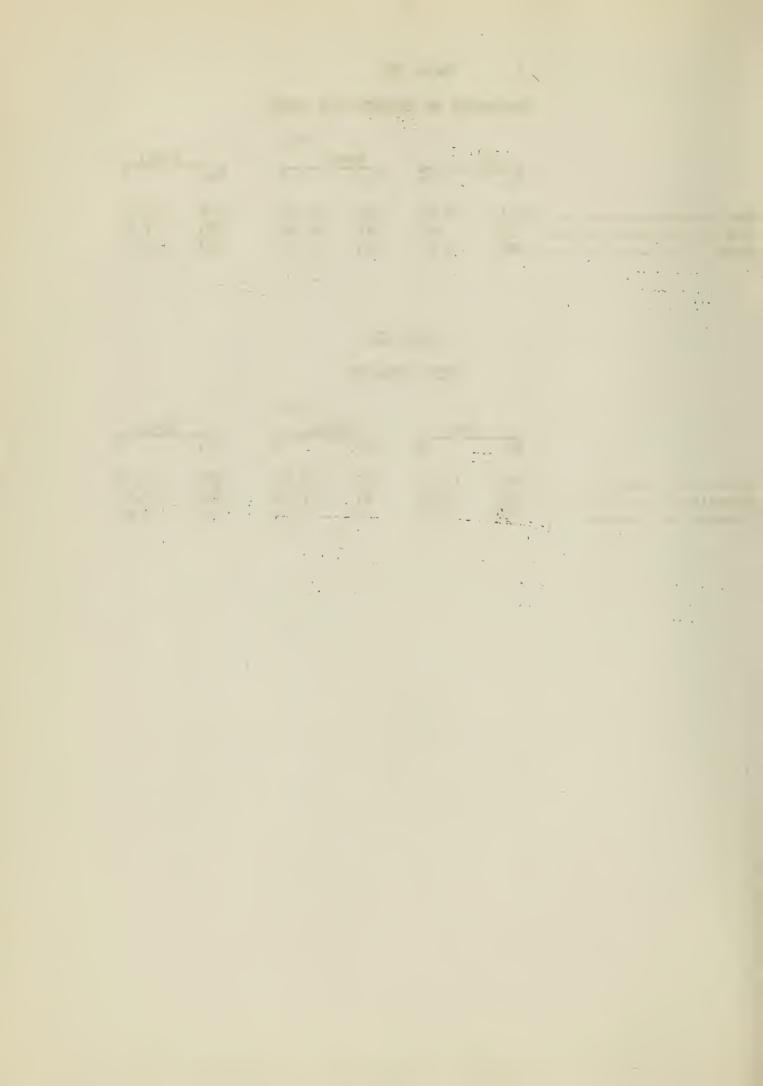
Table XL INCIDENCE OF VACCINATION SCARS

			1944		
Me	Men		nen	Total	
No.	%	No.	6/3	No.	Sp.
	26.80			4119	11 22
Leg		383 183		393 667	7.58 12.87

#### Table XLI

#### SKIN DISEASES

	•		1944		
	Men		men	Total	
No.	d's	No.	d'i	No.	ego Go
Acne	12.33 15.70	439 81	30.61 57.36	901 669	17.39 12.91
Others44	1.17	8	• 55	52	1.00



TWENTY-FIFTH ANNUAL REPORT

APPENDIX C



#### APPENDIX &

Table I
SUMMARY OF MEDICAL HISTORIES

	Men	Women	Class of '44 Total	Class of '43 Total
Motel number exemined	77)15	1434	51.70	4691
Total number examined		1161	5179 4231	3816
Total number re-examined	3010	1101	4231	2010
Inheritable diseases	25	25	50	42
Apoplexy (family history)	25	25	618	495
Odlicer (	308	310		246
Goiter ( " " ) Mental disturbances	129	93	222	240
(family history)	22	6	28	48
		149	364	314
Diabetes (family history) Epilepsy ( " " )	215	1	6	•
-F	5	1	0	15
Kidney disease (family history)	58	7 <b>7</b>	05	00
Tuberculosis (family	90	37	95	99
history)	196	00	' 295	262
	190	99	297	202
Birthplace Illinois	2686	1023	3709	3287
Elsewhere		311.	1370	1404
Work for self-support	1099	)11.	1)10	1707
during college	1072	338	2310	2138
Use laxatives frequently	81	114	195	199
	01	117	137	133
Sleep Under 6 hours	g	6	14	27
6-7 hours	440	188	628	509
8–9 hours	-	1144	4236	3839
10 hours and over	206	96	302	316
Habits	200		702	710
Coffee	1546	623	2169	1985
Tea		683	1517	1424
	1288	358	1646	1455
None of the three		364	1661	1344
Age started smoking				-9.
Younger than 10 years	2	2	4	1
10-14 years	52	12	64	73
15-19 years	-	305	1412	1216
20-24 years	125	31	156	152
25 years and over	3	9-	12	<b>1</b> 3
Meals per day				
One		2	2	and and any
Two	55	77	132	106
Three	3675	1341	5016	4575
More than three	15	14	29	10
Weight the past year				
Gained	1397	380	1777	1648
Lost	273	274	547	548
Stationary	2075	780	2855	2495

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### Table I -- Continued

			0 1).).	0.11
	Men	Women	Class of '44 Total	Class of '43 Total
			and of the	20002
Easily fatigued	138	235	373	344
Subject to frequent colds in	-1.1.			<i>(</i>
Nose	544	319	863	663
Throat	154	148	302	207 42
Lungs bethored with	23	39	62	42
When reading, bothered with Headaches	138	176	314	282
Blurring of vision	81	86	167	181
Burning of eyes	118	121	239	215
Squinting of eyes	58	60	118	107
Watering of eyes	89	48	137	139
Twitching of eyes	42	38	80	79
Persistently worry	102	85	187	170
Have the "blues"	123	161	284	233
Injuries				
Head	555	27	249	165
Chest	160	13	173	87
Abdomen	24	2	26	16
Arm	582	89	671	563
Leg	287	60 49	347	386
OthersOperations	38	49	87	201
Head				
tonsils	1962	769	2731	2620
adenoids	948	105	1053	1229
others	147	59	206	137
Chest	12	4	16	15
Abdomen	395	162	557	464
Circumcision	327		327	279
Others	182	78	260	195
Arches of feet painful	74	75	149	139
Possible reasons for not	3.00	2)12	070	3.50
taking Physical Education.	129	141	270	159
Military Science  Diseases had	156		156	100
Appendicitis	380	231	611	523
Asthma	109	29	138	91
Chickenpox	_	915	3226	2927
Chorea	3	1	4	3
Constipation	41	81	122	138
Diabetes	6	1	7	ío
Diphtheria	172	53	225	219
Discharging ear	165	97	262	233
Dysentery	• 11	11	22	28
Epilepsy	6		6	2
Heart trouble	73	37	110	90
Hay fever	271	103	374	339



	Men	Women	Class of 144	Class of 143
Diseases had (Cont'd)				
Hernia	108	7	115	118
Infantile paralysis	26	13	39	31
Influenza	469	271	740	821
Kidney trouble	33	48	81	81
Malaria	85	25	110	114
	3029	1099	4128	4152
German measles	667	490	1157	991
Meningitis	5	2	7	10
	1975	766	2741	2467
Nervous breakdown	3	15	18	20
Pleurisy	53	29	82	83
Pneumonia	410	167	577	459
Rheumatism	68	42	110	96
Scarlet fever		268	919	822
Sinusitis	148	76	224	213
Smallpox	179	53	232	136
Tonsillitis	677	364	1041	994
Trachoma	3	1	4	6
Tuberculosis	16	8	, 24	13
Typhoid fever	26	14	40	<u> 1</u> 11
Undulant fever	4	3	7	9
	1850	892	2742	2492
Others	82	26	iog	326
Immunizations				
Diphtheria	1599	606	2205	1853
Scarlet fever	688	385	1073	758
Smallpox	3061	1239	4273	3803
Typhoid fever	799	329	1128	848
Tests				
Schick	1087	457	1544	1154
Dick	488	204	692	493

Table II

SUMMARY OF PHYSICAL EXAMINATIONS

	Men	Women	Class of '44 Total	Class of '43 Total
Color of hair Flaxen Reddish Light brown Dark brown Brown Black	115 967 688 1439	135 87 382 296 419 115	363 202 1349 984 1858 423	352 139 1293 718 1699 489
Gray				i

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### Table II--Continued

	Men	Women	Class of 144 Total	Class of 143 Total
Color of eyes  Black  Blue  Gray  Greenish  Hazel  Brown	11	15	26	59
	1632	557	2189	2121
	205	96	301	252
	268	130	398	371
	347	137	484	299
	1282	499	1781	1589
Vision abnormal without glasses Both eyes Right eye (O.D.) Left eye (O.S.) Corrected with glasses Color vision abnormal Ears	920 133 141 498 9	332 137 119 216	1252 270 260 714 9	1088 , 269 289 531 6
Right ear Cerumen Perforated drum Hearing abnormal Left ear	35 <sup>4</sup>	135	489	367
	14	6	20	12
	22	17	39	23
Cerumen  Perforated drum  Hearing abnormal	370	128	498	335
	9	3	12	11
	17	14	31	23
Spur Deviation Chronic hypertrophy Atrophy	181 416 79 6	152 37	185 568 116 6	91 409 109 2
Tonsils Removed Tags Pathological	2140	918	3058	2251
	141	163	304	240
	238	123	361	2 <b>9</b> 2
No cavities or absent Cavities	733	767 331 392 51 62 4	2327 1064 2197 767 187 23	2264 712 1837 436 95 25

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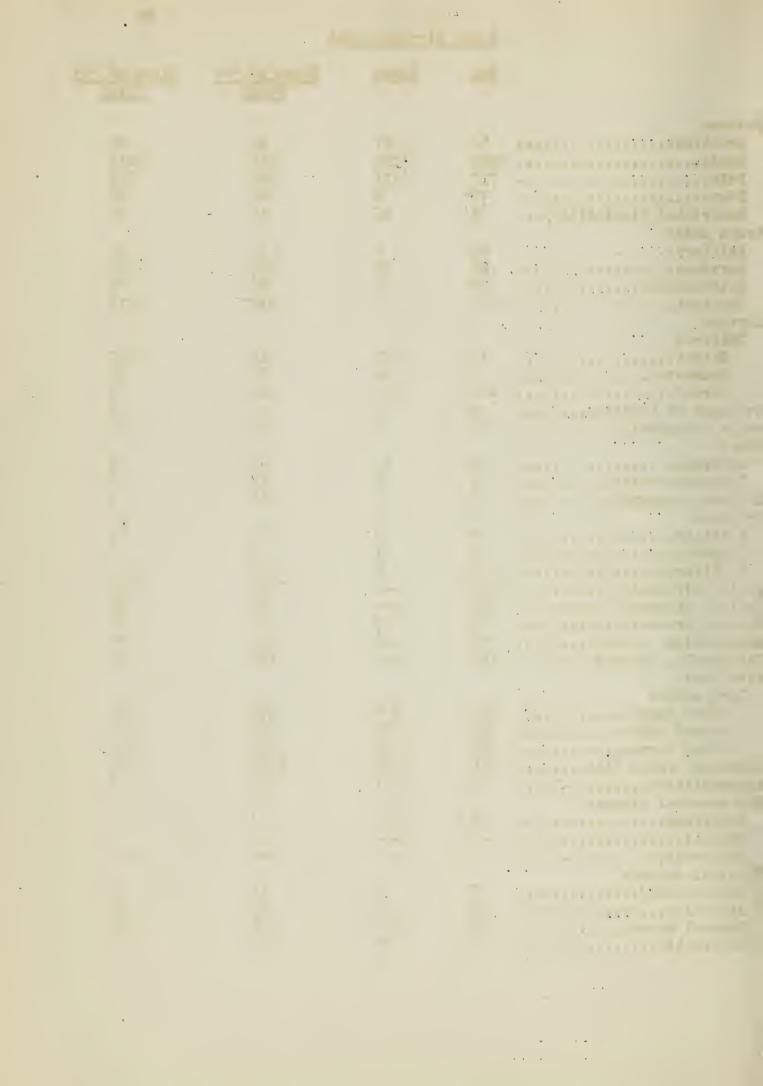
# Table II -- Continued

	Men	Women	Class of '44 Total	Class of 443
Weight Below 100 pounds 100-115 incl 116-130	*	65 434 488 279		
146-160	,	114 36 14 4		
below 50 inches	*	28 366 702 298 39		
Acne	462	439	901	704
	588	81	669	543
	44	8	52	23
ArmLegNoneGeneral development	3251	868	4119	3756
	10	383	406	361
	484	183	667	574
Excellent	83	30	113	42
	2942	1332	4352	4108
	666	69	735	524
	54	2	56	17
Build Stocky Medium Slender Chest	297	175	472	368
	2566	731	3297	2961
	882	528	1410	1362
Flat Funnel Pigeon Vertebral Column	137	55	192	357
	26	7	33	31
	5	27	32	25
Kyphosis	92	28	121	80
	26	19	45	65
	76	35	111	69

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# Table II -- Continued

	Men	Women	Class of 144	Class of '43 Total
no about				
Posture Excellent	42	27	69	25
Good	2949	27 1270	4219	4017
Fair	717	133	850	615
Poor	37	± 77 4	41	34
Restricted flexibility	3	16	19	15
Lymph nodes				
Axillary	66	14	70	50
Cervical	86	83	169	190
Epitrochlear	27	2	<sup>29</sup>	23
Inguinal	423	15	438	518
Thyroid		*		
Enlarged	77	ı ⊘ <b>ı</b>	01.0	767
Slight	31 1	181 18	212 19	167 21
Marked			± 7	5
Evilence of toxicity	2	5	, 7	1
Lung's, abnormal	17	5 3	20	21
Heart	·			
Abnormal	30	13	43	31
Irregular pulse	9	6	15	6
Abdomen, abnormal	3	11	14	9
Reflexes	ď	~» ~ <del>"</del>	41	117
Patellar	8 1	33 1	2	47 2
Remberg	2	6	<u>2</u> 8	5
Penis, circumcised			1574	1205
Testes, abnormal	25		25	30
Hermie, present	26	7	33	314
Hemcrrhoids, present	36	14	50	30
Varicocole, present	182		182	58
Flat feet				
Long arches	1170	7(0	670	620
first degree	470	369 181	839 560	620
second degreethird degree	3 <b>7</b> 9 65	71	136	399 102
Anterior arches flat	561	460	1021	729
Abnormalities	1	17	18	13
Had venereal disease				
Gonorrhea	- 3	mus sinks durin	3	5
Syphilis			nus gan e-e	1
Chancroid		gain and Gills	code deriva despa	um em em
Physical defects	ď	-	7.5	-
Amputations	8	7	15 14	3 18
Atrophies	10 186	10g	294	256
Deformities	16	39	55	31
	- L J	))		



