TWENTIETH ANNUAL REPORT
of the
UNIVERSITY OF ILLINOIS
HEALTH SERVICE

1935-1936
The Twentieth Annual Report of the Health Service is the conclusion of two decades of endeavor to apply the principles of preventive medicine and preventive sanitation to the promotion of health and the prevention of disease among the students at the University of Illinois. It also marks the completion of a study of the causes of death of former Illini who have been at the University during the last nineteen years and of a survey of health instruction of high school graduates who have matriculated at the University in the last two years.

The report is longer than usual because it records the results of certain N. Y. A. projects dealing with the health of students. It would seem that such data should be permanently available. To make these findings more understandable to laymen who may not always be familiar with the implications of morbidity and mortality statistics numerous comments have been added.

This summary of the activity of the Health Service after twenty years of development provides material which is useful in evaluating its work. The report gives in some detail the functions which have been assigned to the Health Service as a result of the phenomenal growth of the University, and it sets forth the aims and purpose of such a department.

A study of it will show that although health is the very foundation of happiness and prosperity there is a great gap between what is being done in the field of public health and what might be accomplished were hygiene and sanitation more widely used to promote the general welfare. Its data compels the conviction that education without an adequate knowledge of the fundamentals of health is often unproductive, costly, and even futile.
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October 20, 1936

To the President of the University

Dear Sir:

I have the pleasure to submit herewith the Twentieth Annual Report of the activities of the Health Service for the academic year, 1935-1936.

VISITS

During the year the students made 55,937 visits to the Health Service Station and Civil Service employees 1,403. In addition there were 2,957 miscellaneous calls on University or other business, making a grand total of 60,297, the largest number of visits since the Health Service was established with the exception of the year 1925-1926 when a smallpox epidemic occurred in the University district. This includes 4,662 calls as a result of the required physical examination upon entrance and 4,649 for reexamination.

The number of visits per student registered was 5.27. The men of the Class of 1939 called 23,336 times, an average of 7.08 per man; the women, 8,050 or 5.90 visits per woman. In contrast the upperclassmen called on an average of 3.32 times for the men and 4.06 times for the women. The freshman visits per capita are higher than those in the sophomore, junior, and senior classes because of the required physical examination, reexaminations, conferences in hygiene, and a greater predisposition of the younger group to illness. Freshmen as a rule are not as able to care for their health as upperclassmen.

Visits to the Health Service Station increase with each additional student registered, with each new employee engaged, and with the ex-
Increase mainly due to smallpox epidemic.
tension of University work involving medical supervision. This year, for example, it was thought desirable to reexamine those driving University cars. As a result there were 264 more visits to the Health Service from this item alone. Such increases are inevitable unless morbidity rates decrease, protection to the health of the University population is reduced, or the institution ceases development.

The only way to control communicable disease in the University population is to detect illness in its inciency by making an early diagnosis. To discover disease early, the student must be seen as soon as he develops symptoms and must be observed as often and as long as necessary to determine the cause of his complaint. Such care protects the community, provides prompt treatment, reduces the number of complications, and causes the student to lose the minimum time from class.

The numerous ailments of students are usually readily recognized and can be quickly disposed of by advice, the use of household remedies, or reference to a local doctor or specialist. By giving the students unrestricted consultation the University largely avoids their trying to care for themselves at their rooms, reduces the likelihood of the sore throats of scarlet fever being prescribed for by drug store clerks, and prevents their falling victims to quackery or spreading communicable disease by attempting to treat each other.

Some of the medical advice given at the Health Service Station is for avoidable illnesses and accidents, and to this extent visits to it may be said to be unnecessary or possibly an imposition upon it. An employee fails to wear goggles when grinding steel with an emery wheel and
gets a particle driven into his cornea; some students and employees neglect immunization and become ill with a preventable disease; students follow certain collegiate styles and experience undue exposure which results in sickness; or others take unwarranted risks and suffer accidents.

In giving medical advice, the Health Service Staff can not - it should not - make a distinction between those who persistently fail to use good judgment in their health habits and the unavoidably ill. Medicine is for the careless as well as the careful; both the wise and the foolish would seem to have the same inalienable right to an equal opportunity for recovery when ill or injured. A number of requests are made for medical advice which ultimately it would make little difference physically if it were not given. However, unnecessary mental suffering would result were it withheld. If a student is unable to study because he thinks he has heart trouble when the condition is only gas in his colon, he is physically all right; but he is, nevertheless, in immediate need of advice and is handicapped for studying. For the above reasons, it is exceedingly difficult to reduce the number of consultations at the Health Service Station without impairment of the best interests of the students or of the University.

The student who thinks he is sick when he is not or who is ill because he persistently fails to use good judgment in his health habits should, it seems, have the same opportunity for consultation as the one sick because of no fault of his own. If an effort to reduce the number of visits to the Health Service Station were made by endeavoring to draw a line between the two groups, the impossible would be attempted which
would involve endless complications. No educational institution in this country, as far as is known, attempts to make any such distinction.

Calls vary a great deal in the demand they make upon the time of the medical staff. The factors which determine the length of a consultation are the consulter, his condition, and the doctor. A student with a slightly mashed finger may be given first aid and disposed of in a few minutes. One who is suspected of tuberculosis or has a psychoneurosis may take an hour and in addition will have to be observed several times subsequently. How long a given conference will take can not be determined either by the doctor himself or by outsiders unless the exact condition of the student, the advice he requires, his reactions, and the questions he is going to ask concerning his condition are known in advance. Obviously, no one can have such foreknowledge. The best the medical staff of the Health Service can do is to deal with each case as its circumstances require.

MEDICAL EXAMINATIONS

I. Students

A total of 4,662 students was given complete physical examinations during the year which was an increase of 3\(^1/4\) or 7.89 per cent over last year. Of these, 3,297 were men and 1,365 were women, - an increase of 9.61 per cent for the former and 3.96 per cent for the latter.

Examinations were given to \(\frac{474}{4}\) prospective students who did not matriculate. About one out of 9.8 of the students examined did not register and this caused the University an expense of approximately $251.75. As the examination of \(\frac{474}{4}\) students involves considerable work as well as
cost, careful consideration has been given to this expenditure of effort and money but there seems to be no way to avoid examining high school students who expect to become freshmen but for some reason, do not. It is cheaper and more convenient to give an examination to each prospective student who presents himself and requests it during the summer than to defer the examination until registration and then employ outside physicians to take care of the peak load. The present procedure is also less likely to interfere with the machinery of registration.

During the past eight years 2,561 prospective students or an average of 320 a year have been given physical examinations but failed to matriculate. As will be noted from Chart No. 2 their number has ranged from 55.8 to 101.7 per thousand examined. Sometimes as high as ten per cent of those examined fail to register in the University. Such examinations are increasing annually and are becoming a growing demand upon the Health Service budget.

II. High School Pupils.

At the beginning of the school year, 72 high school students were examined. Of these, 41 or 56.94 per cent had had their tonsils removed. Of the total, 11, or 15.28 per cent had suffered severe injuries; 20, or 27.78 per cent were unvaccinated; and four were below average development.

III. Civil Service Employees

During the year, Civil Service employees made 1,403 calls to the Health Service Station of which 205 were for physical examinations at the beginning of employment or an increase for the latter of 46.43 per cent. These were graded as follows: 191 good, 12 fair, one poor, and one dis-
qualified. Of the new employees, 199 of whom were men and six of whom were women, 19 were permitted to work subject to a waiver of claims against the University arising from the defects revealed by their medical examinations.

IV. Chauffeurs' Examinations

A total of 262 faculty members and employees who were to drive University automobiles was examined with special reference to their acuity of vision, color-blindness, hearing, reflex action, and their general health. Of these prospective drivers, 185 were normal and recommendations were made concerning the other 77 as follows:

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<tr>
<td>To operate a car as little as possible because of sleepiness</td>
<td>1</td>
</tr>
</tbody>
</table>

V. Supervision of Foodhandlers

Prospective employees who would handle food products, students employed as foodhandlers by the University, and those enrolled in courses in dairy manufacturing, lunch room management, and meat courses were examined to determine whether or not they had communicable disease or were disease carriers. Foodhandlers who had not been successfully vaccinated against smallpox within the last five years were re-vaccinated.

A careful history as to communicable disease, particularly typhoid fever and dysentery, was obtained in the case of each prospective
foodhandler. If the employee or student gave a history of having or of having had a disease which might be transmitted through the handling of food or by eating and drinking utensils, appropriate bacteriological examinations were made. Widal tests were taken as a routine, and all foodhandlers were immunized against typhoid fever in accordance with University regulations.

During the year several cases of gastro-intestinal upsets in one of the sororities were reported. In following up these cases a total of eight foodhandlers was examined for dysentery and diarrhea.

In cooperation with Director Bracken of the Student Employment Bureau, students were given foodhandlers' examinations prior to their being certified to jobs as waiters, cooks, or dishwashers. This procedure strengthens very materially the safeguards against possible disease carriers becoming sources of epidemics.

The following table shows the number and distribution of the foodhandlers examined who were in the employ of and taking courses in the University. In this group of employees and students, there was an increase of 30.77 per cent over last year.

<table>
<thead>
<tr>
<th>Distribution of Foodhandlers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's Residence Hall</td>
<td>56</td>
</tr>
<tr>
<td>Dairy Department</td>
<td>136</td>
</tr>
<tr>
<td>Cafeteria, Woman's Building</td>
<td>75</td>
</tr>
<tr>
<td>Davenport House</td>
<td>11</td>
</tr>
<tr>
<td>Animal Husbandry</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>289</strong></td>
</tr>
</tbody>
</table>

The presidents and commissaries of all organized houses and the proprietors of all boarding clubs, lunch rooms, and refectories catering to student trade have been urged to give their patrons the same
scientific protection against disease carriers as that provided by the University for patrons of its food distributing agencies. Many houses and some eating places have responded to this advice and to this extent have increased the protection to the health of the University population and of the citizens of the Twin Cities.

The above cooperation was entirely voluntary and offered a considerable protection because not only were their disease carrier states determined, but the kitchen and dining room help were immunized against both typhoid fever and smallpox. This is an advantage to the student who has to support himself, to the community, and to the group which he serves. These tests should be applied to foodhandlers of all lunch rooms catering to student patronage but unfortunately, there are no ordinances enforced in the two towns requiring a health standard for persons handling food.