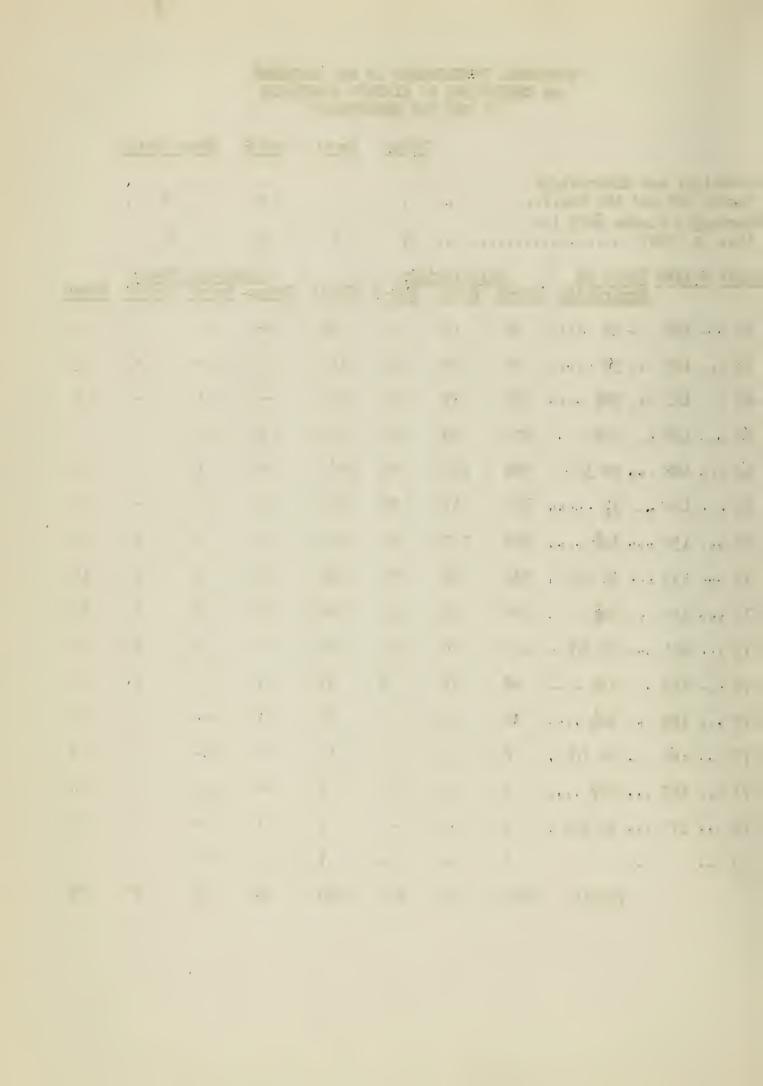
#### Table II -- Continued

	Men	Women	Class of '41 Total	Class of '43  Total
Urine Acid Alkaline Neutral		1024 378 23	3402 1610 78	3673 896 106
Albumin Persistent Transitory Unclassified	4 44 89	10 50 11	14 94 100	16 143 69
Sugar Persistent Transitory Menses	3 6	3 22	6 28	5 35
Regular	000 000 mm	1078 355	1078 355	1113 239
Severe	ONE AND AND	293 657	293 657	213 587

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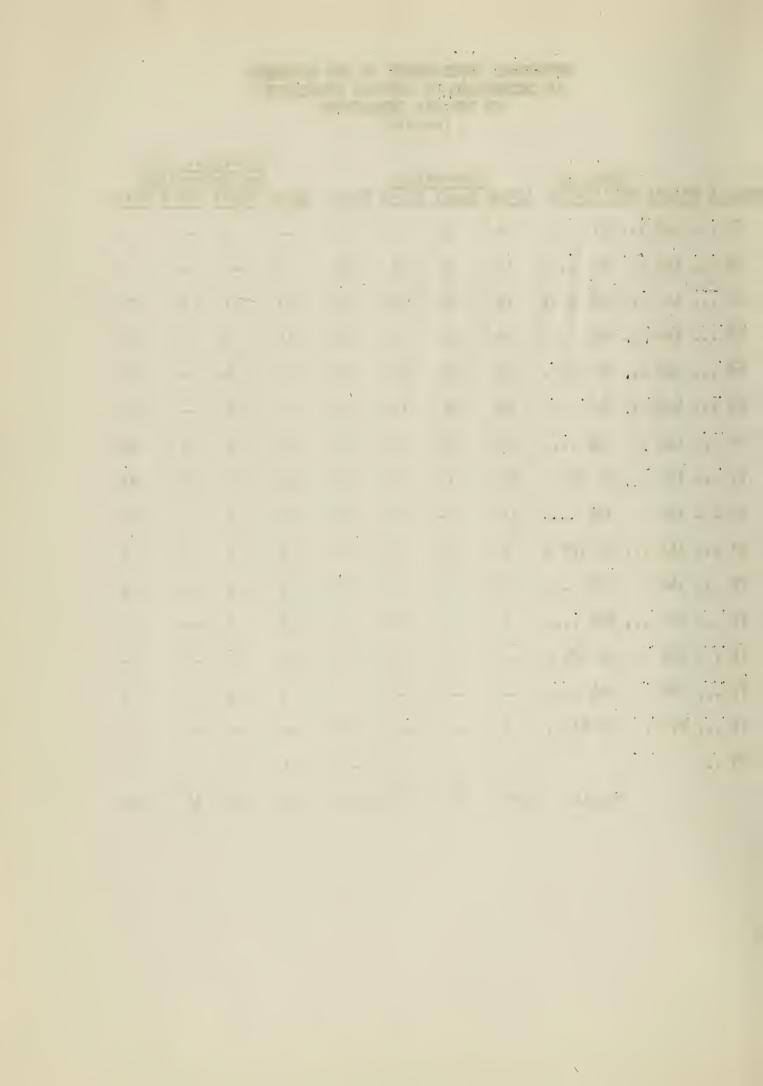
# SUBNORMAL DEVELOPMENT OF MEN STUDENTS AS DETERMINED BY MINIMUM STANDARDS OF THE WAR DEPARTMENT

			Urban	Rural	Out-S	Grand	Total	
Underheight and underweight (under 64" and 120 lbs.)								
Height Weight Chest at	Sa	tisfact	ory		Und	erdev. Ch	est	m. i. a
Expiration		Rural		Total	Urban	Rural / C	out-S	Total
64 120 30		11	3	40			-	
65 121 30	59	24	20	103	3		-	3
66 122 30\frac{1}{4}	135	43	37	215		1	-	1
67 124 30½	203	80	56	339	1		-	1
68 126 30 3/4 .	. 302	103	85	490		1	-	1
69 128 31	330	117	85	532	2		-	2
70 · · · 130 · · · 31½ · · · ·	312	130	62	504	5	2	2	9
71 133 31 3/4 .	236	86	59	381	g	5	1	14
72 · · · 138 · · · 32½ · · · ·	200	53	35	288	6	5	2	13
73 143 32 3/4 .	127	40	18	185	4	2	2	g
74 · · · 148 · · · 33½ · · · ·	48	11	8	67	1		1	2
75 155 34\frac{1}{4}	14	2	5	21	1		-	1
76 161 34 3/4 .	6	2	3	11	2		-	2
$77 \dots 168 \dots 35^{\frac{1}{4}} \dots$	5		1	6			-	
78 175 35 3/4 .	1	***		1	1	and and	-	1
79	1			1			-	
Totals	2005	702	477	3184	34	16	8	58



# SUBNORMAL DEVELOPMENT OF MEN STUDENTS AS DETERMINED BY MINIMUM STANDARDS OF THE WAR DEPARTMENT (cont'd)

Height Weight	Chest at Underweight Height Weight Expiration Urban Rural Out-S Total				_	Inderde	derwei,	ght	
64 120		4	3	2	9		1		1
65 121		17	9	4	30	2		<b></b>	2
66 122		1.9	10	14	43	11	1	1	13
67 124	30½	34	11	14	49	10	2	2	14
68 126	30 3/4 .	27	13	12	52	12	4		16
69 128	31	20	74	13	37 -	7	4		11
70 130	$\dots$ $31\frac{1}{4}$ $\dots$	26	g	3	37	18	6	1	25
71 133	31 3/4 .	19	1	3	23	13	1	5	19
72 138	$32\frac{1}{4}$	10		2	12	9	3		12
73 143 .	32 3/4 .	5	6	1	12	2	2	1	5
74 148 .	$\cdots$ $33\frac{1}{2}$ $\cdots$	6	1		7	5	2	1	8
75 155 .	34½	1		1	2	2	1		3
76 161 .	34 3/4 .								
77 168 .	35\frac{1}{4}					2	1		3
78 175 .	35 3/4 .	1			1				
79	• •					1			1
	Totals	189	66	59	314	94	28	11	133



# SUBNORMAL DEVELOPMENT OF MEN STUDENTS AS DETERMINED BY MINIMUM STANDARDS OF THE WAR DEPARTMENT (cont'd)

Height	Weight	Chest at Expiration	Urban	Grand Rural	Cotals Out-S	Total
64	120	30	14	74	2	10
65	121	30	22	9	14	35
66	122	30 <del>1</del>	30	12	15	57
67	124	30½	45	13	6	64
68	126	30 3/4	39	18	12	69
69	128	31	29	. 8	13	50
70	130	31½	49	16	6	71
71	133	31 3/4	40	7	9	56
72	138	32\frac{1}{4} \ldots	25	8	74	37
73	143	32 3/4	11	10	74	25
74	148	33½ · · · · · · · · · · · · · · · · · ·	12	3	2	17
75	155	344	14	1	1	6
76	161	34 3/4	2			2
77	168	35½	2	1		3
78	175	35 3/4	2	gang direk		2
79		• • • • • • • • • • • • • • • • • • • •	1			1
		lotals	317	110	78	505

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TWENTY-FIFTH ANNUAL REPORT

APPENDIX D



#### UNIVERSITY HIGH SCHOOL EXAMINATIONS

ONIVERSIII IIIGI SOIN	Men	Women	Total
Makal manhan amonina d	34	Appropriate Company of the Company o	-
Total number examined	19	39 6	73 25
Total number reexamined	19	0	27
Inheritable diseases			
Apoplexy	aria ann	den any	
Cancer	5	. 4	9
Goiter		1	1
Mental disturbances			***
Diabetes		2	2
Epilepsy			989 See
Kidney disease	***	1	1
Tuberculosis	3	2	5
Birthplace		_	
Illinois	25	29	54
Elsewhere	_	10	19
	9 5	70	
Work for self-support	; 5	000 000 	5
Use laxatives frequently	en ma <sup>3</sup>	3	3
Sleep			
Under 6 hours			
6-7 hours		1	1
8-9 hours	17	23	40
10 hours and over	17	15	32
Habits	- '		
Coffee	9	6	15
Tea		12	20
Tobacco	g 9	oda loss	9
None of the three	17	21	38
·	T (	C.s.L	٥٦
Age started smoking			
Younger than 10 years			
10-14 years	2		2
15-19 years	7		7
Meals per day			
One		and here	Dinam
Two	1	1	2
Three	32	38	70
More than three	1		1
Weight the past year			
Gained	24	23	47
Lost		5	5
Stationary	10	11	21
		1.1. 7	
Easily fatigued	9178 \$144	)	3
Monses		7.0	
Rogular	pres aug	19	19
Irregular		5	5
Pain			
Severe	and any		
Slight		5	5
Menses not started		15	15

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Collins to Community and do in	Men	Women	Total
Subject to frequent colds in Nose	14	9	13
Throat	1	6	
Lungs	ī	4	7 5
Injuries	_	·	
Head	1	1	2
Chest			
Abdomen	1		1
Arm	5 2	3	8
Leg		aming.	2
Others	1	1	2
Operations			
Head			
Tonsils	16	15	31
Adenoids	8	2	10
Others	1	1	2
Chest	<del></del>		
A bdomen	·	3	7
Circumcision	1	has one too	1
Others			
Immunizations	22	25	47
Diphtheria	11	25 9	20
Smallpox	27	31	58
Typhoid fever	6	<i>J</i> ± 7	13
Tests	· ·	1	±)
Schick	17	17	34
Dick	13	16	29
Persistently worry		1	1
Have the "blues"	then tree.	2	2 5
Arches of feet painful	ton	5	5
Possible reasons for not taking			
Physical Education	77	1	1
When reading, bothered with			
Headaches		2	2
Blurring of vision		1	1
Burning of eyes			
Squinting of cycs		1	1
Watering of cycs	1	was to-	1
Twitching of eyes  Diseases had	-		1000 1-00
	2	=	7
Appendicitis		5 1	7
Chickenpox	24	29	53
Chorea			
Constipation	1	71	5
Diabetes			
Diphtheria	1		1
•			_

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	Men	Women	Total
Discharging car	1	74	5
Dysentery	Swift great		<b>1000</b> page
Epilepsy	trib quel	SPR SHIR	Self-goal
Heart trouble	1	Quality prom	1
Hay fever	1	1	2
Hernia (rupture)	1	-	1
Infantile paralysis	1	the gray	1
Influenza	6	7	13
Kidney trouble	1	1	2
Malaria	-	1	1
Measles	30	30	60
German measles	8	7	15
Meningitis	belt pro	Bell Sens	900 pm
Numps	23	18	41
Nervous breakdown	***	Orth wave	their part
Pleurisy		-	bellana
Pneumonia	4	9	13
Rheumatism		1	1
Scarlet fever	4	5	9
Sinusitis	1	Spen any	1
Smallpox	_ 1	\$140 \$140	1
Tonsillitis	7	7	14
Trachoma	Seell Since	900 m.s	548 Pro.
Tuberculosis	-	60°G, 50°-10	-
Typhoid fover	-	Seek para	Print many
Undulant fever			***
Whooping cough	19	22	41
Others	22	1	23
CIPITADI OD	THE PARTY TO STATE OF STATE ST	:::::::	
SUMPLARY OF	PHYSICAL EXA	MINATIONS	
Color of hair			
Flaxen	4	2	6
Reddish	2	3	5
Light brown	9	13	22
Dark brown	7	7	14
Brown	10	13	23
Black	2	1	7
Color of cyes	_	<u> </u>	)
Blue	15	17	32
Gray	1	1	2
Greenish	Δ.	1	1
Hazel	11	6	17
Brown	6	14	20
Black	1	14	1
Vision abnormal without glasses	1	Spellit Street	1
Both eyes	6	6	12
Right eye (O.D.)		4	
Left eye (0.S.)	3 2	3	7
Corrected with glasses	2	)	5
Colorblind	۲.	Ç.a.	1
OTOI OTIII	<b>→</b>	guaj troit	p-s p-s