VI. Educational Internes

At the request of Dean Benner and with the approval of the President the Health Service began the examination of seniors in the University who were selected for their special promise as prospective teachers to serve as internes in education in some of the larger high schools of the state. Four such students were given a complete physical examination and immunized against smallpox and typhoid fever. Each received a certificate of his status of health and of his immunizations.

VII. Pre-School Children

In connection with the study of the development and education of children of pre-school age in two courses of the Summer Session, the
Health Service, with the approval of the President, cooperated with the College of Education by observing thirteen children for a period of a week as a protection against the introduction of communicable disease among them. They were seen each morning by a member of the staff and carefully inspected to detect infection in its incipience and to isolate them if it were found.

VIII. Athletic Examinations

Prior to participation in athletics a total of 2,505 students was examined, of which 1,605 were men and 900 were women. In 214 instances it was necessary to recheck the physical condition of the students before they were finally certified or rejected for athletics. Of those wishing to participate in varsity sports, a total of 14 men was rejected permanently for the causes listed in the following table.

<table>
<thead>
<tr>
<th></th>
<th>Tachycardia</th>
<th>Possible Nephritis</th>
<th>Defective Vision</th>
<th>Hypertension</th>
<th>Varicose Veins</th>
<th>Hernia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseball</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Basketball</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Fencing</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Polo</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Tennis</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Track</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Wrestling</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>14</td>
</tr>
</tbody>
</table>

One University High School student was also rejected from athletics because of suspected gastric or duodenal ulcer.

IX. Student Car Permits

During the year 25 students requested permits from the committee on student affairs for the use of a motor vehicle because of physical dis-
ability. It was found that 15 of these had physical conditions justifying their use of a car either temporarily or permanently for the purpose of attending classes. Seven were able to attend classes without a car. The reasons for recommendation of the granting of permits, most of which were temporary and for the protection of the student, were as follows: psoriasis, one; sinusitis, one; blistered heels, one; albuminuria, one; paralysis, one; unclassified, one; convalescence from temporary illness, three; on the confirmed reports of other physicians, two; and for injuries, seven, of which there were two to knees, two to ankles, one to ribs, one to the leg, and one to the foot.

"FOLLOW-UP"

I. University Students

Of the 4,662 new students examined 2,255 men and 628 women were recalled for conference and advice concerning their conditions. This total includes 1,818 who were reexamined with special reference to their defects. Whenever students were found to have abnormalities, they were advised to consult their family physicians, dentists, or specialists. It is gratifying to note that many students had had their defects of vision and their teeth treated between the time they were examined and their registration.

In addition to the regular physical examination 2,112 men and 785 women filled out personal hygiene questionnaires which were rather complete inventories of their health habits and mental attitudes. A conference was had with each student concerning any deviation from the normal, and his physical condition and mental health were carefully considered and discussed with him on the basis of his questionnaire and medical record.
II. High School Pupils

All high school students were checked as to their physical ability to take the prescribed course in gymnastics. Three had defects which required special physical training, and one was rejected from athletics because of his physical condition. Those given special consideration in physical training and soon repeatedly had the following defects: hernia, recent illness, and possible gastric or duodenal ulcer.

III. Tuberculosis

Notwithstanding the great progress made in controlling the ravages of tuberculosis during the last three decades, it is still the leading cause of death in adolescent and early adult life. It is a serious menace to health, a destroyer of the socially promising, and a killer of many of the potentially most valuable.

During the year five students were found to have tuberculosis in a moderately advanced form, - a state in which the prognosis of their ultimately being of service to the state is largely doubtful. Eleven matriculants had arrested tuberculosis and four, tuberculosis of the bones, one which was active. Those who were found to have the disease in the active form are undergoing treatment in sanatoria or at their homes under the direction of specialists.

A total of 40 students, 29 men and 11 women, have been under close observation as having possible tuberculosis. Under proper nutrition and a hygienic regime of rest, recreation, and work all of them have gone through the school year without showing signs of a progressing tuberculosis. Fortunately, many of them have gained in weight and vigor and will be re-
TUBERCULOSIS AT ILLINOIS

At the time of the medical examination on entrance, 272 students gave a history of tuberculosis in their immediate families. Of these men examined, 74 were below the normal weight of the woman, and 52.1% of the women. Fair development is considered as a predisposing factor to tuberculosis. Many of the cases are due to carelessness and negligence. Where individuals are exposed to the nuisance and exercise, it is a predisposing factor to tuberculosis. Since it is a condition to combine fatigue under nutrition, and lack of recreation in lowering individual resistance. Happily, most of those are at ease for their experience, but often tuberculosis appears on the scene or waits until shortly after the student has graduated. Tuberculosis is an important problem at Illinois because of the disease appears every year in the student body, and has been responsible for 11% out of 85% deaths of former students of the University who have not been exposed. The average age of those who died of tuberculosis is 25.84 years for men and 25.15 years for women. The average expectancy of life for men is 60.00 years and for women 62.00 years.

N.B. The time from college to death is included as wastage because it is only a period of three years and tuberculosis is usually a chronic disease with a long period of invalidism and expense for medical and sanatorium care.
moved from the list of "suspects".

At the time of the medical examination on entrance, 272 students
gave a history of tuberculosis in their immediate families. Of the men ex-
amined, 479 or 14.53 per cent were below the minimum requirements of the
War Department for weight and development for their ages. Of the women,
114 or 8.35 per cent were of fair development only. A considerable por-
tion of these "substandards" are the type which usually shows an increased
predisposition to tuberculosis. Many of them have been under careful ob-
servation while on the campus.

The threat of tuberculosis at Illinois is intensified by a large
number of the students having to work to support themselves. Where indi-
viduals work as well as go to college, they often get insufficient sleep
and exercise more or less rigid economy in eating. Such practice is a pre-
disposing factor to tuberculosis since it tends to combine fatigue, under-
nutrition, and lack of recreation in lowering individual resistance. Happ-
pily, most of them are no worse for their experience, but often tuberculosis
appears on the scene or waits until shortly after the student has graduated
to make him a total loss.

Tuberculosis is an important health problem at Illinois because
the disease appears every year in the student body and has been responsible
for 114 out of 841 deaths of former students of the University who have ma-
triculated during the last 19 years and for whose cause of death there is
dependable information. The average age of those who died of tuberculosis
was 25.93 years, and their deaths occurred on the average six years after
matriculation, and 3.09 years after leaving college.
Wastage from premature death

* Period of doubtful usefulness after leaving college because of the expense and invalidism associated with tuberculosis

Cost of preparation through college

Cost per individual of rearing and education
1. To parents for rearing to 18 years of age ........ $9,800
2. To community for education ......................... 1,100
3. For college training .................................. 4,100
Total .................................................. $15,000

Average annual income of college graduates: Men - $4,000; Women - $2,000

Cost of preparation through college ............... $1,200,000 $510,000
Period of doubtful usefulness ..................... 960,000 204,000
Loss of income from premature death ............. 10,880,000 2,148,000
Total ............................................. 13,040,000 3,162,000

References used in Computations: The Money Valuo of a Men, by Dublin and Lotka; The Relation of Education and Income, A Study by the Alpha Kappa Psi Fraternity for the Year 1926-27; Vao College Worth While, by John R. Tunis; The Age Factor As It Relates to Women in Business and the Professions, by the United States Department of Labor (1934).

Chart No. 4
Experience shows that when five students are discovered with moderately well-developed tuberculosis by physical examination or laboratory tests of the sputum, there are most likely ten times that number present with a very early active form of the disease which is unrecognized. Many such individuals only await influenza, measles, pneumonia, recurring colds, or other lowering of their resistance to be found with a clearly developed tuberculosis, most likely sufficiently advanced to warrant the prognosis that 60 to 75 per cent will probably die within the next five years.

It is difficult, therefore, to overestimate the value of the earliest possible diagnosis of tuberculosis either for its victim or for society. When discovered promptly, the disease is readily amenable to treatment, in most instances without loss of time from school; but the longer the delay in uncovering it and the easier the diagnosis, the greater are the risks to the patient's associates, the more extensive is the involvement of the lungs, the more prolonged the treatment, the worse the prognosis, the higher the mortality rate, and the larger is the financial loss to the state. The eradication of tuberculosis in college students not only requires repeated physical examinations and the use of a well-taken medical history but tuberculin testing, X-ray study, and a "follow-up".

IV. Heart Disease

During the year 357 students were found to have organic heart disease or marked functional disturbances of the heart. They have been kept under observation, have been repeatedly examined, and advice has
been given to protect their hearts as far as possible from unnecessary strain. Of these, 28, or 32.18 per cent, were excused from military and regular physical education and were assigned to individual gymnastics where they would receive suitable exercise. The condition of six of them was so marked as to make required physical education an unwarranted risk. They were permanently excused and three others had their work temporarily deferred.

Among the students who have matriculated in the University during the past decade, a total of 260 male students were found to have organic heart disease sufficient to warrant either their assignment to individual gymnastics for their protection or their excuse from military and regular physical education. Tables III and IV show the number of students who have heart conditions which are apparently organic and the diseases which may have been conducive to them.

| Class of 1930 | 34 |
| Class of 1931 | 37 |
| Class of 1932 | 27 |
| Class of 1933 | 33 |
| Class of 1934 | 40 |
| Class of 1935 | 17 |
| Class of 1936 | 7 |
| Class of 1937 | 17 |
| Class of 1938 | 17 |
| Class of 1939 | 31 |
| Total | 260 |
Table IV
Ten Year Survey as to Relationship between Certain Diseases and Organic Heart Conditions among Male Students

<table>
<thead>
<tr>
<th>Class of Disease</th>
<th>1930</th>
<th>1931</th>
<th>1932</th>
<th>1933</th>
<th>1934</th>
<th>1935</th>
<th>1936</th>
<th>1937</th>
<th>1938</th>
<th>1939</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chorea</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>34</td>
</tr>
<tr>
<td>Influenza</td>
<td>13</td>
<td>14</td>
<td>5</td>
<td>6</td>
<td>15</td>
<td>7</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>10</td>
<td>88</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>41</td>
</tr>
<tr>
<td>Rheumatism</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>57</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>54</td>
</tr>
<tr>
<td>Tonsillitis</td>
<td>16</td>
<td>22</td>
<td>17</td>
<td>20</td>
<td>25</td>
<td>12</td>
<td>3</td>
<td>10</td>
<td>12</td>
<td>25</td>
<td>162</td>
</tr>
</tbody>
</table>

The heart disease found in adolescent and early adult life is largely the sequel of acute rheumatic fever and streptococccic infection associated with one or more of the diseases in Table IV. The relation of acute rheumatic fever to heart disease is well illustrated in a chart prepared by Dr. Lewis on the Relative Occurrence of Acute Rheumatic Fever in Students with both Normal and Diseased Hearts.