,,..... ............. THE RESERVE OF THE PARTY OF THE -----manner of the bar . . ........... \*\*\*\*\*\* .... . . . . . . . . . . . . . 4 . 1111 . . . . . . . . . . . . . . ............ . . 100 . . . . . . . . . . . - --... 90 -1. -1 -------. . . . . ...... .... \*\*\*\* .. .. .. \*\*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*

	Mon	Women	Total
Ears			
Right car	15 Ja	a.	
Cerumen	5	4	9
Perforated drum	944		800 cm
Hearing abnormal	-	1	1.
Left car	7	7	6
Perforated drum	3	3	O
Hearing abnormal	and and	. 1	
Nose	يبتي وقه	٠ ملـ	5 - <del>1  </del>
Spur			
Deviation	3		. 6
Chronic hypertrophy	9	· 9	
Atrophy	Non and		
Tonsils			
Removed	17	18	35
Tags		4	35 4
Pathological	2	2	4
Teeth			
No cavities or absent	18	29	47
Cavities	1	5	6
Need cleaning	2	2	4
Devitalized		and and	-
Absent	13	5	18
Skin			_
Acne	. 2	3	5 3
Mycosis	1	2	3
Other skin diseases	mind some		
Vaccination scar	20	214	F-7
Arm	29	'	53
Leg	1 4	12	13
None	4	3	(
General Development Excellent			
Good	27	37	64
Fair	-1 8	2	10
Poor		<u>_</u>	10
Build	pm == 4	arap anta	wing dark
Stocky	1	2	3
Medium	24	18	42
Slender	10	19	29
Chest		-7	
Flat	1	au	1
Funnel	9		9
Pigeon		000 per	
Vertebral column			
Kyphosis	1	told min	1.
Lordosis	1	Bab 444	1
Scoliosis	dente pump	***	See one

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			86
	Men	Women	Total
	-		
Posture			
Excellent		1	1
Good	28	34	62
Fair	6	14	10
Poor,			
Restricted flexibility		1	1
Lymph nodes			
Axillary	1		1
Cervical	1		1
Epitrochlear	1		1
Inguinal			***
Thyroid			
Enlarged			
Slight		g	8
Moderate		1	1
Marked			
Evidence of toxicity			
Lungs, abnormal		1	1
Heart, abnormal		2	2
Irregular pulse	1		ī
Reflexes	-		
Patellar,	·	1	1
Romberg			
Pupillary			
Penis, circumcised	12		12
Testes, abnormal			<b></b>
Varicocele, present			
Hernia, present	1		1
Hemorrhoids, present			
Flat feet			
Long Arches			
First degree	3	6	9
Second degree	1	6	9 7
Third degree	1	1	2
Anterior arches flat	5	9	14
Abnormalities			
Had venereal disease			
Gonorrhea			
Syphilis		dent dans	
Chancroid			
Obvious defects		•	
Amputations			
Atrophies			
Unusual scars	1	3	4
Deformities			

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	Men	Women	Total
Urine			
Acid	25	25	50
Alkaline	ğ	14	22
Neutral	1	44	1
Albumin			
Persistent	con give		
Transitory		1	1
Unclassified		one me	
Weight			
Below 100 lbs	9	12	21
100-115 incl	5	14	19
116-130	11	8	19
131-145	6	3	
146-160	1	ĺ	9 2
161-175	1	1	2
176-190	am t-0		
191 and over	1	max from	1
Height			
Below 50 inches	2	tage area	2
50-59	- 6	5	11
50-62	7	16	23
63-65	ġ	16	24
66-68	8	2	10
69-71	6	Total (100)	6
72 and over	2	to the	2

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TWENTY-FIFTH ANNUAL REPORT

APPENDIX E



## CIVIL SERVICE EXAMINATIONS

	Men	Women	Total
Total number examined  Married Widower, widow  Single	286	86	372
	209	41	250
	8	24	32
	69	21	90
Under 20	23	6	29
	95	14	109
	74	16	90
	49	35	84
	45	15	60
Inheritable diseases Tuberculosis	17 30  1	6 15 1 	23 45 1  1
Birthplace Illinois Elsewhere Injuries	211	58	269
	75	28	103
Head. Chest. Abdomen. Arm. Leg. Others. Operations	14 11 4 49 21 7	2  3 4 2	16 11 4 52 25 9
Head Tonsils	65 35 1  34 9	24 6 4  18	89 41 5  52 9
Others Vaccinations Typhoid fever Smallpox	10	20	30
	34	18	52
	259	70	329
Age of vaccination scar Under 10 years 10-20 years Over 20 years Sleep	121	21	142
	81	12	93
	57	37	94
Under 6 hours	42 225 19	 8 76 2	50 301 21

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	Men	Women	Total
Habits			
Tea	53	34	87
Coffee	229	69	298
Tobacco	226	7	233
Alcohol	50	1	51
Drugs			
None of the above	21	11	32
Diseases Had	249	81	770
Measles	74A	34	330 38
Mumps	207	58	265
Chickenpox	139	67	206
Whooping cough	154	65	219
Scarlet fever	35	14	49
Typhoid fever	19	4	23
Diphtheria	ź	g	16
Meningitis		1	1
Malaria	5	1	6
Smallpox	22	2	5,1
Pneumonia	-37	11	48
Asthma	3 7	3 4	6
Pleurisy	7	4	11
Rheumatism	6	7	13
Tonsillitis	36	32	6g
Chorea	 56	1 42	1 98
Influenza Otitis media	20	3	_
Gonorrhea	9	<i>)</i>	3
Syphilis	2		9
Chancroid			
Constipation	2	17	19
Dysentery		-1	
Appendicitis	25	15	710
Neurasthenia		í	1
Poliomyelitis			1910 640
Tuberculosis	1		1
Glasses	38	57	95
Others	8	3	11
SUMMARY OF PHYSICAL EX	AMINATION	S	
Color of hair			
Flaxen	12	1	13
Reddish	5	3 8	8
Light brown	81		89
Dark brown	147	30	77
Brown	94	22	116
Black	19	6 16	25 44
Gray	28	10	44

11-11111- 11-11 11-1 of the following the largest THE RESERVE TO THE PARTY OF THE After the second 1,111,1111 . . . . . .... 

	Men	Women	Total
0.1			
Color of eyes	155	24	770
Gray	155 38	18	179 56
Greenish	10	6	16
Hazel	11	8	19
Brown	72	27	99
Black		3	3
Vision abnormal without glasses			
Both eyes	79	26	105
Right eye (O.D.)	17	.10	2.7
Left eye (O.S.)	14	6	20
Corrected with glasses	19	19	38
Colorblind		17	17
Ears		Τ (	7.1
Right ear			
Cerumen	30	8	38
Perforated drum	3		3
Hearing abnormal	4	6	10
Left ear	-		
Cerumen	31	9	40
Perforated drum	2		2 8
Hearing abnormal	3	5	8
Nose Spur	16	1	17
Deviation		8	41
Chronic hypertrophy	33 4	ĺ	5
Atrophy			
Tonsils			
Removed	74	24	98
Tags		5	5 24
Pathological	14	10	24
Teeth		~	1. m
No cavities or absent	37 68	8	45
Cavities	236	17	85
Need cleaning	164	73 3	309 167
Devitalized			•
Gums diseased	39 45	1	39 46
Skin		-	
Acne	14	9	23
Mycosis	36	9 3	39
Other skin diseases	5		5
Vaccination scar	07.0	(0	707
Arm	232	69 4	301 4
Leg None	 54	13	67
General Development	7	1)	01
Excellent	3	***	3
Good	254	78	332
Fair	28	6	34
Poor	1	2	3

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	Men	Women	Total
Build			
Stocky	40	21	61
Medium	183	49	232
Slender	63	16	79
Chest			
Flat	6	3	9
Funnel	3	gang dank	9 3 3
Pigeon		3	3
Vertebral column			
Kyphosis	15	7+	19
Lordosis	g	3	11
Scoliosis	7	3	10
Posture			
Excellent	1	1	2
Good	234	61	295
Fair	46	5,4	70
Poor	5 1		5
Restricted flexibility	1	1	2
Lymph nodes	2)1		14
Axillary	. 1)4 8	4	14
Cervical	11	4	12
Epitrochlear	48		11 48
Inguinal	40	gang dirity	40
Thyroid Enlarged			
Slight	1	7	g
Moderate		1	1
Marked	eler ma		
Evidence of toxicity	***		
Lungs, abnormal	1	2	3
Heart, abnormal	7	2 3	10
Irregular Pulse	2		2
Abdomen, abnormal	1	, may may	1
Reflexes			
Patellar	3	2	5
Romberg	1		<u></u> 2
Pupillary	2		. 2
Penis, circumcised	48		48
Testes, abnormal	6		6
Hernia, present	19	1	20
Varicocele, present	9		9
Hemorrhoids, present	17	5	22
Flat feet			
Long arches	7)1	26	60
First degree	34	18	
Second degree Third degree	20 3	10	38 13
Anterior arches flat	30	37	67
Abnormalities		ار 	
Had venereal disease			
Gonorrhea	9		9
Syphilis	2		2
Chancroid		***	

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	Men	Women	92 Total
Physical defects Amoutations	6 1 22 4	 7 1	6 1 29 8
Acid	228 54 4	60 21 1	288 75 5
Persistent	 6	1	1 - <del>-</del> 6
Persistent	- <del>-</del> 8		. <del></del> 8
Below 100 lbs.  100-115 incl.  116-130.  131-145.  146-160.  161-175.  176-190.  191 and over.	 7 41 79 68 56 16 19	2 9 13 21 17 13 9 2	2 16 54 100 85 69 25 21
Height Below 50 inches. 50-59. 60-62. 63-65. 66-68. 68-70. 70-71. 72 and over.	 6 2 <sup>1</sup> 4 113 116 27 19	 3 17 54 12 	 3 23 78 125 116 27

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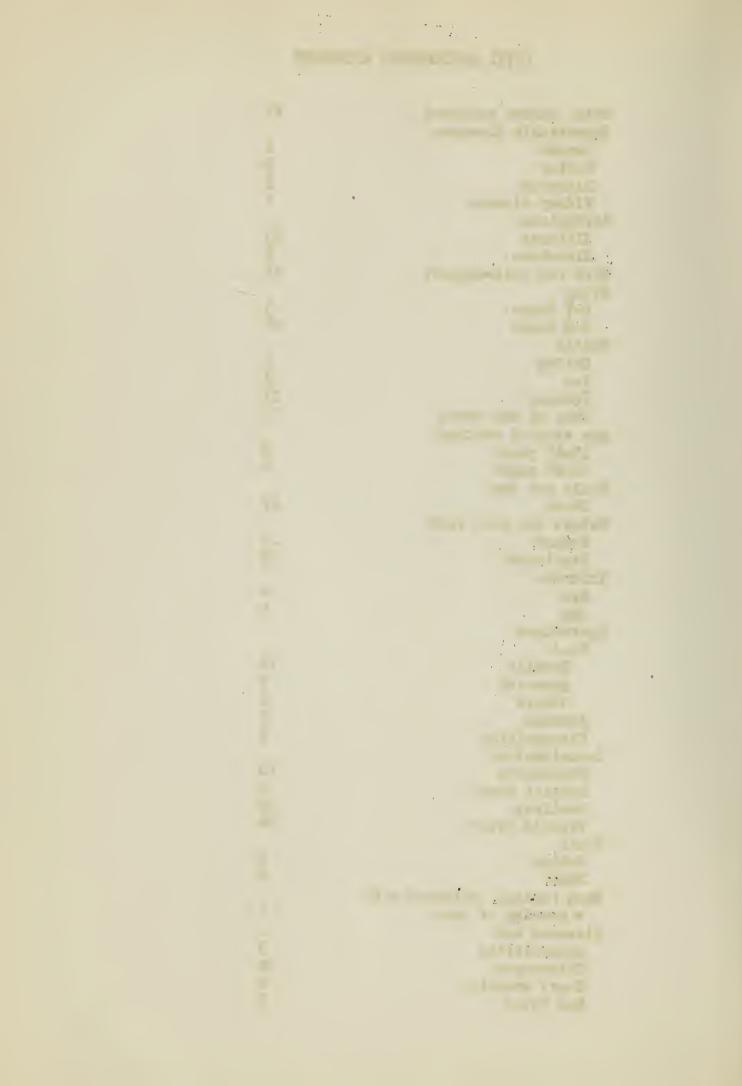
TWENTY-FIFTH ANNUAL REPORT