Success in the prevention of premature heart disease, particularly in those under 35, lies largely in avoiding infection in early life. The control of childhood diseases and careful protection of the heart of those afflicted with them or with rheumatism, influenza, pneumonia, or typhoid fever will do much to prevent premature deaths, the loss of lives which should have many years of usefulness before them. In such action is a great opportunity for the conservation of life, the prevention of economic loss, and social advancement.

Students are being classified as to the condition of their hearts on the basis of the usual methods of physical diagnosis and the taking of the blood pressure. An electrocardiograph would make it possible to make a more nearly accurate differentiation between the cardiac...
RELATIVE OCCURRENCE OF ACUTE RHEUMATIC FEVER IN MALE STUDENTS WITH BOTH NORMAL AND DISEASED HEARTS

Data prepared by Dr. L. D. Lewis.

Chart No. 5
normals and abnormals. This instrument would make it possible for a number of students who now have to be disqualified for military, regular physical education, and athletics to participate in these subjects. If their electrocardiograms could be shown to be normal, it would add a good deal to the efficiency and peace of mind of those who are harassed by the persistent thought of having "heart trouble", but who may have only functional disturbances of the heart and have to be restricted in their exercise because of the necessity of playing safe when in doubt.

V. Albuminurics

A total of 227 freshmen who were found to have albuminuria at their first examination were kept under observation. Numerous urinalyses were made and their cases carefully studied to determine whether or not their conditions were pathological. Of these, 184 or 81.06 per cent were functional in nature. In the other 43 or 18.94 per cent the condition was persistent so that it was necessary to advise them to see their family physician or to go to urologists for further study and treatment. Five of this group ultimately had to be excused from military and physical education and assigned to individual gymnastics for their protection.

Ten Civil Service employees at the time of their physical examination were found to have albuminuria. In eight of these the condition was transient, in one it was persistent, and one had pyuria. Of the 72 University High School students examined, six had albuminuria, five of which were functional and one persistent.

Nephritis in students is primarily the complication or sequel of infection since on the whole they are too young to have the degenera-
tive type of the disease except in relatively rare instances. Of nine suspected cases, eight had had tonsillitis, seven measles, one appendicitis, and one streptococcal infection of the throat. Symptoms of a possible nephritis in several students disappeared on the removal of their diseased tonsils, thus clearly showing the relation between their local infection and renal abnormality.

VI. Glycosurics

Of the 4,662 urinalyses for students, 22 showed glycosuria. In 20 the condition was alimentary and transient and in two diabetic. Of the Civil Service employees, five gave a positive test, all of which were alimentary. None of the University High School pupils showed a glycosuria.

VII. Maladjustment

A sustained effort has been made during the year to discover and to keep in touch with students who were maladjusted. Every member of the Class of 1939 has had one or more conferences with the Health Service staff. Students who gave a history of being subject to "blues" or worry, had had a "nervous breakdown", showed a tendency to be "shut-in", or were having difficulty in becoming adjusted to college life were repeatedly seen and in cooperation with other University agencies were given help in finding themselves.

In addition, 2,112 men and 785 women filled out personal hygiene questionnaires which were inventories of their health habits and mental attitudes. These were studied and a conference was held with each student. This procedure has been most helpful in determining the physical and mental
health of students, the conditions under which they live, and their adjust-ment to them.

At the time of the taking of their medical histories 186 students stated that they worried rather easily and 237 said that they occasionally had the "blues". A careful study of these cases revealed that their conditions rarely influenced their appetites, prevented sleep, or interfered with their academic work. With few exceptions members of this group responded promptly to advice, financial help, a rearrangement of their schedules of living, assistance in getting a job, participation in extra-curricular activities, and a friendly interest.

During the year two men developed frank psychoses. As one was a local resident, his parents were advised to place him under the care of a psychiatrist and the other was admitted to an institution at Anna, Illinois for treatment. There were four cases of marked psychoneurosis during the year; two in women and two in men. One of the men, on the advice of a psychiatrist, withdrew from school. The other continued and completed the year much improved and with a high average. The women have become adjusted and are pursuing their academic work satisfactorily. The prognosis in all four cases is good.

Although defective germ plasm, endocrine dysfunction, toxins, and poisons may produce mental disorders and predispose to functional disturbances of the mind, the greater part of mental disability comes out of unwholesome environment, defective training, and unhappy experience. In the prevention of mental disorders eugenics, psychiatry, and medicine have a role to play but the great preventives are the social, educational, recreational, employment, and religious agencies which give students fi-
nancial aid, help them to find a place in the collegiate sun, and provide
them with a satisfying philosophy of life.

COMMUNICABLE DISEASE

I. Prevalence

The occurrence of communicable disease during the academic year
reflected quantitatively and qualitatively the morbidity rates of the state
and country. The characteristic feature was an increase in "coryzas" which
required hospitalization and in a number of instances probably were in-
fluenza in a mild form. In Table V are given the communicable disease cases
reported in the student body during the year.

Table V
Communicable Disease Cases
in the Student Body

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coryza</td>
<td>1132</td>
</tr>
<tr>
<td>Coryza (hospitalized)</td>
<td>531</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>44</td>
</tr>
<tr>
<td>Mumps</td>
<td>29</td>
</tr>
<tr>
<td>Vincent's Angina</td>
<td>23</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>20</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>5</td>
</tr>
<tr>
<td>Malaria</td>
<td>4</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>3</td>
</tr>
<tr>
<td>German measles (rubella)</td>
<td>2</td>
</tr>
<tr>
<td>Measles</td>
<td>1</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>1</td>
</tr>
<tr>
<td>Amebic dysentery</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1796</strong></td>
</tr>
</tbody>
</table>

The incidence of German measles decreased from 395 cases in
1934-35 to two this year. Mumps and chickenpox showed a marked increase.
Scarlet fever remained high as it did throughout the country, but student
cases were not quite as numerous as the preceding year. Of the total of
43 quarantines for scarlet fever, 28 resulted from student cases and 15
from a member of the family of the keeper of a lodging house developing
INCIDENCE OF SCARLET FEVER
1924 - 1936

With the approval of the Director of the State Department of Health and the cooperation of local health officers, the procedure for dealing with students exposed to scarlet fever in the Twin Cities was modified to reduce the strain on compatible with safety the loss of time from the classroom. Under the new plan all exposures were required to present either a certificate of scarlet fever or of a blank test. Students whose blank tests were negative were released immediately and permitted to return to classes without further restrictions; those who had positive blank tests were allowed to go to classes provided they reported each morning to the Health Service Station for observation before going to class. To avoid misunderstanding, printed forms containing detailed procedures were followed and given to each student with a positive blank test. No one was required to sign for these instructions or to register his name, the only exception being those under observation. Little difficulty was experienced among the teachers in keeping these tested students away from school, and each student was observed carefully for any early symptoms of scarlet fever.

This plan has worked very successfully during the past year. Un-
it. In only one instance did a secondary case develop in a house under quarantine. This student had a positive Dick test and was in isolation at the time as an exposed "susceptible".

II. Modified Quarantine for Scarlet Fever

With the approval of the Director of the State Department of Health and the cooperation of local health officers, the procedure for dealing with students exposed to scarlet fever in the Twin Cities was modified to reduce to the minimum compatible with safety the loss of time from the classroom. Under the new plan all exposures were required to present either a certificate of scarlet fever or of a Dick test. Students whose Dick tests were negative were released immediately and permitted to attend classes without further restrictions; those who had positive Dick tests were allowed to go to classes provided they reported each morning at the Health Service Station for observation before doing so.

To avoid misunderstanding, printed forms explaining in detail the procedures to be followed were given to each student with a positive Dick test. He was required to sign for these instructions and to register his name, the hour, and the physician to be seen for observation. Little difficulty was experienced during the year in administering this modified quarantine. It is fundamentally sound because new cases rarely develop among those who have had scarlet fever, or those with negative Dick tests, and each student with a positive test is hospitalized immediately on his showing the slightest symptom suggestive of scarlet fever.

This plan has worked very successfully during the past year. Un-
MAP OF THE
STUDENT DISTRICT
FOR THE
HEALTH SERVICE
UNIVERSITY OF ILLINOIS

KEY

- Diphtheria
- Vincent's Angina
- Scarlet Fever
- Chickenpox
- Amebic Dysentery

- Rubella
- Mumps
- Malaria
- Red Measles
- Typhoid
- Tuberculosis
- Meningitis

GEOPHYSICAL DISTRIBUTION
OF
COMMUNICABLE DISEASES 1935-36
TOTAL NO. OF CASES - 149

DRAWN BY S.M.
REVIEWED BY W.W.
REvised BY L.C.
SEPT. 1935
SEPT. 1936
SEPT. 1937
SEPT. 1938
REvised BY J.R.
SEPT. 1939
REvised BY H.S.
MAY 11, 1940
der it 325 students with positive tests were saved 1,950 schools days or the equivalent of one school year for nine students which would have been lost to them under the procedure followed in previous years.

III. Certificates of Immunity to Scarlet Fever

Of the 682 students exposed to scarlet fever during the year 283 had negative tests, 325 positive tests, and 72 scarlet fever certificates. The filing of these certificates saved students 4,152 school days or 4.61 college careers of four years each.

IV. Hospitalization

McKinley Hospital admitted 60 students with communicable disease for a total of 993 days or an average of 16.55 days per patient. While these cases represent a very small portion of the students cared for at the McKinley Hospital the fact that each student had an average stay of 16.55 days indicates that the influence of fixed periods of quarantine in communicable disease is one of the major problems of the hospital. As will be noted in Table VI scarlet fever with its period of isolation of four weeks was responsible for 28 or 46.66 per cent of the cases and 699 or 70.39 per cent of the hospital days.

Table VI
Communicable Disease Cases Cared for at McKinley Hospital

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scarlet fever</td>
<td>28</td>
<td>699</td>
</tr>
<tr>
<td>Mumps</td>
<td>20</td>
<td>180</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>10</td>
<td>106</td>
</tr>
<tr>
<td>Measles</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Totals</td>
<td>60</td>
<td>993</td>
</tr>
</tbody>
</table>
V. Contacts

A total of 1,060 students was exposed to communicable disease other than influenza and coryza which is a decrease of 64.14 per cent over last year. Of these, 67 were held in quarantine as required by law, 325 were permitted to attend classes under daily observation, and 668 had been exposed to diseases requiring no isolation of contacts or had certificates of immunization.