APPENDIX F

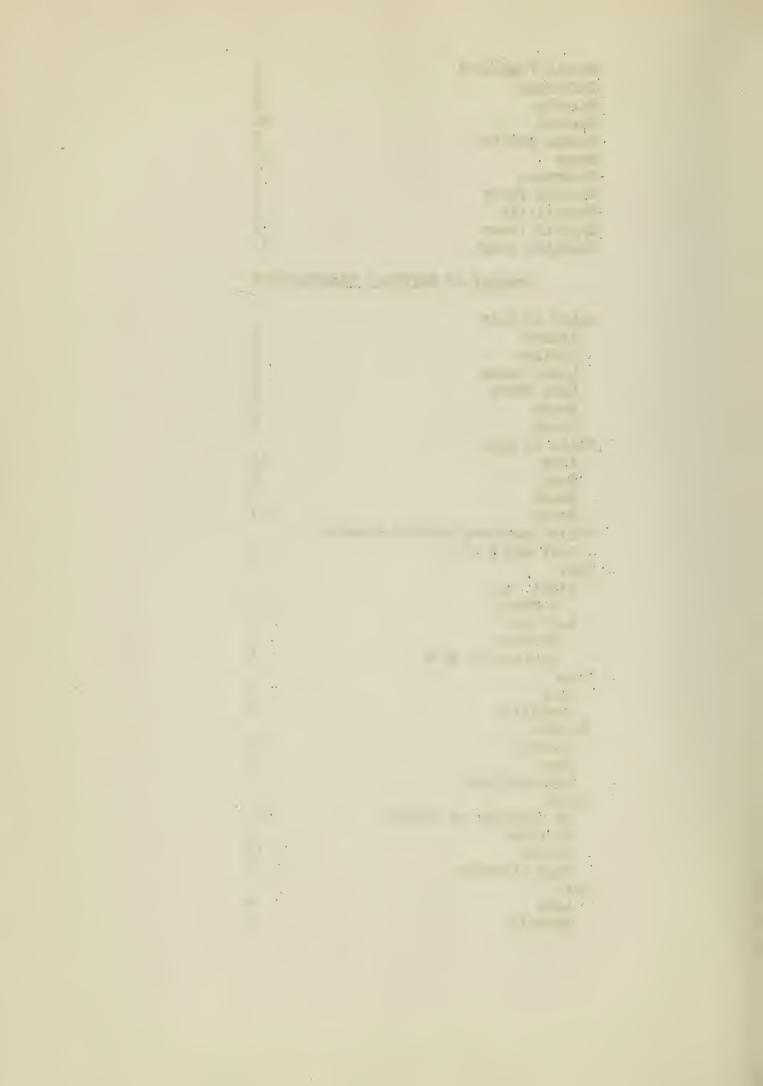


## CIVIL AERONAUTICS AUTHORITY

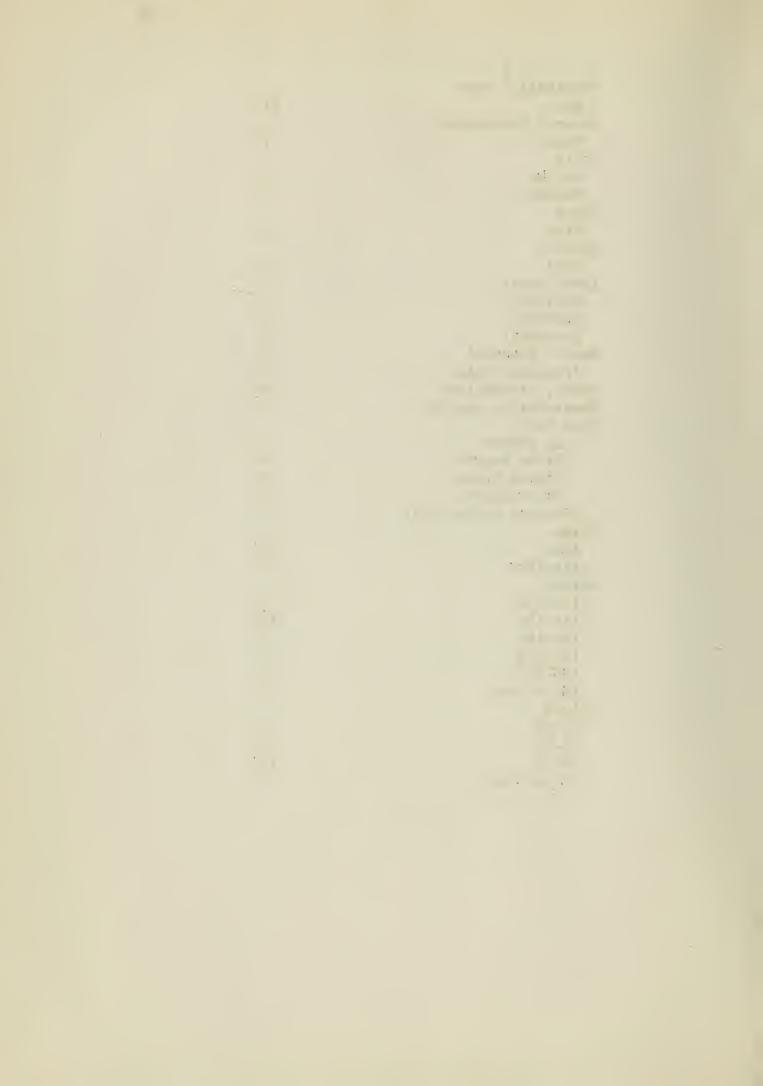
Total number examined	27
Inheritable diseases	
Cancer	1 2 2 1
Goiter	2
Diabetes	2
Kidney disease	1
Birthplace	07
Illinois	23 4
Elsewhere	
Work for self-support	14
Sleep	~
6–7 hours	3
8-9 hours	24
Habits	•
Coffee	9 3 13 12
Tea	3
Tobacco	13
None of the three	15
Age started smoking	
15-19 years	9
20-24 years	4
Meals per day	.=
Three	27
Weight the past year	3.0
Gained	12
Stationary	15
Injuries	- 1,
Arm	- 4
leg	1
Operations	
Head	26
Tonsils	16
Adenoids	7
Others	
Abdomen	1 5 3
Circumcision	3
Immunizations	1.0
Diphtheria	10 4
Scarlet fever	·
Smallpox	22 14
Typhoid fever Tests	14
	0
Schick	9
Dick	8
When reading, bothered with	٦.
v atering of eyes	1
Diseases had	7
Appendicitis	)
Chickenpox Heart trouble	21
	2 2
Hay fever	2



Hernia (rupture)	2
Influenza	2 2 22
Malaria	2
Measles	22
German measles	7
Mumps	13
Pneumonia	2
Scarlet fever	7 13 2 1 9
Tonsillitis	9
Typhoid fever	í
Whooping cough	12
witoobing coodii	
SUMMARY OF PHYSICAL EXAMINAT:	IONS
Color of hair	
Flaxen	2
Roddish	1
	5
Light brown	2 1 6 7 9 2
Dark brown	1
Brown	9
Black	2
Color of eyes	
Blue	10
Gray	7
Hazel	2
Brown	11
Vision abnormal without glasses	
Left eye (0.S.)	3
Ears	
Right ear	
Corumen	14
Left ear	
Cerumen	4
Perforated drum	1
Nose	
Spur	3
Deviation	3
Tonsils	
Removed	17
Tags	17 3 2
Pathological	2
Teeth	_
No cavities or absent	12
Cavities	1
Absent	ነ5
Need cleaning	1 15 4
Skin	7
	4
Acne	6
Mycosis	0



Veceinstian geom	
Vaccination scar	27
General Development	-1
Good	27
Build	
Medium	20
Slender	7
Chest	
Flat	2
Posture	
Good	27
Lymph nodes	
Axillary	3
Cervical	Ţ
Inguinal	3 1 5 1
Heart, abnormal	J.
Irregular pulse	14
Penis, circumcised Hemorrhoids, present	14
Flat feet	2.
Long Arches	
First degree	14
Second degree	
Third degree	2
Anterior arches flat	4
Urine	
Acid	21
Alkaline	6
Weight	
116-130	4
131-145	10
146-160	10 5 6
161-175	5
176-190	1
191 & over	1
Height	_
63-65 66-68	1
69-71	7
	7 15 4
72 and over	4



TWENTY-FIFTH ANNUAL REPORT

APPENDIX G



## CASES ENCOUNTERED DURING THE YEAR

Abdominal pain	• •	42
Abscess		
Alveolar (gumboil)	3	
Unclassified	_19_	22
Acne		232
Adenitis		
Cervical	20	
Inguinal	6	
Unclassified	_54_	80
Adhesions	• •	3
Albuminuria		
Accidental	36	
Unclassified		39
Allergy	• •	39 35 3 30 2
Amenorrhea	• •	_3
Angina, Vincent's	30	30
Ankylosis	• •	2
Appendicitis		
Acute	11	
Chronic	29	\.
Unclassified	_34	74
Arthritis	• •	र्मूर्म
Asthma	• •	22
Atrophy	• •	). H
Autointoxication	• •	Ţŧ
Anorexia	• •	2
Balanitis	• •	2
Bites		
Animal	20	
Insect stings	38	6-
Unclassified	_3_	61
Blepharitis	• •	25
Bromidrosis	• •	7
Bronchitis	- \.	
Acute	14	
Chronic	1	
Unclassified	165	180
Bunion	• •	6
Bursitis	• •	51
Callosity	• •	26
Canbunal	• •	69
Carbuncle	• •	2

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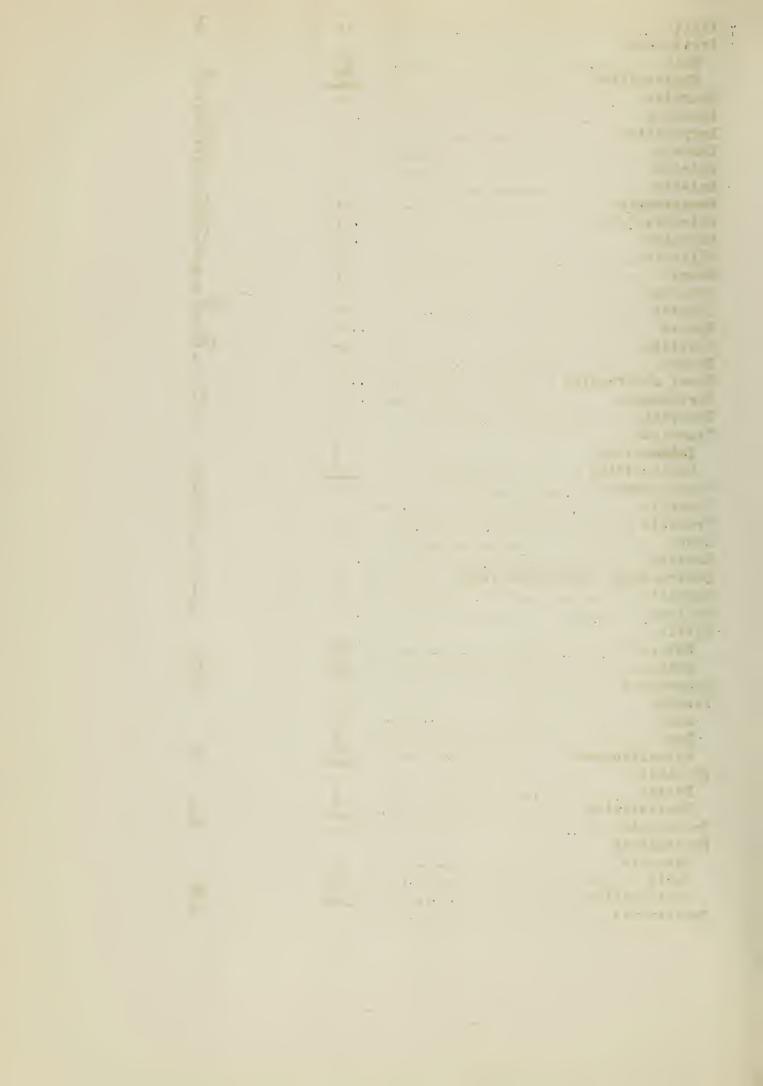
2		
Caries		
Dental	• •	10
Catarrh	• •	3
Cellulitis.	• •	37
Ceruminosis	• •	544
Chalazion.	• •	3
Chapped lips	• •	3 3 3
Charley horse	• •	3
Chickenpox	• •	
Chiggers	• •	4
Clavus	• •	35
Colitis		24
Color blindness	• •	3
Conjunctivitis		
Acute	20	
Chronic	1	
Unclassified	131	152
Constipation	<u> </u>	_
Coryza	• •	53 724
Cough	• •	
Cremp	• •	32 4
Cyst	• •	4
Sebeceous	40	
Unclassified		<i>a</i> =
	1+3	83
Cystitis	• •	3
	• •	4
Deafness	• •	13
Papillaris	2	
Venenata	21	
	239	262
Deviation, nasal septum	• •	41
Diabetes	• •	2
Diarrhea	• •	22
Dry skin	• •	3
Dysmenorrhea	• •	67
Dysuria	• •	1
Ecchymosis	• •	5
Eczema		15
Edema		15
Enteritis		38
Epidermophytosis		6
Enilepsy		ì
Epistaxis		22
	• •	2.2



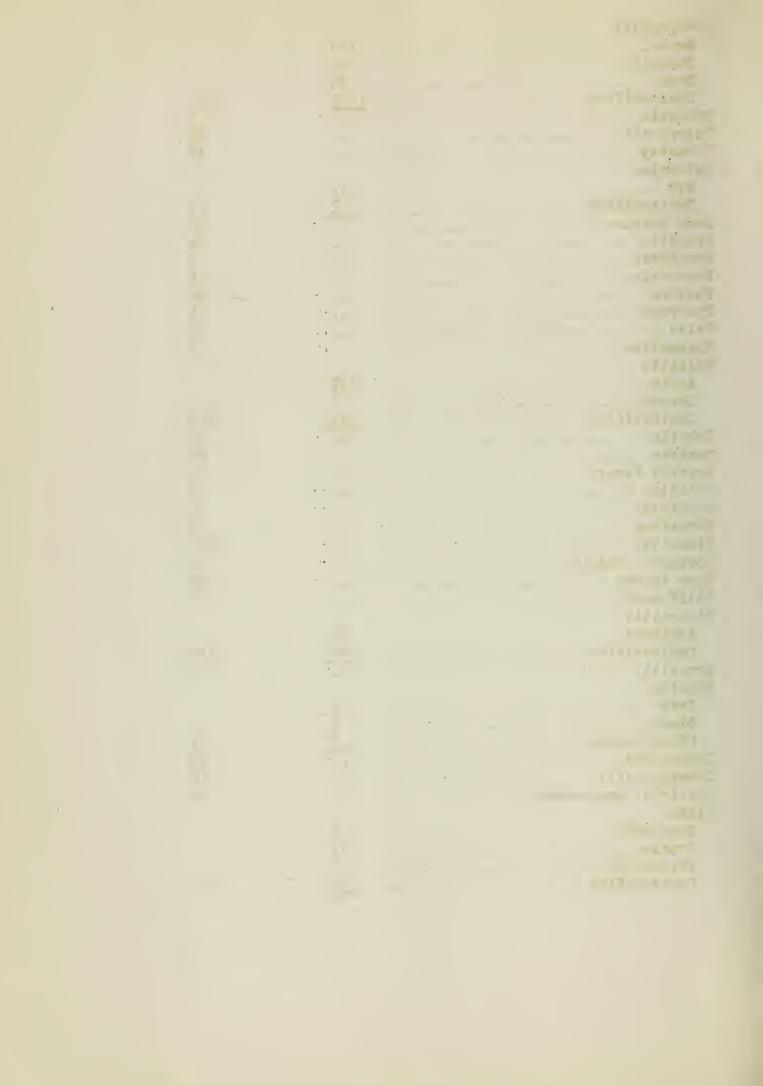
Erythema		5 4
Exostosis		•
Fainting (syncope)		8
Fatigue		68
Fissure	5. 3	
Anus	5	
Unclassified		13
Flat foot (pes planus)		51
Folliculitis		5
Frostbite		1
Furunculosis		365
Ganglion		9
Gastritis		62
Gastroenteritis		21
Gingivitis.		53
Glossitis		2
Granulated eye		1
Halitosis		1
		5 <sub>5</sub>
Hay fever Headache (cephalalgia)		70
Heart trouble	• •	2
Heat rash	• •	- 5
Heat stroke	• •	1
Hematoma	• •	5
Hematuria	• •	1
	• •	1
Hemoptysis	• •	8
Hemorrhage	• •	58
Hemorrhoids. Hernia	• •	96
	٦	
Femoral .	1	
Inguinal	11 24	36
Unclassified		50
Herpes Liabilis	7 7	
	17	
Simplex		
Zoster		75
Unclassified		
Hordeolum		89
Hydrocele	• •	2
H-perhidrosis	• •	7
Hypertension	• •	1
Hypothyroidism	• •	10
Ichthyosis	• •	2
Impetigo	~	
Contagiosa	8	
Unclassified		. 73
Indigestion		53 14
Inflammation		
Influenza	• •	. 9
Ingrown nail		41
Insomnia	٠.	25



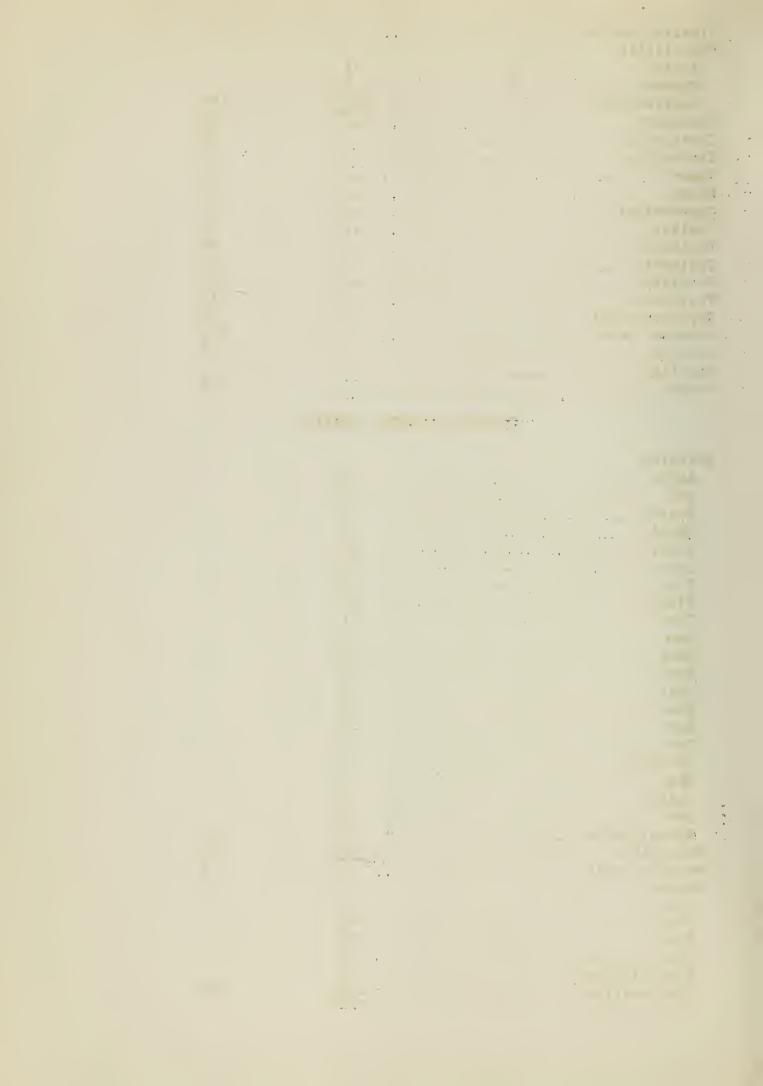
Iritis		1
Irritation	••	_
Skin	16	
Unclassified		77.7
Jaundice.		1
Lagrippe		69
Laryngitis		66
Lumbago		21
Malaise		20
Malaria		3
Menorrhagia		15
Metatarsalgia		23
Migraine		13
Miliaria		ī
Mumps		8
Myalgia		8
Mycosis		939
Myopia		6
Myositis		141
Nausea		3
Masal obstruction		ĺ
Nervousness		13
Nephritis		3
Neuralgia		
Intercostal	1	
Unclassified	g	9
Neurasthenia		7
Neuritis		33
Meurosis		17
Nevus		4
Obesity		3
Obstruction, eustachian tubes		3 6
Orchitis		1
Otalgia.		9
Otitis	• •	
Externa	10	
Media		73
Overweight		26
Painful	• •	
Arch	18	
Knee	4	
Miscellaneous	73	95
Peralysis		
Facial	1	
Unclassified		2.
Paronychia		28
Pediculogic	• •	
Corporis	1	
Pubis	22	
Unclassified		26
Periostitis		6



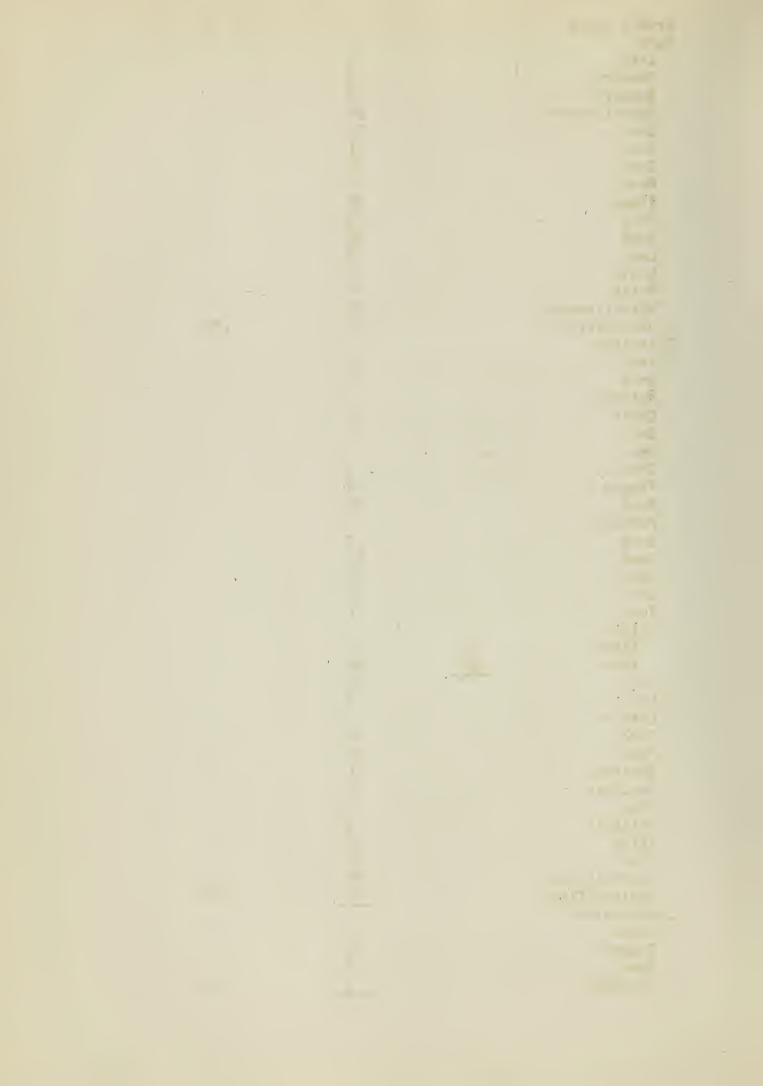
Pharyngitis	2 0 7	
	187	
Chronic	12	
Maso	74	
Unclassified	1657	1930
Phimosis	• •	7
Pityriasis	• •	21
Pleurisy.	• •	32
Poisoning		
Ivy.	11	
Unclassified	2	13
Poor posture	• •	2
Pruritis		14
Psoriasis		8
Psychosis		1
Pustule		60
Pyorrhea		1
Rales		6
Rheumatism	• •	6
Rhinitis		
Acute	137	
Chronic	6	-
	371	514
Rubella		31
Scabies		23
Scarlet fever		í
Sciatica		2
Scoliosis		1
Seborrhea		2
Sinusitis		185
Soreness, muscle	••	2
Sore throat	• •	. 50
Stiff neck	• •	2
Stometitis	• •	<b>.</b>
Anhthous	95	
Unclassified	40	175
	+0	135
Synovitis	• •	<i>c.</i>
Face	2	
	2	
Gland	2	2.2
Miscellaneous		11
Tachycardia	• •	13
Tenosynovitis.	• •	18
Testicle, undescended	• •	74
Tinea		
Circinata	1	
Cruris	97	
Versicolar	5	
Unclassified	35	135



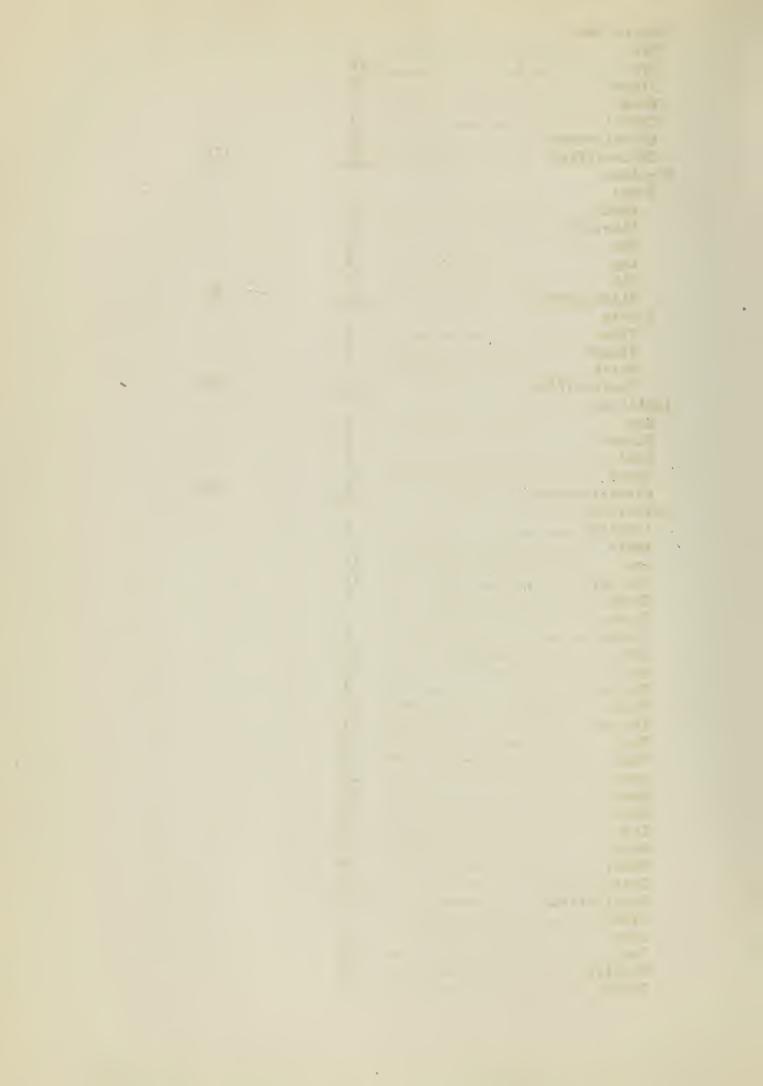
Tinnitus aurium		2
Tonsillitis	• •	
Acute	31	
Chronic	4	
Unclassified	121	156
Toothache		52
Torticollis	• •	<b>1</b> 6
Tracheitis	• •	5
Tumor	• •	5 4
Ulcer		29
Underweight	• •	87
Ureitis	• •	25
Urethritis	• •	10
Urticaria	• •	33
Vaccinia	• •	106
Varicocele	• •	13
Varicose veins	• •	39
Verruca (wart)	• •	257
Vertigo	• •	6
Vomiting	• •	
Wound	• •	73
מראר מוד מוד ודי מוד ודי מוד	ODD 4 7270	
INJURIES, WOUNDS,	, SPRAIMS	
Abrasion		
Ankle	5	
Arm		
Buttock		
Chest	1	
Elbov	10	
Eyelid	13	
Face	8	
Finger	47	
Foot	ii	
Gum	1	
Hard	19	
Head	ıí	
Heel	6	
Knee	56	
Leg	33	
Nose		
Shoulder	2	
Skin	1	
Thigh	9	
oe	5	
Kiscellaneous	14	
Unclassified	717	31 <i>g</i>
Avulsion, nail		2
Blister		
Hand	.,9	
Heel.	45	
Foot		
Toe	24	
Miscellaneous	6	
Unclassified	20	1.35



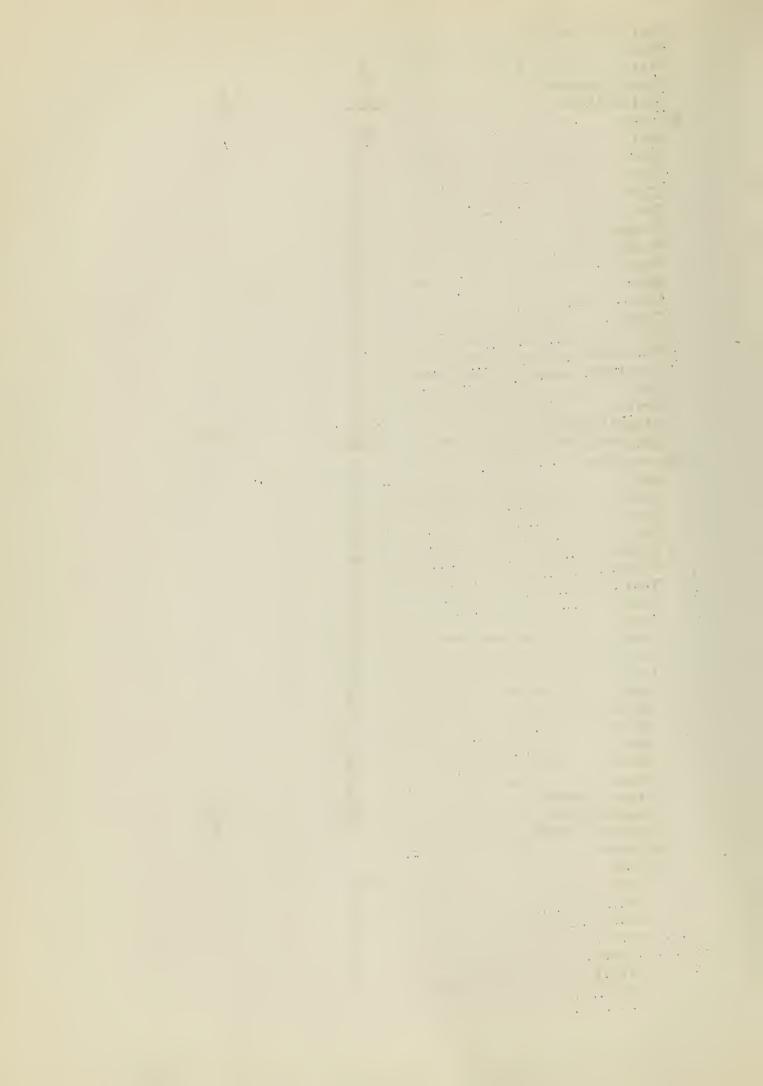
Broken tooth		2
Broken tooth	• •	1
Acid	4	
Chemical		
Sunburn	g	
Miscellaneous	10	
Arm	. 25	
Back		
Eye	6	
Face	. 5	
Finger	_	
Foot	4	
Hand	30	
Leg	7	
Mouth	1	
Wrist	2	
Miscellaneous	12	
Unclassified	15	173.
Arm	6	
Back	<i>j</i> †	
Buttocks	2	
Chest	15	,
Ear	4	
Eye	9	
Face	<i>5</i>	
Finger	53	
Foot	27	
Forehead	,	
Head	7	
Hand	17	
Heel	10	
Hip.	7	
Jaw	1	
Joint		
Elbow 11	110	
Knee38	49 22	
LegLio	2	
Muscle	4	
Meck	4	
Mose	16	
Scrotum	1	
Shoulder		
Side	5	
Testicle	9 5 3 7	
Thigh	7	
Toe	37	
Miscellaneous	23	
Unclassified	11	358
Dislocation		
Elbow	1	
Finger	5 3	
Knee	5	10
Shoulder		12