During the year two smallpox epidemics developed in the state. To prevent students from these localities returning to their homes over the weekend, possibly acquiring the disease, and introducing it into the student population on their return to the campus each student whose medical record showed that he was not immune to smallpox was called immediately, advised of the situation, and urged to be vaccinated. Under such circumstances students were glad to be immunized against smallpox.

VI. Venereal Disease

The incidence of venereal disease in the student body which has always been low showed a very marked decrease in those observed both as a result of voluntarily calling and of a follow-up on the basis of reports. Part of this decrease can be attributed to the activities of public officials, social agencies, and interested citizens in conducting a campaign of education and suppression of prostitution. In all, 19 students were found to have gonorrhea and two syphilis. This is a rate of 1.70 per thousand for the former and 0.18 for the latter. In addition, one civil service employee was found to have syphilis.
VII. Faculty and Civil Service Employees

The number of cases of communicable disease in the families of the faculty and civil service employees showed a marked decrease over last year. A total of 16 cases were reported during the year of which eight were chickenpox, six scarlet fever, one mumps, and one meningitis. The most prevalent disease was chickenpox, exactly one-half of the cases being attributed to it.

COOPERATION WITH THE DEPARTMENTS OF MILITARY AND PHYSICAL EDUCATION

I. Permanent Classification

It was necessary last year to assign 250 men and 106 women to Individual Gymnastics for special training. Because of marked physical abnormalities or organic diseases 19 students were classified as unable to take either Physical Education or Military. Their conditions were such as to make it too great a risk or discomfort to require any form of activity of them. Of these six had marked organic heart disease, four had arrested or active tuberculosis, two were badly paralyzed, one had amputated extremities, one Hodgkins' disease, one chronic dysentery, one chronic peri-tonitis following appendicitis, one osteomyelitis, one spondylitis, and one marked asthenia.

A total of 36 students was permanently excused from Military because of their failure to meet the minimum requirements of the Medical Department of the Army. Forty-seven students below the minimum physical requirements for commission but who desired to take Military were assigned to it. Their physical conditions were such that they could undergo
training without undue risk.

II. Temporary Excuses

In the course of the year 69 men students were given temporary excuses from Military, Physical Education, or both: 41 from Military and Physical Education, 18 from Military only, and 10 from Physical Education. They had undergone recent operations, were convalescent, or had lost so much time on account of illness that they were unable to complete satisfactorily the work for the semester.

A total of 265 prescriptions was issued to students whose physical conditions made it desirable for them to change from one course in Physical Education to another or to modify their required exercise. Students who had sinusitis, infections of the middle ear, or perforation of the drum were transferred from swimming to a form of exercise less likely to cause them trouble. By such transfers those with ringworm of the feet or who had undergone operations were able to take exercise with a minimum of risk of injury and with maximum protection to their associates against infection.

Eleven students were given recommendations that they be changed temporarily from one course in Military to another because of a physical condition which had arisen since their examination. This enabled them to complete their military work without the loss of time which would otherwise have followed.

III. Advanced Corps Students

At the request of the Military Department, the Health Service administered 387 doses of vaccine to 129 students to immunize them against
typhoid fever. Those students who were unvaccinated against smallpox and those whose scars were more than five years old were vaccinated preparatory to their going to camps for members of the Reserve Officers Training Corps. The laboratory of the Health Service made 182 urinalyses upon students who were being given special physical examinations by members of the Medical Corps of the Army for advanced military work.

HOSPITALIZATION

I. The Student Body

In a student body of 11,170 students, hospital facilities become an important problem, especially in view of the fact that the University attracts to it people from many states and foreign lands as well as from every corner of the state of Illinois. Under such circumstances, communicable disease is certain to be introduced sooner or later into the University population. The transient nature of such a group materially increases the liability of its members to transmissible infection. Adequate available hospital facilities are the only safe answer to such a threat. Fortunately, three local hospitals and the McKinley Hospital are available but only the McKinley Hospital will take cases of communicable disease, a situation which becomes more acute with the continuous expansion of the University.

II. The University Hospital

A total of 2,506 students was admitted to the McKinley Hospital for 9,206 days which is an average of 3.67 days per patient. This means that 22.44 per cent or one out of every 4.44 students enrolled was hospitalized at the University Hospital which is quite a contrast with six-
AVERAGE STAY OF PATIENTS
AT THE UNIVERSITY HOSPITAL
(1920-21 to 1935-36)

Average Stay in Days

School Years

Chart No. 7
RATIO OF STUDENT ADMISSIONS TO UNIVERSITY HOSPITAL TO TOTAL REGISTRATION (1920-21 to 1935-36)

Students are more and more coming to realize the value of early hospitalization. This is evidenced by the fact that the number of students entering the hospital has been increasing throughout these years while their average length of stay in days has been decreasing. Ten years ago the average stay was 7-21 days per patient whereas during the last few years it has only been between 1 and 2 days per patient.

III. Local Hospital facilities and norms of hospital care in the student hospital are considerably better than that in the student hospital of ten years ago. The latter, however, had to be content with somewhat less than that. During the past year many more cases of this nature have come to the student hospital for direct care and treatment. These cases have included a large number of those who were sent by the hospital to the student hospital for further treatment. This was done through the cooperation of the staff of the hospital and the staff of the student hospital.
teen years ago when only about one student in forty was admitted to the hospital. The rising morbidity rate in the country at large is clearly reflected in an increase of 6.64 per cent in patients admitted and 11.28 per cent in hospital days.

Students are more and more coming to realize the value of early hospitalization. This is emphasized by the fact that the number of students entering the hospital has been increasing throughout the years while their average length of stay in days has been decreasing. Sixteen years ago the average stay was 7.25 days per patient whereas during the last few years it has only been between three and four days per patient.

III. Local Hospitals

The Burnham and Mercy Hospitals admitted 214 students for a total of 1,388 days or an average of 6.49 days per patient. The average length of stay in these local hospitals is considerably longer than that in the student hospital because of the fact that the latter does not admit patients known to require surgery, more particularly major surgery. During the past year students remained on an average about two and three-quarters days longer in the local than in the University hospital. Miss Alverna Bee of the Burnham and Sister St. John of the Mercy Hospitals have been most cooperative and helpful in caring for students.

IV. Needs of the Student Hospital

Of all the students hospitalized 92.13 per cent were admitted to McKinley Hospital and only 7.87 per cent to other hospitals. Although the latter had the benefit of 13.1 per cent of the student patronage in
hospital days, the University Hospital still had on this basis 86.9 per
cent of the patronage. The burden of caring for the student body falls
mainly on the McKinley Hospital; entirely upon it in the presence of an
epidemic.

To meet such an emergency, it should have a sufficient number
of beds. At present with nurses living outside of the hospital only 100
beds would be available with crowding which would be inadvisable if not
fatal were virulent streptococci present in those having measles or in-
fluenza. The University should have for immediate use hospital beds to
the extent of 1.5 per cent of the student body and for emergency facili-
ties a potential number equivalent to three per cent of its enrollment.
With the present registration this means that 149 beds should be ready
for patients and 149 more beds on hand for emergency.

In the navy during ten years in peace time the average daily
number of beds in the hospital was 1.69 per cent of the total force, and
the number of beds deemed sufficient was placed at 3.4 per cent of the
total enlistment. In the United States army during peace time hospitaliza-
tion is available for three per cent of its strength. In view of the fact
that men for the army and navy are selected for their physical vigor and
in view of the fact that students are of both sexes, younger, and more sus-
ceptible to contagion, hospitalization should be possible in an emergency
for at least three per cent of the student body.

To have available 150 beds, an addition of 50 beds to the hos-
pital would have to be made to give the University facilities adequate to
deal with communicable disease commensurate with scientific knowledge and
its academic standards. The cost of such a unit would approximate $150,000.
It is hardly possible to overestimate the value of a well-equipped hospital in protecting the University population in times of epidemics and in keeping down the mortality rate among students by being able to get them to bed quickly.

V. Voluntary Hospital Association

The hospitalization of students has been very much improved through the able and energetic campaign of Mr. David Larrabee to increase membership in the Association. By this increase it has been possible to control communicable disease better and to prevent the occurrence of epidemics by getting students isolated and under treatment promptly. When they are members of the Association, they will enter the hospital willingly and are more inclined to seek medical attention before their condition becomes alarming. The fine work of Mr. Larrabee contributes both to the prevention of disease and to prompt treatment, and it lessens complications.

Students, faculty members, and employees joining the voluntary Mutual Hospital Association during the first semester numbered 5,713 and the second semester, 5,156 which were respectively 54.55 per cent and 52.04 per cent of the student enrollment of each semester, 1935-1936. Students have a tendency not to join the Hospital Association during the second semester which is regrettable in view of the fact of the usual rise in illness associated with winter and early spring. This year has been an exception.

VI. Civil Service Employees

As a result of accidents several University employees enter the hospital each year for treatment. During the past year nine were
### DISTRIBUTION OF HOSPITAL CASES DURING 1935 - 1936

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Cases</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>McKinley</td>
<td>2,506</td>
<td>92.1</td>
</tr>
<tr>
<td>Burnham</td>
<td>170</td>
<td>6.3</td>
</tr>
<tr>
<td>Mercy</td>
<td>44</td>
<td>1.6</td>
</tr>
</tbody>
</table>

### DISTRIBUTION OF TOTAL NUMBER OF HOSPITAL DAYS 1935 - 1936

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Days</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>McKinley</td>
<td>9,206</td>
<td>86.9</td>
</tr>
<tr>
<td>Burnham</td>
<td>1,127</td>
<td>10.6</td>
</tr>
<tr>
<td>Mercy</td>
<td>261</td>
<td>2.5</td>
</tr>
</tbody>
</table>
hospitalized for a total of 79 days or an average of 8.78 days per patient. Because of two or three serious injuries the average stay per patient is three days higher than that of last year.

THE GENERAL PRACTITIONER AND THE HEALTH SERVICE

The medical staff of the Health Service has had the most helpful cooperation of local and other physicians in caring for students. A total of 420 letters has been received concerning the physical condition of students who are or have been former patients of these doctors. Family physicians have certified that seven students were immune to smallpox as a result of having had the disease, 59 had been successfully vaccinated against smallpox, six had had typhoid fever, 72 had been inoculated against typhoid fever, three had been immunized against diphtheria, two were immune from scarlet fever, 187 had had scarlet fever, and 541 had been given the Dick test.

A total of 2,720 students was admitted to local hospitals during the academic year. Of this number 497 went directly from the Health Service Station and 2,223 were sent to the hospitals by the local doctors themselves. The students who went to the hospitals from the Health Service Station exercised their inalienable right to select their own physician by choosing fifty different doctors. Students admitted to the hospitals from the Health Service Station and those who entered otherwise proportionately show very little variation in their selection of local practitioners. This demonstrates conclusively that the Health Service staff makes no attempt to influence students in the choice of doctors who are known to be both reputable and competent.
For the last twenty years a sustained effort has been made to keep the duties of the Health Service staff distinct from the work of local physicians. It has been recognized that its function was preventive and educational and only therapeutic to the extent of first aid and advice. It dealt with the ambulatory cases only. When students needed prolonged attention, had to stay at their rooms or had to go to the hospital, they were turned over to an attending physician of their own choice. On the basis of this distinction the local practitioners and the medical staff of the Health Service have worked together for the common good of the students and with the same cordiality that local doctors have shown each other.

This line of demarcation has been determined not only by local conditions but by precedents established by municipal, state, and federal departments of health in practically every town and state in the Union. Health officials usually direct their preventive work to the group; the practitioner treats the individual. Authorities on public health administration generally urge such a differentiation of activities. Although such a division of labor is not always easy, it has proved the most satisfactory of all attempts to separate the fields of preventive and educational medicine from that of the general practitioner.

**SUICIDE**

**I. Registered Students**

During 1935-1936 three students committed suicide producing a mortality rate of 26.86 per 100,000. This is very unusual since this group represents exactly one-third of all such students who have died in the last
nineteen years while in college. The rate this year is much higher than
the annual rate of 7.69 per 100,000 for all students who have been in the
University since 1918.

The total number of students committing suicide during the
nineteen year period while the University was in session was nine, two of
whom were over 24 years old. This makes an annual average rate of 3.81
per 100,000 in the age group 15 to 24 and 4.91 for the whole group of
nine. For registered students who died during the past year, the ratio
of men to women is one to two, but for the nineteen year period it is
five to four.

II. Students in Nineteen Year Survey

Of the 49 former students of the University during the nineteen
year period who killed themselves either while in college or after leaving
the University, the youngest was 19 and the oldest 49. During this period
there were 67,125 matriculants in the University at Urbana. On this basis
the annual death rate per 100,000 is 7.69 which is considerably less than
15.93 and 15.34 respectively for the Registration Area and the State of
Illinois for the age group 15 to 49 based on the population shown in the
Census Abstracts of 1930 and the mortality rates of 1933 for the former
and 1934 for the latter.

Freshman men and freshman women have an average age of 19.14 and
18.68 years respectively, and seniors 22.23 and 21.71 years respectively.
This shows that with few exceptions the age group 15 to 24 includes the
entire undergraduate student body. Table VII gives the comparison of the
death rates from suicide in the Registration Area, the State of Illinois,
the policy holders of the Metropolitan Life Insurance Company, and University students.

Table VII
Rate per 100,000 for Suicide in the Age Group 15 to 24

<table>
<thead>
<tr>
<th>Description</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Area, United States (1933)</td>
<td>9.03</td>
<td>5.85</td>
<td>7.43</td>
</tr>
<tr>
<td>State of Illinois (1934)</td>
<td>9.44</td>
<td>6.21</td>
<td>6.81</td>
</tr>
<tr>
<td>Metropolitan Life Insurance Policy Holders (whites only)</td>
<td>5.6</td>
<td>2.4</td>
<td>7.0</td>
</tr>
<tr>
<td>Registered students</td>
<td>3.78</td>
<td>3.91</td>
<td>3.81</td>
</tr>
<tr>
<td>All Illini for nineteen years</td>
<td>5.01</td>
<td>2.02</td>
<td>4.08</td>
</tr>
</tbody>
</table>

On the whole the death rate from suicide in college men and women compares favorably with that in the general population. It should, however, be borne in mind that the number of students considered is small and under such circumstances a few cases may produce disproportionate trends which would not be confirmed if the basis of computation were greater. Nevertheless, the data available indicates that the suicide rates of students and former students of the University are distinctly less than those of the same age group in the general population.

III. Methods

As a general rule, people who commit suicide are more bent on self-destruction than on showing versatility, - more determined to end it all than to be spectacular in their methods. Occasionally an individual deliberately seeks the headlines through the means he uses in his passing, but the average person employs firearms, poison, gas, a noose, drowning, or cutting. Recently, jumping from high places has become popular with those who feel unable to bear the "slings and arrows" of imagined or actual
"outrageous fortune".

In the choice of the means of suicide accessibility is undoubtedly important. Suggestion is also a factor and it is not uncommon to see an unusual method of self-destruction which has been given publicity come to be employed widely. In such instances the method presumably is used only by those contemplating suicide for a normal person will not destroy himself because a certain method of self-destruction is brought to his attention.

The mental pattern of the individual is a factor not only in determining whether or not he will commit suicide but often also has an important bearing on the means he will use. Certain persons take great pains to kill themselves in some particular manner because it apparently affords them keen satisfaction to do so.

The following table summarizes the methods employed by college men and women for their self-destruction and shows the distribution among men and women as to choice of means.

<table>
<thead>
<tr>
<th>Method</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shooting</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Poison</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Gas</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Jumping from heights</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Self inflicted burns</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Drowning</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hanging</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Cut own throat</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Plunged under train</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Electrocution</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Not specified</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

| Total                       | 41  | 8     | 49    |

It should be noted that 28.57 per cent use shooting, 16.33 per cent poison, 2.04 per cent drowning, and 14.29 per cent gas. The frequency of a method
of choice among students is similar to that of the suicide in the general population. Women showed a predilection to the increasingly popular method of jumping from heights; men to the use of firearms.

IV. Causes

Suicide rates are influenced by tradition, custom, religious belief, social attitudes, climatic conditions, and other factors which may vary from country to country. Ill health, mental abnormality, physical suffering, and handicaps lead men to think of self-destruction. Impaired prestige, loss of honor, unrequited love, fear of failure, and a feeling of inadequacy have a similar effect. Social pressure and religious training are deterrents of suicide and materially affect its frequency. They may also be conducive to it.

Life, to be attractive, must provide work which gives satisfaction and the human relationship which sustains in a world of joy and sorrow, pain and pleasure, victory and defeat. Confidence in the future and a sense of security are preventives enabling one to withstand the stress and strain of modern life which is too often a maelstrom of emotionalism, irrationality, and inhumanity. Men must have an abiding faith in the meaningfulness of life, in its purpose, and a satisfying belief in their own destiny. Otherwise they are likely to be overcome by an appalling sense of futility which may turn them to self-destruction. Suicide is a challenge to medicine, psychology, philosophy, and religion.

V. Prevention

Suicide is very difficult to prevent because many persons contemplating self-destruction give no hint of their intention but present
it as a fait accompli. Even those who are suspected and are being watched often lead their attendants to think they are no longer considering suicide only to jump from a window, hang themselves with a part of their clothing, or drown themselves in the bathtub on the first opportunity.

There is no specific against suicide. It is a complex phenomenon, the frequency of which is determined by group attitudes, character, temperament, and environmental factors over which the individual may have no control. It is indicative of a badly integrated personality, one not able to withstand the frustrations and vicissitudes of life.

As a social problem suicide increases with age and contrary to usual opinion is more the result of the weariness, hopelessness, and disillusionment of age than the emotional conflicts and disappointments of youth. More than half of all the suicides of the United States occur among persons 45 years of age and over, although this group constitutes only a little more than one-fifth of the total population.

The stress of study, conflicts of philosophies, the difficulties in adjustment to campus demands, social stresses, and general excitement which are alleged to be the liabilities of higher education are not apparently important causes of suicide. If they are operative they are so effectively offset by opportunities for the realization of ambition, satisfaction, and self-expression that they are not only counteracted but the wholesomeness of college environment neutralizes to a considerable degree other factors predisposing to suicide.

**HOMICIDE**

Homicide or the killing of one human being by another has, in
the Registration Area of the United States, a rate of 15.33 per 100,000 which gives this nation the distinction of being the most lawless in the world. While this national disregard of human life is naturally reflected in the causes of death of former students, a nineteen year survey showed that homicide of one form or another caused an annual death rate of 2.51 per 100,000. The youngest Illini killed was 18; the oldest 42.

Homicide is not necessarily a crime. It may be excusable or justifiable and within the law, or it may be unlawful and felonious and classified as murder and manslaughter. Vital statistics make no distinction between the above categories but designate all such killings of one person by another as homicide. Accidental death, due to negligence, may appear on criminal records, but in vital statistics they are never listed as homicide.

I. Justifiable or Excusable

For ten Illini who have been killed there was no legal responsibility for their death. Most of these cases were not only excusable but were regrettable accidents for which neither party was at fault. Two of these deaths resulted from boxing and one from fencing. Of the remaining seven, two were accidental shootings, two were caused by mentally deranged individuals, and three died at the hands of officers of the law.

II. Felonious

Of the former students considered, only six lost their lives through homicides of a felonious nature. Five of these were killed either in a holdup or a robbery and the other lost his life in gang warfare. It is pleasing to note that very few college men and women turn to crime. Of
the 67,125 matriculants considered only two lost their lives because of their activities as gangsters, one of these being killed by an officer.

III. Prevention

Shooting undoubtedly is the commonest method of homicide. Rigid restrictions of the sale and carrying of firearms would materially reduce the incidence of murder and manslaughter. The ease with which revolvers and machine guns can be acquired in the United States is both a national disgrace and a public scandal. So long as such a condition continues, the United States' leadership in homicide is secure and the lives of college men and women will continue to be sacrificed in robberies, holdups, and accidents involving firearms.

ACCIDENTAL DEATHS

Macnines, speed, and skyscrapers symbolize a civilization in North America unsurpassed for the production of mortality from accidents. The United States has more fatal accidents for the size of its population than any other country in the world and Canada is a close second.