Foreign body		
Ear	1	
<b></b> ,y ·	19	
Finger	26	
Hand	6	
Throat	1	
	12	
Unclassified	12	177
Fracture		
Bones		
Ankle	3	
Clavicle	ĺ	
Jaw	1	
Leg	3	
Rib	3 4	
Miscellaneous	2.	32.
Joints		
Elbow	5	
Finger	g	
Wrist	2	
Unclassified	7	18
Incisions		
Arm	1.	
Finger	5	
Hand	i	
Wound	10	
	1	20
Miscellaneous	1	
Infections	6	
Abrasion Ankle	2	
Arm	16	
Blister	15	
	1	
Cheek		
Clavus	3 1	
Comedo	18	
Cyst	16	
Ear	1 ( )	
77 7 1 7		
Eyelid	1	
Face	1 10	
FaceFinger	1 10 71	
FaceFinger	1 10 71 37	
FaceFinger	1 10 71 37 9	
Face. Finger. Foot. Gum. Hand	1 10 71 37 9 17	
Face. Finger. Foot. Gum. Hand.	1 10 71 37 9 17	
Face. Finger. Foot. Gum Hand Heel Knee	1 10 71 37 9 17	
Face. Finger. Foot. Gum Hand Heel Knee	1 10 71 37 9 17 11	
Face. Finger. Foot. Gum. Hand. Heel. Knee. Leg. Mouth.	1 10 71 37 9 17 11 3 11	
Face. Finger. Foot. Gum. Hand. Heel. Knee. Leg. Mouth. Nasal	1 10 71 37 9 17 11 3	
Face. Finger. Foot. Gum. Hand. Heel Knee. Leg. Mouth Nasal Neck.	1 10 71 37 9 17 11 3 11 58 1	
Face. Finger. Foot. Gum. Hand. Heel. Knee. Leg. Mouth. Nasal Neck. Respiratory.	1 10 71 37 9 17 11 3 11 58 1 64	
Face. Finger. Foot. Gum Hand Heel Knee Leg Mouth Nasal Neck Respiratory Sinus	1 10 71 37 9 17 11 3 11 5 8 1 64 4	
Face. Finger. Foot. Gum Hand Heel Knee Leg Mouth Nasal Neck Respiratory Sinus Skin	1 10 71 37 9 17 11 31 58 1 64 4	
Face. Finger. Foot. Gum. Hand. Heel. Knee. Leg. Mouth. Nasal. Neck. Respiratory. Sinus. Skin. Toe.	1 10 71 37 9 17 11 31 58 1 64 4 1	
Face. Finger. Foot. Gum Hand Heel Knee Leg Mouth Nasal Neck Respiratory Sinus Skin	1 10 71 37 9 17 11 31 58 1 64 4	



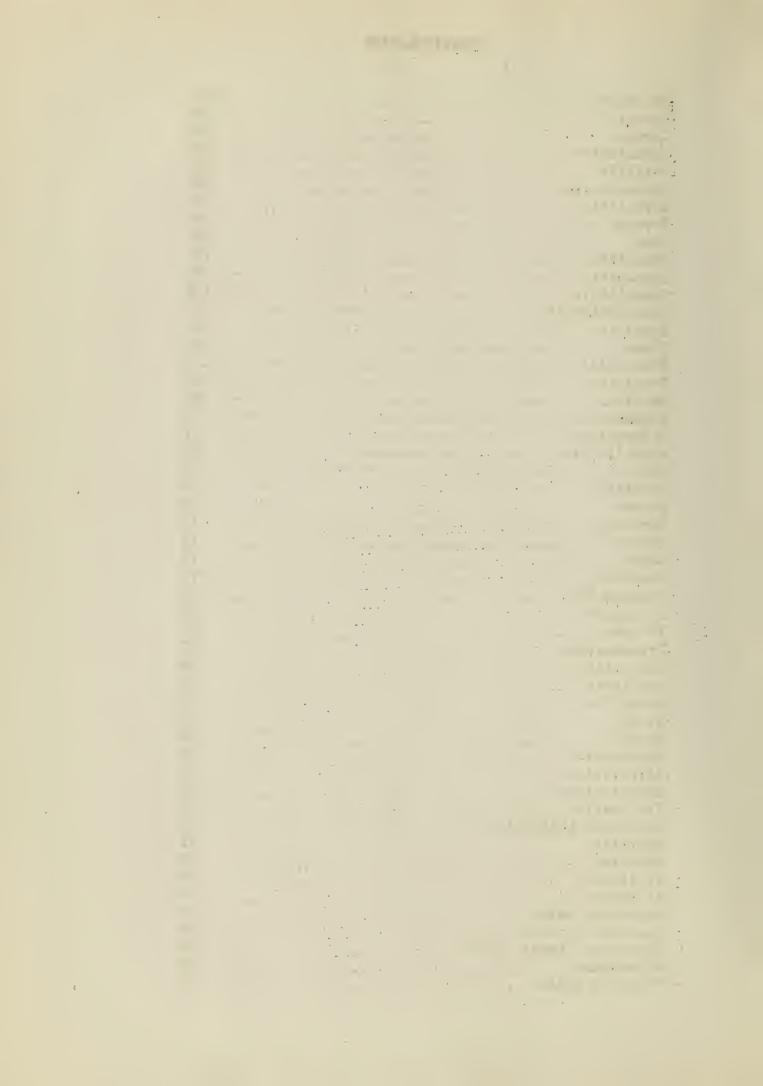
T C ( )		
Infections (cont'd)	`_	
Wound	3	
Wrist	, 2	
Miscellaneous	41	,
Unclassified	19	¥ <b>7</b> 7
Injured		
Ankle	13	
Arm	2	
Chest	1	
Elbow	6	
Ξįve	5	
Finger	5 13	
Foot	7	
Hand	3	
Knee	2í	
Leg.	5	
Nose	í	
Rib	4	
Shoulder.		
Testicle\	3 1	
Toe		
	5,6	
Wrist		,
Miscellaneous	29	31:0
Unclassified	17	142
Lacerations	١.	
Arm	4	
Chin	jt	
Ear	2	
Eye	10	
Face	6	
Finger	95	
Foot	3	
Hand	32	
Head	4	
Knee	6	
Leg.	6	
Lips	3 2	
Nose	2	
Scalp	8	
Thigh	2	
Toe	2	
Wrist	2	
Wound	16	
Miscellaneous	7	
Unclassified	16	230
Puncture, wound.		15
Runture		า์
Sprain		1
Ankle	231	
Arm	4	
Back	24	
Chest	1	
Elbow		
Finger	5 55 47	
Foot	117	
2006	4/	



Sprain (cont'd)	,	
Hand	4	
Hip	4	
Knee	29	
Leε	3 2	
Neck		
Sacroiliac	11	
Shoulder	17	
Tendon	1	
Thumb.	26	
Toe	9	
Wrist	60	
Miscellaneous	14	
Unclassified	12	560
Strain		
Abdomen.	1	
Ankle	. 15	
Arm	. ś	
Back	15	
Eye	103	
Foot		
Knee	15	
Leg		
Muscle		
Neck		
Sacroiliac.		
Shoulder	_	
Thigh.		
Thumb		
Wrist		
Miscellaneous		
Unclassified	11	284
OTOTO PETITION	,	1.07

# RECAPITULATION

	1070
*** ***	1930
Mycosis	939
Coryza	544
Ceruminosis	514
Rhinitis	-
Furunculosis	365
Dermatitis	262
Verruca	257
Acne	232
Sinusitis	185
Bronchitis	
Tonsillitis	156
Conjunctivitis	152
Myositis	141
Tinea	135
Stome titis	
Vaccinia	106
Painful	95
Hordeolum	89
Underweight	37
Appendicitis	84
Cyst	83
Adenitis	
Herpes	75
Impetigo	73
Otitis	73
Wo und	73
Headache	70
Cancrum oris	69
La grippe.	69
Fatigue	68
Dysmenorrhea	67
Laryngitis	66
Hay Tever	65
Gestritis	65
Bites	61
Pustule	60
Hemorrhoids	58
Gingivitis	53
Constipation	53
Indigestion	53
Toothache (Odontolgia)	52
Bursitis	51
Flatfoot	51
Irritation	111
Arthritis	;+;+
Abdominal pain	42
Ingrown toe nail	41
Deviation, masal sentum	41
Albuminuria	39
Varicose veins	39



J. Lanikia	70
Enteritis	38
Cellulitis	37
Hernia	36
Allergy	35
Clavus	35
Neuritis	33
Urticaria	33
Cough	32
Pleurisy	32
Rubella	31
Angina	30
Ulcer	29
Paronychia	28
Overweight.	25
Pediculosis	26
Callosity	25
Blenharitis	25
Insomnia	25
Ureitis	25
Colitis	24
Metatarsalgia	
Scabies	23
Abscess	23
	22
Asthma	
Diarrhea	22
Spistaxis	22
Gastroenteritis	21
Lumbago	21
Pityriasis	2].
Malaise	20
Sore throat	20
Tenosynovitis	15
Teurosis	17
Forticollis.	16
Eczema	15
Edema	15
Menorrhagia	15
Inflammation	14
Pruritus	14
Deafness	13
Fissure	13
Rigraine	13
Jervousness	13
Poisoning	13
Pachycardia	13
Varicocele	13
Swollen	11
Caries	10
Hypothyroidism	10
Trothritia	10

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#### NINE CASES:

Ganglion, influenza, neuralgia, otalgia.

## EIGHT CASES:

Fainting, hemorrhage, mumps, myalgia, psoriasis.

### SEVEN CASES:

Bromidrosis, hyperhidrosis, neurasthenia, phimosis.

### SIX CASES:

Epidermophytosis, rheumatism, vertigo, bunion, epidermitis, hematoma, myopia, obstruction, eustachian tubes, rales.

## FIVE CASES:

Ecchymosis, erythema, folliculitis, tracheitis.

## FOUR CASES:

Atrophy, autointoxication, chickenpox, chiggers, cramp, dandruff, exostosis, nevus, tumor, undescended testicle.

#### THREE CASES:

Adhesions, amenorrhea, catarrh, chalazion, chapped lips, charley horse, color blindness, dry skin, malaria, nausea, nephritis, obesity, vomiting.

## TWO CASES:

Ankylosis, anorexia, carbuncle, glossitis, heat rash, heart trouble, hydrocele, ichthyosis, paralysis, poor posture, sciatica, seborrhea, soreness, muscle, stiffneck, synovitis, tinnitus aurium.

## ONE CASE:

Balanitis, dysuria, epilepsy, frost-bite, granulated eye, halitosis, heat stroke, hematuria, hemoptysis, hypertension, iritis, jaundice, miliaria, nasal obstruction, orchitis, psychosis, pyorrhea, scarlet fever, scoliosis.

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TWENTY-FIFTH ANNUAL REPORT

APPENDIX H



# GENERAL SCIENCE

No. of	teachers	who taught General Science only	448
General	Science,	Accounting-Salesmanship	1
General	Science,	Agriculture	19
General	Science,	Agriculture, Chemistry	1
		Agriculture, Physics, English	1
	Science,		2
		Astronomy	1
		Athletics	9
	,	Auto-mechanics	1
	Science,		2
	Science,		100
	•	Biology, Agriculture	4
		Biology, Agriculture, Wathematics	1
		Biology, Agriculture, Physical Education	1
		Biology, Art	1
	•	Biology, Athletics	_
		Biology, Band	
		Biology, Band, Physics, Mathematics	
		Biology, Botany	
		Biology, Chemistry	18
		Biology, Chemistry, Home Economics	. 1
			16
		Biology, Chemistry, Physics Biology, Chemistry, Physics, Band	
	·	Biology, Civics Biology, History	. /
		77.	5
		Biology, History, Athletics	
		Biology, History, Civics	<u>1</u>
		Biology, History, Civics, Industrial Geography	
		Biology, Hygiene	
General	Science,	Biology, Hygiene, Mathematics	. 1
		Biology, Hygiene, Physical Education	
		biology, Mathematics, Athletics	
		Biology, mathematics, Physics	2
General	Science,	Biology, Physical Education	. 6
General	Science,	Biology, Physics	19
General	Science,	Biology, Physics, Agriculture, Physiology  Biology Physiography	1
-01101 001	-0101100,	-1010by, 1117 01031 0111	
General	Science,	Biology, Zoology	6
General	Science,	Botany Agriculture Zoology	3
General	Science,	Dovely, Agriculture, 20010gy	
		Business	2
General	Science,	Business Training, Physical Education	. 1
		Chemistry	. 59
General	Science,	onemistry, Athletics	1
General	Science,	Chemistry, English	3
General	Science,	Chemistry, History	2
General	Science,	Chemistry, Home Economics	2
General	Science,	Chemistry, Mathematics	7
General	Science,	Chemistry, Mathematics, Biology	1
General	Science,	Chemistry, Mathematics, Biology, Physics	_1
General	Science,	Chemistry, Music	. 1
General	Science,	Chemistry, Other Courses	1
General	Science.	Chemistry, Other Sciences	]