Of the students examined in the Class of 1939 at an average age of nineteen, 26.15 per cent or 261.5 per 1,000 had suffered one or more painful accidents before matriculation. In the Chart on "Injuries Per 1,000 Students Examined" is given the rate by classes for the freshmen at the time of entrance for the last fifteen years. This shows that at least one out of every four students, and sometimes as high as one out of every three students, has suffered some severe injury or accident before matriculation. When such a large proportion of a group is subject to injury, a high mortality rate for accidents is inevitable.
INJURIES PER 1,000 STUDENTS EXAMINED

I. Automobile Accidents

To exchange 35,000 deaths from typhoid fever annually for 36,000 deaths from automobile accidents each year — to waste half a billion dollars of the nation's wealth — is no less shocking than the disease annually for the million injured by motor cars every twelve months. All in 50 years, a change from death by infection to death from trauma, but it is that progress we demand, for science to replace the destruction of lives by sanitation and immunization when it destroys them by the arrow. But it makes possible to-day we can to-day, instead of your survey of deaths of Illini; we find that automobile accidents as a cause of death, ranked third. A total of 69 Illini, ranging in ages from 15 to 19, died from this cause as an average age of death at 14.96 per 100,000, while high in college. In Table IX it is shown as a cause of death of students while 100,000.

Chart No. 10
Accidents caused 182 of the 841 deaths of former students who have been registered in the University since 1918. This closely approximates the total of 186 known Illini dead of the World War and is a rate of 28.54 per 100,000. With the average expectancy of life being 60 years for men and 62 years for women, society lost 6,353 years of service from its potentially most capable and promising members.

I. Automobile Accidents

To exchange 35,000 deaths from typhoid fever annually for 36,000 deaths from automobile accidents each year -- to trade half a million patients with the disease annually for one million injured by motor cars every twelve months -- all in 30 years, is a change from death by infection to death from trauma, but it is not progress. For science to save thousands of lives by sanitation and immunization only to destroy them by the motor car it makes possible would seem to be the attainment of frustration and futility.

In a nineteen year survey of deaths of Illini it was found that automobile accidents as a cause of death ranked third. A total of 89 Illini, ranging in ages from 17 to 63, died from this cause at an average age of 26.11 years. Their rate of death of 13.96 per 100,000, while high, is still not as high as that for students who die from this cause while in college.

The annual mortality rate of automobile accidents among students registered in the University during the last twelve years is 15.33 per 100,000. In Table IX it is shown that, as a cause of death of students while
the University is in session automobile accidents take first place. Of
the twenty such students killed by automobiles only ten were fatally in-
jured while in Champaign County.

Table IX
Summary of Student Deaths at University of Illinois
1924-1936

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobile accidents</td>
<td>16</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Other Accidents</td>
<td>9</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Suicide</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Infections</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Heart disease</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Meningitis</td>
<td>4</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Operations</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Infantile paralysis</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Sarcoma</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Ulcer of stomach</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Amoebic dysentery</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Hodgkin's disease</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Unclassified</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>58</td>
<td>18</td>
<td>76</td>
</tr>
</tbody>
</table>

Automobile density is only one of the reasons that the wholesale
slaughter by motor vehicles in the United States is without parallel out-
side of war, but it is not the whole explanation by any means. Many deaths
result from rashness and recklessness which would not occur if motor vehicles
were used with care and forethought. Both speed and "jaywalking" are fac-
tors in the mortality rate. On the basis of incomplete data, tying sleds
to automobiles led to the death of one student and the serious injury of
four others.

Cars hitting bicycles or motocycles caused the death of four
Illini, collisions between two automobiles the death of fifteen, and a car
being struck by a train the death of ten. In eight instances death resulted from the overturning of the automobile, in seven instances by crashes with stationary objects, and in two instances by pedestrians being struck.

The Human Factor. In the driving of an automobile the most important factor of safety is obviously the man at the wheel. Safety engineering, better highway construction and improved cars have much to do with reducing the mortality rate from automobile accidents; but the fact must be faced that warning signs at danger points are not read quickly by the half-blind, red and green traffic lights mean little to the colorblind, and alcohol impairs judgment and slows reaction time, making the drinking driver a danger to himself and a menace to others.

To insist on the mechanical perfection of cars is excellent but is only a small part of safety. There should be equally careful testing to show that drivers are physically able to handle such cars. To build safe roadways is admirable, but they are only avenues of death unless education, public sentiment, and the law will prevent and control the mania for speed to which many human beings are highly susceptible.

The safety campaign which spends its force on grade crossings, bad curves, and poor roadways is valuable; but if it reserves no energy to be directed against the "accident-prone" individual, the physically incompetent, and the morally irresponsible, it deals only with a small part of the problem. Yet in a number of municipalities and states, the only test of a person's ability to drive a car is whether or not he can find the steering wheel and get his foot on the starter.
II. Drowning

Although drowning is surpassed by the automobile as a cause of accidental death in college students, it is an ever present possibility where feats of daring beyond the experience and strength of youth are attempted. A total of 29 Illini have lost their lives from drowning within the last nineteen years at an average age of 24.93 years. Two of these were drowned in the swimming pools of the University. The death of six others resulted from broken necks while diving into shallow water or in striking some submerged object.

Prevention. The prevention of drowning consists of teaching students swimming, life saving procedures, and the proper method of giving artificial respiration. Communities can contribute to the prevention of drowning by providing opportunities for water sports, well supervised pools, and bathing beaches.

But after every precaution is taken, the carelessness of those who wish to show off will continue to cause drowning. Recklessness will continue to take its toll of lives of those who must demonstrate how far they can swim, who learn nothing of the depth of the water and the nature of the bottom before they dive, who go into cold water overheated, or who give no attention to tides or currents and swim alone in dangerous water or over long distances. Those who follow the water for a living and those who live near popular beaches are overwhelmed by the conviction that most drownings are due to a lack of foresight and are readily preventable by the exercise of a modicum of common sense.
III. Airplane Accidents

With the American public becoming more and more airminded every day airplanes promise to take a greater number of lives each year. Though women have taken up flying the same as they have other occupations not a single Illini co-ed has lost her life in an airplane crash. The fourteen Illini who died in airplane accidents were all men and died at the low average age of 24.5 years.

IV. Other Accidents

A total of 50 Illini have died from other accidental causes at the youthful age of 24.5 years. Of these, five died from burns, seven from electrocution, nine from falls, five from accidental gunshot wounds, five from physical education accidents, four from accidental poisoning, five from railroad accidents, five from industrial accidents, one from a motorcycle striking a cow, one by being hit by a falling tree, one by starvation in a jungle, and two unclassified. It is significant that only three of this group were women which indicates that the woman has not invaded the sanctity of male occupations as much as public opinion might lead one to think.

APPENDICITIS

I. The Mortality Rate

During the year 43 students suffered attacks of appendicitis, 62 others underwent appendectomies, and one died from peritonitis due to perforation of the appendix. Although only one student in the whole student population died from appendicitis, even that death is to be deplored.
Appendicitis is fatal beyond all necessity. As Garlock has stated it, "The mortality rate of acute appendicitis is directly dependent upon the length of time between the onset of symptoms and the operation." Of 841 former students of the University who have died during the last nineteen years and for whose deaths there is dependable information, 43 or 5.11 per cent died of appendicitis, an annual rate of 6.74 per 100,000. The rates for the Registration Area for the State of Illinois for 1933 and 1934 respectively are 13.61 and 12.92.

II. Comments

Deaths from appendicitis are largely avoidable. If the disease is recognized early and the appendix promptly removed before perforation takes place, the mortality rate is less than one per cent. The tragedies of appendicitis are caused by delay, the use of purgatives, and poor judgment in selecting an attending surgeon.

Procrastination due to failure to recognize the disease, the lack of appreciation of the danger involved, the wish to exercise economy, reluctance to enter a hospital, or the fear of surgery are so common in connection with appendicitis as to cause from 40 to 50 per cent of the patients admitted to certain hospitals to have perforated appendixes at the time.

The mortality from removal of an inflamed appendix before rupture has occurred is almost negligible but increases rapidly with perforation, abscess, and peritonitis. In many cases the interval between the onset of appendicitis and admission to the hospital is the almost unbelievable length of three or four days. If many useful lives are not to be snuffed out by appendicitis needlessly, students must know that laxa-
tives are dangerous in the presence of pain in or tenderness of the abdomen. They must understand that an early diagnosis of their condition may save them from both complications and death. They must appreciate that their delay in being operated upon may prove fatal and that mortality rates are reduced to a minimum by a good surgeon.

CHILDBIRTH

In 1933, 13.12 per cent of the deaths of women in the Registration Area between 20 and 39 years of age was caused by childbirth. For 1934 in the State of Illinois the rate was 9.82 per cent. Of the 172 former "co-eds" who died between these ages 10.47 per cent lost their lives from this cause. In Table X are given the complications of parturition which proved fatal.

Table X
Complications of Childbirth

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerceral fever</td>
<td>5</td>
</tr>
<tr>
<td>Toxemia of pregnancy</td>
<td>1</td>
</tr>
<tr>
<td>Pernicious vomiting</td>
<td>1</td>
</tr>
<tr>
<td>Postpartum hemorrhage</td>
<td>1</td>
</tr>
<tr>
<td>Cesarean section</td>
<td>1</td>
</tr>
<tr>
<td>Nephritis</td>
<td>1</td>
</tr>
<tr>
<td>Embolism</td>
<td>1</td>
</tr>
<tr>
<td>Septicemia scarlet fever</td>
<td>1</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>1</td>
</tr>
<tr>
<td>Not specified</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

For college women to have a higher mortality rate in childbirth than the average female of the State of the same age is a cause for serious reflection. Obviously the small number considered does not warrant sweeping conclusions, but the trend is clearly in a direction which, to say the least, is thoroughly disappointing. An examination of the causes
shows clearly that a considerable number of them are complications of the puerperium and are largely preventable in modern obstetrical practice.

Such a situation immediately raises the question as to whether or not the prospective mother and her husband had proper knowledge to make them aware of the necessity of ante partum care, the selection of an expert accoucheur, and the value of hospitalization of obstetrical cases. In the death of a single individual there is rarely a greater tragedy or greater loss to society than that of the death of a cultured and promising young woman in childbirth. If education can prevent such occurrences or even reduce them to a minimum (and it can), its duty is very clear.

CAUSES OF PREMATURE DEATH AMONG ILLINI

Of the members of the last nineteen classes 241 have died at the average age of 26.55 years. From Table XI it is seen that 197, or less than one out of four, were women whose deaths occurred at an average age of 27.65 years. The women have maintained their reputation for living longer than men by outliving them by approximately one and a half years.

The leading causes of premature death among college students are respiratory infections and accidents. In the former group, tuberculosis, pneumonia, and influenza caused the death of 230 Illini or 27.35 per cent of the total. In the latter, automobiles, airplanes, drowning, and other accidents accounted for the death of 152 former students which is 21.64 per cent of the group studied.

A pandemic of influenza in 1918 was greatly responsible for the large number of deaths in respiratory infections. In that year 29 died from pneumonia and seven from influenza. Of the 29 dying from pneumonia
eleven had it as a complication of influenza. It is significant that during this epidemic only two women died. This epidemic seemed to attack the younger Illini, the average age of death for those dying of pneumonia and influenza being 21.26 and 24.57 years respectively.

Diseases which once were a scourge no longer take their former quotas of lives: small pox, typhoid fever, seven from scarlet fever, and one from malaria. Small pox caused no mortality.

Heart disease, the leading cause of death in the general population, respects no pedestrian. It was the fourth most frequent cause of death proving that it is not so means a disease of senility. It was slightly more frequent in men than in women and the former died at an earlier average age.

Infection is still a problem of modern medicine. The need for the avoidance of delay on the part of the patient in seeking medical attention and the use of proper technique by the physician cannot be over-emphasized. Septicemia, appendicitis, and childbirth were respectively the third, fourth, and fifth causes of death. The total death rate of those having attended by proper medical aid of the patient and the exercise of good judgment and technique by the attending physician.

The highest average age of death, 31.69 years, occurred in the case of malignant tumors. Diseases of the brain was second with an average age at death of 29.36 years and heart disease third. It is to be expected that these three causes of death would produce such a result because they

LOST PRODUCTIVITY FROM PREMATURE DEATH

(641 Illini)

Chart No. 11
eleven had it as a complication of influenza. It is significant that during this epidemic only two women died. This epidemic seemed to attack the younger Illini, the average age of death for those dying of pneumonia and influenza being 21.28 and 24.57 years respectively.

Diseases which once were a scourge no longer take their former quotas of lives. There were only ten deaths from typhoid fever, seven from scarlet fever, and one from diphtheria. Smallpox caused no mortality.

Heart disease, the leading cause of death in the general population, respects no age limits. It was the fourth most frequent cause of death proving that it is by no means a disease of senility. It was slightly more frequent in women than men, and the former died at an earlier average age.

Infection is still a problem of modern medicine. The need for the avoidance of delay on the part of the patient in seeking medical attention and the use of proper technique by the physician can not be overemphasized. Septicemia, appendicitis, operations, and childbirth were responsible for 144 or 17.12 per cent of the total deaths. A number of these have to be classified as avoidable by prompt action on the part of the patient and the exercise of good judgment and technique by the attending physician.

The highest average age of death, 31.69 years, occurred in the case of malignant tumors. Diseases of the brain was second with an average age at death of 29.36 years and heart disease third. It is to be expected that these three causes of death would produce such a result because they
<table>
<thead>
<tr>
<th>Cause</th>
<th>Men</th>
<th></th>
<th>Women</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Avg age of death</td>
<td>Number of deaths</td>
<td>Av. Age death</td>
<td>No. of deaths</td>
<td>Avg. age death</td>
<td>No. of deaths</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>25.84</td>
<td>80</td>
<td>26.15</td>
<td>34</td>
<td>25.93</td>
<td>114</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>24.86</td>
<td>80</td>
<td>30.89</td>
<td>19</td>
<td>26.02</td>
<td>99</td>
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<tr>
<td>Automobile accidents</td>
<td>25.58</td>
<td>71</td>
<td>26.22</td>
<td>18</td>
<td>26.11</td>
<td>89</td>
</tr>
<tr>
<td>Heart disease</td>
<td>29.16</td>
<td>44</td>
<td>26.28</td>
<td>18</td>
<td>28.32</td>
<td>62</td>
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<tr>
<td>Miscellaneous accidents</td>
<td>23.94</td>
<td>47</td>
<td>33.33</td>
<td>3</td>
<td>24.50</td>
<td>50</td>
</tr>
<tr>
<td>Suicide</td>
<td>26.66</td>
<td>41</td>
<td>24.50</td>
<td>8</td>
<td>26.31</td>
<td>49</td>
</tr>
<tr>
<td>Septicemia</td>
<td>26.50</td>
<td>38</td>
<td>25.80</td>
<td>10</td>
<td>26.35</td>
<td>48</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>26.11</td>
<td>35</td>
<td>26.25</td>
<td>8</td>
<td>26.14</td>
<td>43</td>
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<td>26.84</td>
<td>31</td>
<td>28.82</td>
<td>11</td>
<td>27.36</td>
<td>42</td>
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<tr>
<td>Malignant tumors</td>
<td>30.38</td>
<td>26</td>
<td>35.10</td>
<td>10</td>
<td>31.69</td>
<td>36</td>
</tr>
<tr>
<td>Operations</td>
<td>28.21</td>
<td>19</td>
<td>27.69</td>
<td>16</td>
<td>27.97</td>
<td>35</td>
</tr>
<tr>
<td>Drowning</td>
<td>24.96</td>
<td>26</td>
<td>24.67</td>
<td>3</td>
<td>24.93</td>
<td>29</td>
</tr>
<tr>
<td>Nephritis</td>
<td>28.13</td>
<td>23</td>
<td>23.67</td>
<td>3</td>
<td>27.62</td>
<td>26</td>
</tr>
<tr>
<td>Childbirth</td>
<td>27.50</td>
<td>18</td>
<td>27.50</td>
<td>18</td>
<td>27.50</td>
<td>18</td>
</tr>
<tr>
<td>Influenza</td>
<td>25.17</td>
<td>12</td>
<td>27.20</td>
<td>5</td>
<td>25.77</td>
<td>17</td>
</tr>
<tr>
<td>Homicide</td>
<td>24.54</td>
<td>13</td>
<td>31.00</td>
<td>3</td>
<td>25.75</td>
<td>16</td>
</tr>
<tr>
<td>Airplane accidents</td>
<td>24.50</td>
<td>14</td>
<td></td>
<td></td>
<td>24.50</td>
<td>14</td>
</tr>
<tr>
<td>Diseases of the brain</td>
<td>29.90</td>
<td>10</td>
<td>28.00</td>
<td>4</td>
<td>29.36</td>
<td>14</td>
</tr>
<tr>
<td>Meningitis</td>
<td>27.09</td>
<td>11</td>
<td>23.50</td>
<td>2</td>
<td>26.54</td>
<td>13</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>22.56</td>
<td>9</td>
<td>21.00</td>
<td>1</td>
<td>22.40</td>
<td>10</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>28.20</td>
<td>5</td>
<td>21.50</td>
<td>2</td>
<td>26.29</td>
<td>7</td>
</tr>
<tr>
<td>War victims</td>
<td>23.60</td>
<td>5</td>
<td></td>
<td></td>
<td>23.60</td>
<td>5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>28.50</td>
<td>4</td>
<td>23.00</td>
<td>1</td>
<td>27.40</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>26.22</td>
<td>644</td>
<td>27.65</td>
<td>197</td>
<td>26.55</td>
<td>841</td>
</tr>
</tbody>
</table>
A total of 48 persons died from venereal diseases. Of these, four were caused by syphilis, three died of syphilitic complications, three of leprosy, three of infantile paralysis, two of Hodgkin's disease, two of intestinal obstruction, and two of chronic appendicitis. Some of the causes of death in this group were diphtheria, malaria, hemolytic anemia, poliomyelitis, leprosy, Banti's disease, Ludwig's angina, Addison's disease, malignant hypertension, food poisoning, and Vincent's angina.

Table XII

Average Period in Years from College to Death for

Men

Women

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typhoid fever</td>
<td>35</td>
</tr>
<tr>
<td>Suicide</td>
<td>30</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>25</td>
</tr>
<tr>
<td>Accidents</td>
<td>20</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>Appendicitis</td>
<td></td>
</tr>
<tr>
<td>Septicemia</td>
<td></td>
</tr>
<tr>
<td>Scarlet fever</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
</tr>
<tr>
<td>Malignant tumors</td>
<td>35</td>
</tr>
<tr>
<td>Childbirth</td>
<td></td>
</tr>
</tbody>
</table>
are more frequent in people of middle age and older.

A total of 42 persons died from sundry diseases. Of these, four were caused by thyrotoxicosis, three amebic dysentery and its complications, three leukemia, three infantile paralysis, two Hodgkin's disease, two intestinal obstruction and two myelitis. Some of the causes of death in this group of which there was one case each were diphtheria, malaria, Banti's disease, Ludwig's angina, Addison's disease, malignant hypertension, food poisoning, and Vincent's angina.

Table XII

AVERAGE PERIOD IN YEARS FROM COLLEGE TO DEATH FOR 841 ILLINI

<table>
<thead>
<tr>
<th>Disease</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>3.09</td>
<td>3.09</td>
<td>3.09</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>2.38</td>
<td>3.47</td>
<td>2.59</td>
</tr>
<tr>
<td>Automobile accidents</td>
<td>3.35</td>
<td>4.17</td>
<td>3.52</td>
</tr>
<tr>
<td>Heart disease</td>
<td>4.77</td>
<td>3.22</td>
<td>4.32</td>
</tr>
<tr>
<td>Miscellaneous accidents</td>
<td>2.02</td>
<td>2.67</td>
<td>2.06</td>
</tr>
<tr>
<td>Suicide</td>
<td>4.15</td>
<td>2.63</td>
<td>3.69</td>
</tr>
<tr>
<td>Septicemia</td>
<td>4.24</td>
<td>3.40</td>
<td>4.06</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>3.89</td>
<td>4.63</td>
<td>4.02</td>
</tr>
<tr>
<td>Miscellaneous diseases</td>
<td>3.09</td>
<td>3.91</td>
<td>3.31</td>
</tr>
<tr>
<td>Malignant tumors</td>
<td>3.92</td>
<td>8.40</td>
<td>5.17</td>
</tr>
<tr>
<td>Operations</td>
<td>5.11</td>
<td>4.50</td>
<td>4.83</td>
</tr>
<tr>
<td>Drowning</td>
<td>3.15</td>
<td>1.67</td>
<td>3.00</td>
</tr>
<tr>
<td>Nephritis</td>
<td>3.91</td>
<td>3.00</td>
<td>3.81</td>
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<tr>
<td>Childbirth</td>
<td>5.61</td>
<td>5.61</td>
<td>5.61</td>
</tr>
<tr>
<td>Influenza</td>
<td>1.92</td>
<td>3.48</td>
<td>2.35</td>
</tr>
<tr>
<td>Homicide</td>
<td>3.08</td>
<td>6.00</td>
<td>4.59</td>
</tr>
<tr>
<td>Airplane accidents</td>
<td>3.43</td>
<td>4.75</td>
<td>3.93</td>
</tr>
<tr>
<td>Diseases of the brain</td>
<td>3.60</td>
<td>4.75</td>
<td>3.93</td>
</tr>
<tr>
<td>Meningitis</td>
<td>5.45</td>
<td>1.50</td>
<td>4.85</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>1.89</td>
<td>0.00</td>
<td>1.89</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>4.00</td>
<td>1.50</td>
<td>3.29</td>
</tr>
<tr>
<td>War victims</td>
<td>2.20</td>
<td></td>
<td>2.20</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.25</td>
<td>1.00</td>
<td>1.20</td>
</tr>
</tbody>
</table>

Total Av. 3.38   3.95   3.51
It will be seen from the above table that the average length of life from college to death was three and one-half years. The women, on the whole, lived a half year longer than the men after leaving the University. Women who died in childbirth on the average lived longest and students with malignant tumors next. Those having diabetes lived only 1.20 years after attending the University, and those with typhoid fever 1.70 years. Other causes of death in which the deceased lived but a short time after leaving school were pneumonia, influenza, and miscellaneous accidents.