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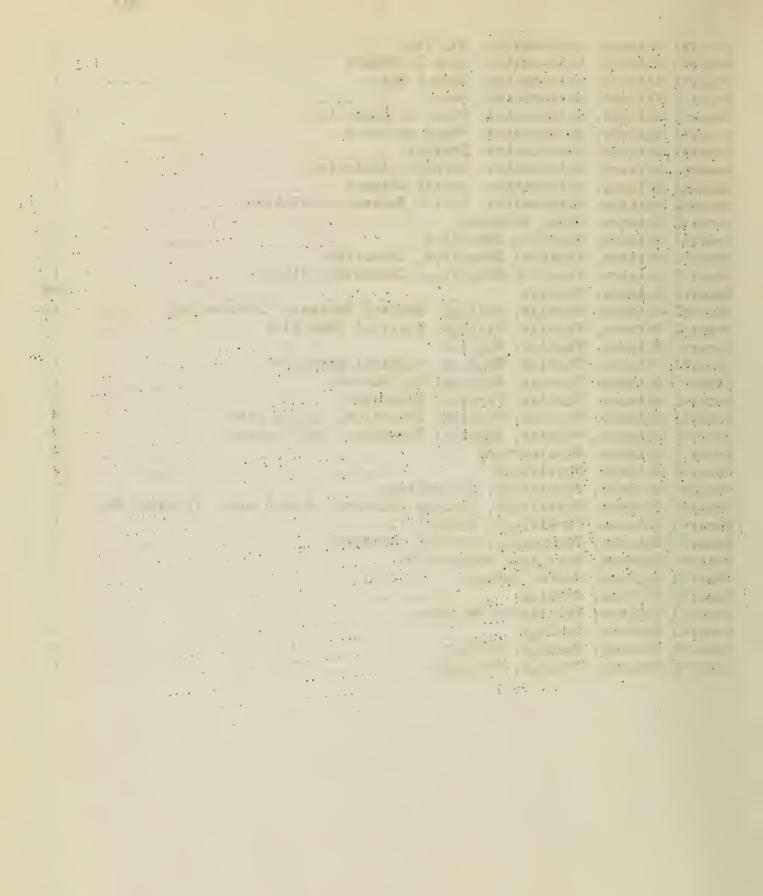
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General	Science,	Chemistry, Physical Education, Mathematics	. 1
General	science,		63
General	Science,		2
General	Science,	Chemistry, Physics, Band	1
General	ocience,		1
	Science,		8
		Chemistry, Physics, Mathematics, Physical Education	,1
General	Science,	Chemistry, Physics, Physiology	. 1
General	Science,	Chemistry, Physiology	
	Science,		
		Civics, Economics, Zoology, Biology	
		Civics, History, Economics, Athletics	·1
General	Science,	Commercial arithmetic	. 1
General	ocience,	Commercial Arithmetic, Geography	1
General	Science,	Drama, Music	约
General	Science,	Driving	7
General	Science,	Economics	- 4
General	Science,	English	. 21;
General	science,	English, History	2
General	Science,	English, History, Mathematics	. 1
General	Science,	English, Social Science	1
General	Science.	English, Typing	1
	Science,		1
	Science,		2
		Geography	1
	Science,		1
	science,		. 27
		History, All Science	
		History, Botany, Zoology, Athletics	
General	Science.	History, Civics	1
		Mistory, Civics, Mathematics	
		History, Civics, Science	
	•	History, Civics, Speech	
		History, Economics	3
		Wistory, Home Economics	1
		History, Mathematics	
		History, Physical Education	
Goneral	Science,	history, Physics	ָרי רי
		Home Economics	
General	Science,	Home Economics, English	⊥ ר
General	Science,	Home Economics Physical Education	. <u>+</u>
General	Science,	Home Economics, Physical Education Home Economics, Physical Education, Mathematics	1
General	Science,	Hygiene	
General	ecience,	Hygienc, Physical Education	ر 1
General	Science,	Hygiene, Mathematics, Physiology	ו
General	Science,	Hygiene, Mathematics, Typing	٦ ـ
Genoral	Science,	Latin	ו
General	acience,	Latin, History, English, Mathematics	1
Gonoral	Science,	Latin, History, Mathematics	1
		Latin, Physical Education	
		Manual Arts	
	,	Manual Arts, English	J TT
General	Science,	Wanual Arts, Physics	
Goneral	Science,	Honual Training, Coaching	1
General	Science,	Mothematics	I
General	Science,	Mathematics Hathematics, Commercial Law	10
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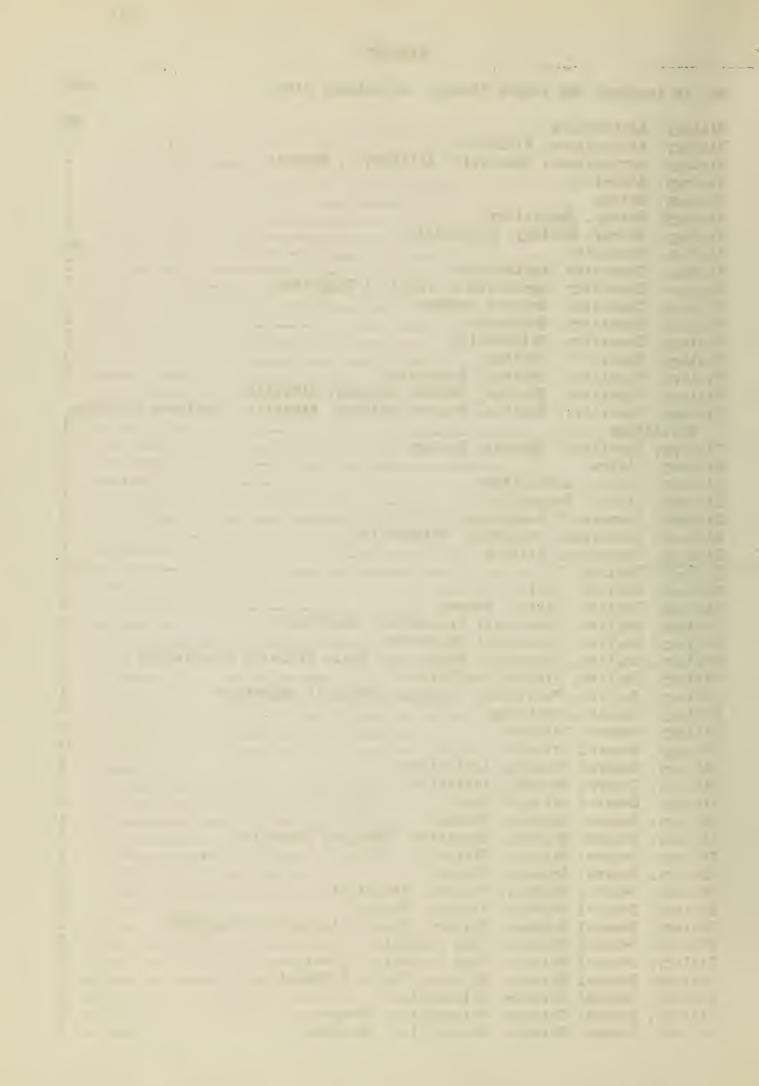


Science,	Mathematics, English	. 2
Science,	Mathematics, Home Economics	. 5
Science,	Mathematics, Manual Arts	. 1
Science,	Mathematics, Music	. 1
Science,	Mathematics, Physical Education	. 2
Science,	Mathematics, Other Sciences	1,
Science,	Wathematics, Physics	15
Science,	Mathematics, Science, Athletics	. 1
Science,	,	1
Science,	Mathematics, Social Science, Athletics	. 1
Science,	Other Sciences	. 9
		10
Science,		2
Science,	Physical Education, Chemistry, Biology	. 1
Science,		70:00
Science,	Physics, Biology, General Business, Bookkeeping	. 1
Science,	Physics, Biology, Physical Education	1
Science,	Physics, English	11
ocience,	Physics, Hygiene, Physical Education	. 1
•		1
Science,	•	5
Science,		,2
Science,	Physics, Physical Education, Mathematics	2
Science,	Physiography	2
Science,	Physiology	17
Science,	34 / 0	1
Science,	Physiology, Biology, Physics, Monual arts, Physical Ed.	2
Science,	0 0 ,	. 1
Science,	Physiology, Zoology, Physics	. 1
Science,		1
Science,	Social Science	1
	Spanish	1
		4
	Zoology, Botany	_
Science,	Zoology, Geology	1
	Science,	Science, Mathematics, Home Economics Science, Mathematics, Manual Arts Science, Mathematics, Music Science, Mathematics, Physical Education Science, Mathematics, Other Sciences Science, Mathematics, Science, Athletics Science, Mathematics, Social Science Science, Mathematics, Social Science Science, Mathematics, Social Science Science, Mathematics, Social Science Science, Mathematics, Social Science, Athletics Science, Other Sciences Science, Physical Education Science, Physical Education, Chemistry Science, Physical Education, Chemistry Science, Physical Education, Chemistry, Biology Science, Physics, Biology, General Business, Bookkeeping Science, Physics, Biology, Physical Education Science, Physics, Biology, Physical Education Science, Physics, Hygienc, Physical Education Science, Physics, Mathematics, German Science, Physics, Physical Education, Manual Arts Science, Physics, Physical Education, Mathematics Science, Physics, Physical Education, Mathematics Science, Physiology, Agriculture Science, Physiology, Agriculture Science, Physiology, Botony Science, Physiology, Science Science, Spanish Science, Zoology, Botany

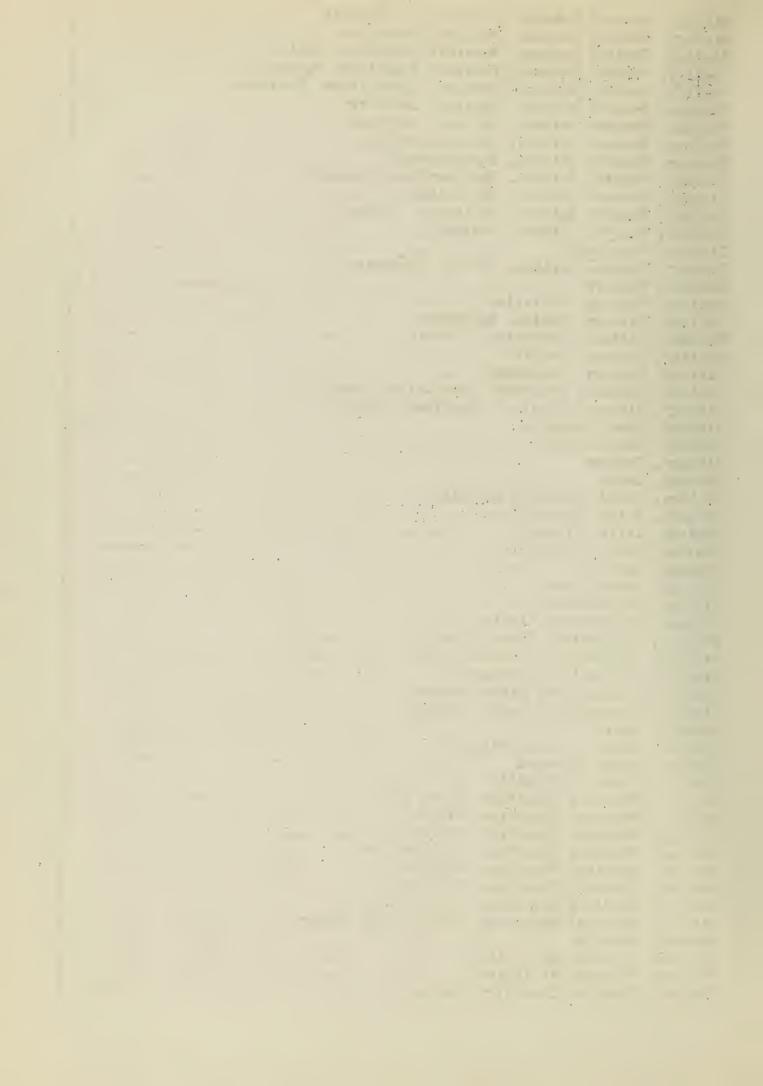


# BIOLOGY

No. of teachers who taught Biology and nothing else	486
Biology, Agriculture	.52
Biology, Agriculture, Athletics	2
Biology, Agriculture, Commercial Arithmetic, Physics	1
Biology, Athletics	7
Biology, Botany	9
Biology, Botany, Physiology	2
Biology, Botany, Physiology Biology, Botany, Zoology, Mathematics	1
	25
Biology, Chemistry, Agriculture	-7
	1
Biology, Chemistry, Agriculture, Physical Education	± 7
Biology, Chemistry, General Science	(
Biology, Chemistry, Geography	Ţ
Biology, Chemistry, Mathematics	2
Biology, Chemistry, Physics	23
Biology, Chemistry, Physics, Economics	4
Biology, Chemistry, Physics, General Science, Athletics	1
Biology, Chemistry, Physics, General Science, Athletics, Business Training	
Physiology	. 1
Biology, Chemistry, Physics, Zoology	1
Biology, Civics	2
Biology, Civics, Agriculture	1
Biology, Civics, Geography	1
Biology, Commercial Geography	_
Biology, Commercial Geography, Mathematics	
Biology, Economics, History	1
Biology, English	19
Biology, English, Civics	ĺ
Biology, English, Civics, German.	
Biology, English, Commercial Arithmetic, Geography	
Biology, English, Commercial Geography	
Biology, English, Commercial Geography, Girls Athletic Association	
	7
Biology, English, History, Athletics	, <u>T</u>
Piology, English, Physiology, Hygiene, Physical Education	
Biology, English, Religion	2
Biology General Business	
Biology, General Science	
Biology, General Science, Agriculture	
Biology, General Science, Athletics	
Biology, General Science, Band	
Biology, General Science, Botany.	
Biology, General Science, Chemistry, Physical Education	. 1
Biology, General Science, Civics	. 1
Biology, General Science, History	7
Biology, General Science, History, Athletics	. 1
Biology, General Science, History, Civics	
Biology, General Science, History, Civics, Industrial Geography	
Biology, General Science, Home Economics	
Biology, General Science, Home Economics, Chemistry	
Biology, General Science, Hygiene, Physical Education	
Biology, General Science, Mathematics	
Biology, General Science, Mathematics, Chamistry	
Biology, General Science, Mathematics, Coaching	



Biology,	General Science, Mathematics, Physics	3
Biology,	General Science, Physical Education	77
Biology,		1
Biology,	General Science, Physical Education, Physics	1
Biology,		1
Biology,		8
Biology,	General Science, Physics, Coaching.	7
Biology,	General Science, Physics, Hygiene	7
Biology,		0
	General Science, Physic graphy	7
Biology,	General Science, Physiography, Hygiene	1 7
Biology,		2
Biology,		7
Biology,	** ************************************	5
Biology,		5
Biolog,		1
	History	15
	History, Athletics	5
Biology,	History, Civics, Economics	1
Biology,	History, Economics, Coaching	1
	History, English	
	History, Government	1
	History, Geography, Physiology, Botany	1
	History, Physical Education, Civics	1
	Home Economics	16
	Horticulture	
	Hygiene	-
	Latin	_
	Latin, Pusiness Training	
	Latin, French	
	Letin, History	
	Latin, Speech	2
	Law	1
E1010gr,	Manual Arts.	3
1000	Mathematics	
	Mathematics, Athletics	
	Mathematics, Band, Physics	
	Mathematics, Commercial Law	
Biology,	Mathematics, History	2
Biology,	Fathematics, Other Sciences	0,
Biology,	Methematics. Social Science	. 1
Biology,	Music	. 5
Biology,	Music, Manual Training	. 1
Riology.	Other Sciences	5
	Physical Education	
	Physical Education, First Aid	
Biology.	Physical Education, History.	<u> </u>
	Physical Education, Fygiene	
	Physical Education, Mathematics	
	Physical Education, Physics	**
	Physical Education, Physiology	
	Physical Geography	
	Physical Geography, Physics, Physiology	
	Physics	
	Physics, Agriculture	
	Physics, Athletics	
Biology,	Physics, Chemistry, Biology	1

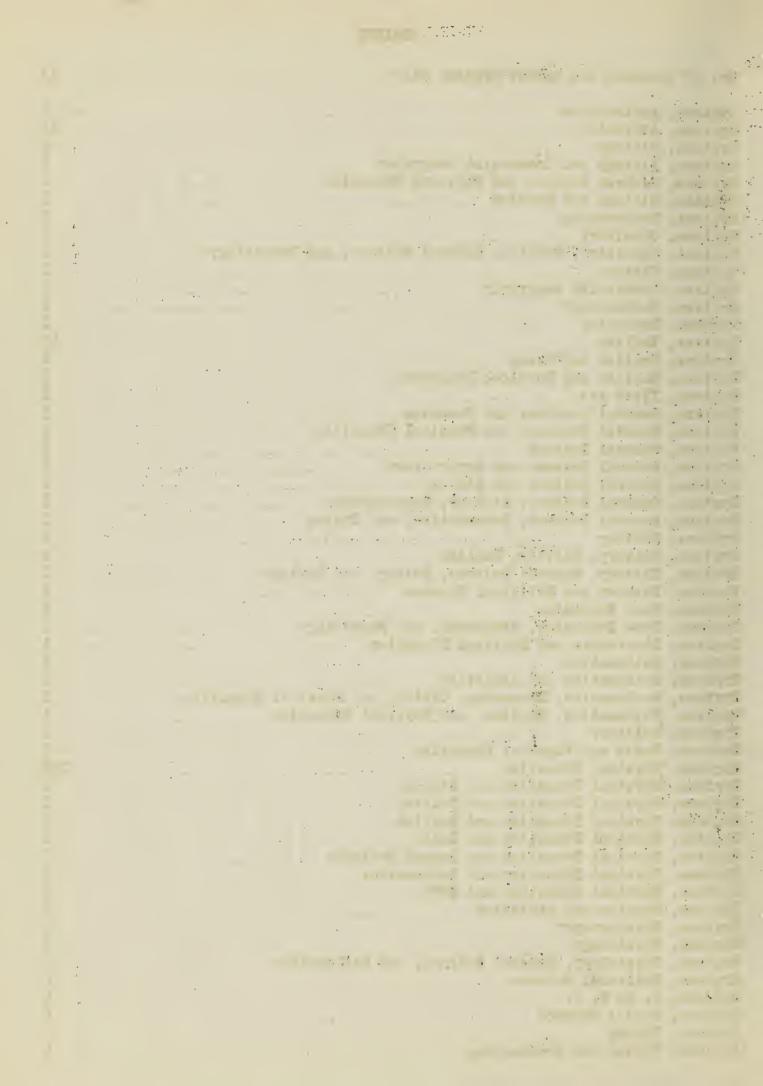


Biology,	Physics, Chemistry, General Science, Latin	2
	Physics, Chemistry, Mathematics	
	Physics, General Science.	
	Physics, General Science, Chemistry	
	Physics, Manual Arts	
	Physics, Mathematics	
	Physiography.	2
	Physiology	-
	Physiology, Civics, Physical Education	
	Physiology, Chemistry	
	Physiology, Commercial Geography	
Biology,	Physiology, English	6
	Physiology, First Aid, Physiography	]
Biology,	Physiology, Geography	
	Physiology, History	
Biology,	Physiology, Physiography	. 3
Biology,	Photography	
	Social Science	6
	Social Studies, Athletics	3
Biology,	Spanish, Physiology, Typing	
Biology,	Typing	2
Biology,	Typing, Bookkeeping	3
Biology,	Typing, Mathematics	
	Zoology	1
Biology,	Zoology, Botany	1
Biology	700logy Physiology	

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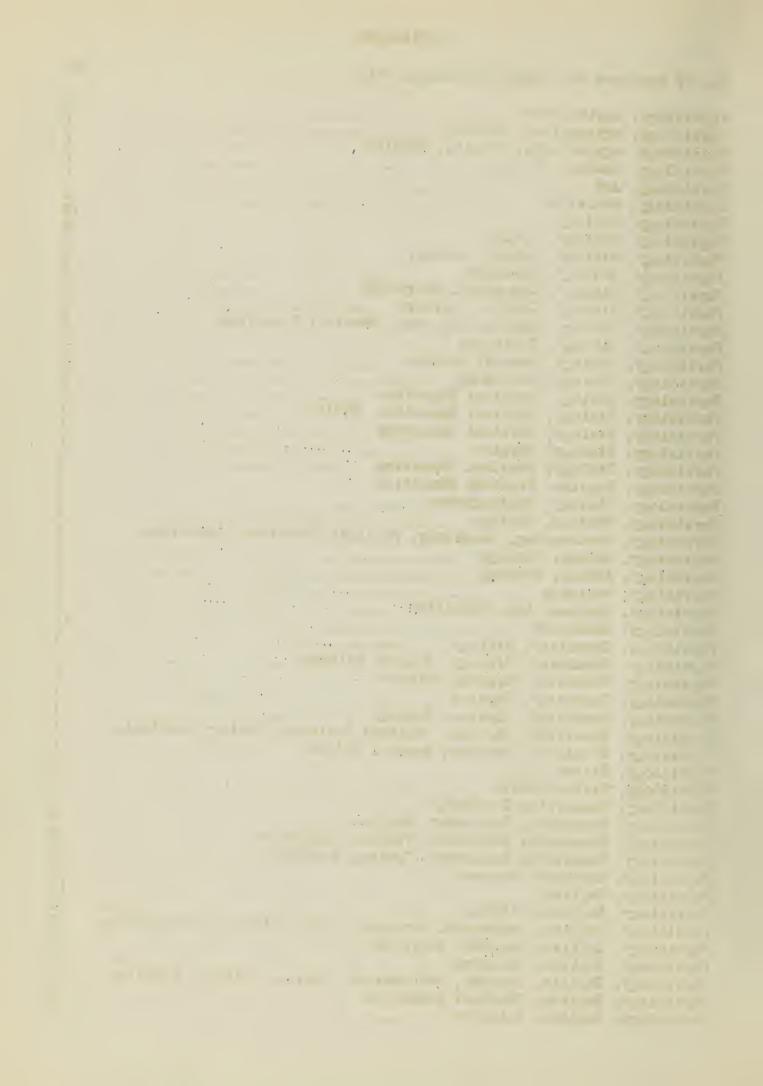
# HYGIENE

No. of t	eachers who taught Hygiene only	33
Hygiene,	Agriculture	1
Hygiene,	Athletics	12
Hygiene,	Biology	5
Hygiene,	Biology and Commercial Geography	1
Hygiene,	General Science and Physical Education	1
Hygiene,	Biology and Physics	1
Hygiene,	Bookkeeping	1
Hygiene,	Chemistry	1
Hygiene,	Chemistry, Physics, General Science, and Physiology	
Hygiene,		_
	Commercial Geography	1
	Cosmetology	1
	Economics	1
	English	10
	English and Drama	1
	English and Physical Education	
	First Aid	_
	General Business and Coaching	3
	General Business and Physical Education	
	General Science	
	General Science and Agriculture	
	General Science and Biology	
	General Science, Biology, Physiography	
	General Science, Mathematics, and Typing	
Hygiene,	· · ·	4
- C	History, Biology, English	
	History, General Science, Botany, and Zoology	
	History and Political Science	
	Home Economics	-
	Home Economics, Geography, and Physiology	
	Literature and Physical Education	
	Mathematics	5
	Mathematics and Athletics	2
Hygiene,	Mathematics, Economics, Civics, and Physical Education	1
	Mathematics, English, and Physical Education	
	Military	
Hygiene,	Music and Physical Education	ı
	Physical Education	
Hygiene,	Physical Education and Biology	2)0
	Physical Education and Driving	
	Physical Education and English	
	Physical Education and Latin	
Hygiene,	Physical Education and Manual Training	
	Physical Education and Mathematics	
	Physical Education and ROTC	
	Physics and Athletics	
	Physiology Physiology	
	Physiology, General Science, and Mathematics	
	Political Science	
	R. O. T. C.	
	Social Science	
Hygieno	Typing and Bookkeeping	ו
Prone'	Thrue and nooveehing	1

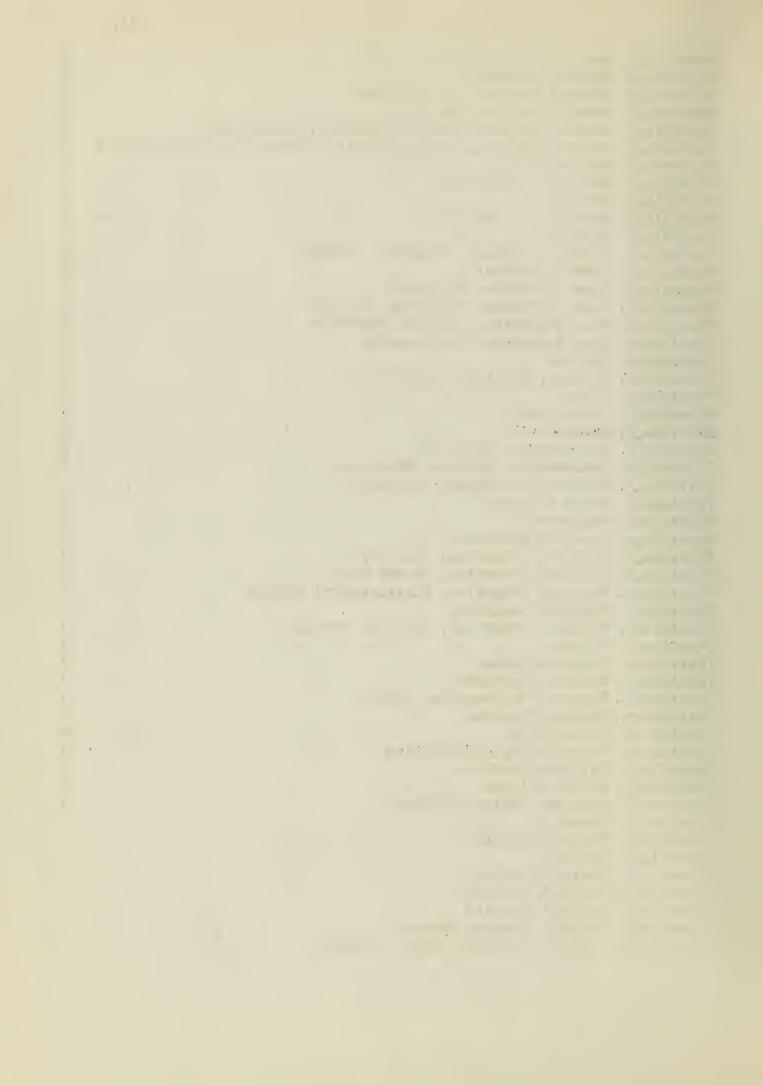


# PHYSIOLOGY

No. of teach	hers who taught Physiology only	54
Physiology,	Agriculture	. 3
Physiology,	Agriculture, History	1
Physiology,	Agriculture, Physics, English	1
Physiology,		1
Physiology,		1
Physiology,		1
Physiology,	Biology	18
Physiology,		2
Physiology,		7
Physiology,		
Physiology,		.2 .2
Physiology,	Mark - MM	
Physiology,	Biology, English, Hygiene, Physical Education	
Physiology,	** * * * * * * * * * * * * * * * * * * *	_
	Q	1
Physiology,	D2 - 1 - 1	-
Physiology,	Biology, Geography	_
Physiology,	Biology, Physical Education	
Physiology,	Biology, Physical Education, Civics	1
Physiology,	Biology, Physical Geography	T
Physiology,		1
Physiology,	Biology, Physics, Chemistry	1
Physiology,	Physics, Physical Education	_ 1
Physiology,	Jiology, Physiography	1
Physiology,	Biology, Zoology	1
Physiology,	Bookkeeping, Geography, Physical Education, Athletics	1
Physiology,	Botany, Biology	1
Physiology,	Botany, Zoology	5
Physiology,	Business	1
Physiology,	Business Law, Chemistry	1
Physiology,	Chemistry	13
Physiology,	Chemistry, Biology	3
Physiology,	Chemistry, Biology, General Science	
Physiology,	Chemistry, General Science	2
Physiology,	Chemistry, Physics	
Physiology,	Chemistry, Physics, Biology	1
Physiology,	Chemistry, Physics, Business Training, Biology, Athletics	1
Physiology,		1
Physiology,		
Physiology,		
Physiology,		
Physiology,		1
Physiology,	Commercial Geography, Physical Education	1
Physiology,		
Physiology,		
Physiology,	77 7 1	
771 7 .		
Physiology,	English, Commercial Geography, Girls Athletic Association	2
Physiology,	English, Economic Geography English, Geography	_
		1
Physiology,	English, History, Mathematics, Civics, Writing, Spelling	1
Physical and	English, Physical Education	1
THE STOTOER,	English, Religion	1



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Physiology, Physiology,	0 3 " :	27
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Physiology,	General Science, Physics, Biology, Manual Arts, Physical Ed	
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Physiology,	History, Biology, Geography, Botany	. 1
Physiology,	Home Economics	18
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	Mathematics, Physical Education	7
Physiology,	Mathematics, Speech, Athletics	. <u>T</u>
Physiology,	Other Sciences	1
Physiology,	Philosophy  Divisional Education	71
Physiology,	Physical Education	.31
Physiology,	Physical Education, Chemistry	_
Physiology,	Physical Education, Manual Arts	2
Physiology,	Physical Education, Physiography, Biology	1 7
Physiology,	Physical Geography Physical Casaraha Physical Pictures	2
Physiology,	Physical Geography, Physics, Biology Physics	. 1
Physiology,		1
Physiology,	Physics, Botany	1
Physiology,	Physics, Chemistry Physics Mathematics Civics	1
Physiology,	Physics, Mathematics, Civics	1
Physiology,	Physics, Science Physiography	
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	Spanish, Biology, Typing	
Physiology,	-	
Physiology,	Varied Subjects	1
Physical area	Zoology	1
Threstolog,	Zoology, Biology	2
Physicales,	Zoology, Chemistry	1
	Zoology, English	
	Zoology, Guneral Science Zoology, Physics, General Science	1
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