**STUDENT DEATHS**

I deeply regret to report that six students died during the year. Of these three were suicides, one an automobile accident, one the result of perforation of the appendix, and one Hodgkin's disease. Two students also died during the summer before they had an opportunity to return to school. The cause of death in one instance was streptococccemia and in the other meningitis.

During the year the Medical Staff of the Health Service suffered an irreparable loss in the death of Dr. Vergil A. Ross who died suddenly on August 26, 1935. He had been with the University for fourteen years and was beloved alike by the students and his colleagues. In his service to the University he was never known to do less than his best.

**TONSILS**

A study of the chart on the number of students per thousand examined whose tonsils had been removed shows that there is an apparent
rising tide of pathological tonsils. In 1920-21, 79 students per thousand had their tonsils removed; in 1935-36 the rate was 512 per thousand. Unless such findings indicate a "massacre of the tonsils", it seems that Mother Nature has not properly developed the human throat to meet the demands of a complex civilization, that alert parents have discovered this fact, and that modern medicine is coming to their rescue with scientific thoroughness.

INJURIES OF CIVIL SERVICE EMPLOYEES

During the year employees of the University suffered 149 accidents in the line of duty which is an increase of 5.67 per cent over last year. Of these, 117 required minor surgical attention as a result of their injuries and 32 were so severely injured that they were referred to outside surgeons, specialists, or radiologists for prolonged treatment or roentograms.

In the case of the employees who suffered injuries requiring outside medical attention the progress of their recovery was checked from time to time. Upon their complete recovery a written report was made to the Compensation Committee of the University for its use in making recommendations to the Court of Claims.

INSTRUCTION IN HYGIENE

I. Elementary Hygiene

For the first semester elementary hygiene and sanitation was taught to 1,538 students of which 1,108 were men and 430 were women. The registration for the second semester was 1,127 men and 355 women, a total of 1,482. The total registration in elementary hygiene was 3,020 or an
increase of 4.86 per cent over that of last year. In all there were 20 sections for the men and eight for the women each semester.

II. Advanced Hygiene

The advanced course in hygiene for coaches, physical education majors, and teachers had a total registration for the year of 148 students. During the first semester students in this course were taught in two sections and the second semester in three sections.

III. Hygiene 

In cooperation with the director of University Extension Service a correspondence course in hygiene has been offered. During the past year there was a registration of eighteen students, two of whom have completed the course. The quality of work so far presented by those taking it is very gratifying. If a greater enrollment occurs, this course should prove a means for students to render themselves proficient in hygiene, and it should become an important factor in the education of the public in sanitary science and preventive medicine.

IV. Proficiency Examinations

A total of 192 students passed the proficiency test in hygiene and received credit in it. The number of students passing these examinations tend to increase as the years go by indicating either that students are taking advantage of their opportunity and preparing for these examinations during the summer or that the instruction in high schools in hygiene and allied subjects is improving. The distribution by colleges and geographically of those who passed the proficiency test the past year is given in Tables XIII and XIV below.
### Table XIII

**DISTRIBUTION BY COLLEGES OF THOSE PASSING THE PROFICIENCY EXAMINATIONS IN HYGIENE**

<table>
<thead>
<tr>
<th>College</th>
<th>No. Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberal Arts &amp; Sciences</td>
<td>101</td>
</tr>
<tr>
<td>Commerce</td>
<td>35</td>
</tr>
<tr>
<td>Engineering</td>
<td>27</td>
</tr>
<tr>
<td>Agriculture</td>
<td>20</td>
</tr>
<tr>
<td>Fine &amp; Applied Arts</td>
<td>6</td>
</tr>
<tr>
<td>Physical Education</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>192</strong></td>
</tr>
</tbody>
</table>

### Table XIV

**GEOGRAPHICAL DISTRIBUTION OF THOSE PASSING THE PROFICIENCY EXAMINATIONS IN HYGIENE**

#### Illinois

<table>
<thead>
<tr>
<th>County</th>
<th>No. Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>2</td>
</tr>
<tr>
<td>Bond</td>
<td>1</td>
</tr>
<tr>
<td>Brown</td>
<td>1</td>
</tr>
<tr>
<td>Bureau</td>
<td>1</td>
</tr>
<tr>
<td>Champaign</td>
<td>32</td>
</tr>
<tr>
<td>Christian</td>
<td>1</td>
</tr>
<tr>
<td>Clinton</td>
<td>1</td>
</tr>
<tr>
<td>Cook</td>
<td>45</td>
</tr>
<tr>
<td>Crawford</td>
<td>3</td>
</tr>
<tr>
<td>Cumberland</td>
<td>2</td>
</tr>
<tr>
<td>Douglas</td>
<td>2</td>
</tr>
<tr>
<td>Dupage</td>
<td>5</td>
</tr>
<tr>
<td>Fayette</td>
<td>3</td>
</tr>
<tr>
<td>Ford</td>
<td>2</td>
</tr>
<tr>
<td>Franklin</td>
<td>1</td>
</tr>
<tr>
<td>Fulton</td>
<td>3</td>
</tr>
<tr>
<td>Gallatin</td>
<td>1</td>
</tr>
<tr>
<td>Grundy</td>
<td>1</td>
</tr>
<tr>
<td>Henderson</td>
<td>2</td>
</tr>
<tr>
<td>Henry</td>
<td>1</td>
</tr>
<tr>
<td>Iroquois</td>
<td>2</td>
</tr>
<tr>
<td>Jefferson</td>
<td>2</td>
</tr>
<tr>
<td>Kane</td>
<td>5</td>
</tr>
<tr>
<td>Kankakee</td>
<td>1</td>
</tr>
<tr>
<td>Kendall</td>
<td>1</td>
</tr>
<tr>
<td>Knox</td>
<td>1</td>
</tr>
<tr>
<td>LaSalle</td>
<td>3</td>
</tr>
<tr>
<td>Lawrence</td>
<td>1</td>
</tr>
<tr>
<td>Lee</td>
<td>1</td>
</tr>
<tr>
<td>Livingston</td>
<td>2</td>
</tr>
<tr>
<td>Macon</td>
<td>4</td>
</tr>
<tr>
<td>Macoupin</td>
<td>2</td>
</tr>
<tr>
<td>Madison</td>
<td>3</td>
</tr>
<tr>
<td>Marion</td>
<td>3</td>
</tr>
<tr>
<td>Marshall</td>
<td>1</td>
</tr>
<tr>
<td>McDonough</td>
<td>1</td>
</tr>
<tr>
<td>McLean</td>
<td>5</td>
</tr>
<tr>
<td>Mercer</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>No. Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgan</td>
<td>1</td>
</tr>
<tr>
<td>Moultrie</td>
<td>1</td>
</tr>
<tr>
<td>Ogle</td>
<td>1</td>
</tr>
<tr>
<td>Peoria</td>
<td>4</td>
</tr>
<tr>
<td>Piatt</td>
<td>2</td>
</tr>
<tr>
<td>Randolph</td>
<td>2</td>
</tr>
<tr>
<td>Richland</td>
<td>1</td>
</tr>
<tr>
<td>Rock Island</td>
<td>1</td>
</tr>
<tr>
<td>Sangamon</td>
<td>2</td>
</tr>
<tr>
<td>Schuyler</td>
<td>2</td>
</tr>
<tr>
<td>Scott</td>
<td>1</td>
</tr>
<tr>
<td>St. Clair</td>
<td>1</td>
</tr>
<tr>
<td>Stephenson</td>
<td>1</td>
</tr>
<tr>
<td>Tazewell</td>
<td>2</td>
</tr>
<tr>
<td>Vermilion</td>
<td>3</td>
</tr>
<tr>
<td>Warren</td>
<td>1</td>
</tr>
<tr>
<td>Whiteside</td>
<td>2</td>
</tr>
<tr>
<td>Winnebago</td>
<td>2</td>
</tr>
</tbody>
</table>

| Total        | 179         |

#### Out of State

<table>
<thead>
<tr>
<th>State</th>
<th>No. Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>2</td>
</tr>
<tr>
<td>Kentucky</td>
<td>1</td>
</tr>
<tr>
<td>Florida</td>
<td>1</td>
</tr>
<tr>
<td>Missouri</td>
<td>3</td>
</tr>
<tr>
<td>Indiana</td>
<td>2</td>
</tr>
<tr>
<td>New York</td>
<td>3</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>
By offering students an opportunity to take a proficiency examination in hygiene at the beginning of each semester, the University is obtaining three very important results:

(a) A reduction in its teaching load.

(b) The avoidance of requiring a student to take a subject of which he may already have a good working knowledge.

(c) The promotion of health education in the primary and secondary schools of the state where it is very much needed.

As will be noted in Table XV, 508 students have been excused from elementary hygiene since the inauguration of these examinations four years ago. This means that the teaching burden in elementary hygiene has been reduced by ten sections over a period of four years.

Table XV

<table>
<thead>
<tr>
<th>Year</th>
<th>1st Semester</th>
<th>2nd Semester</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1932-33</td>
<td>91</td>
<td>7</td>
<td>98</td>
</tr>
<tr>
<td>1933-34</td>
<td>67</td>
<td>11</td>
<td>78</td>
</tr>
<tr>
<td>1934-35</td>
<td>104</td>
<td>35</td>
<td>139</td>
</tr>
<tr>
<td>1935-36</td>
<td>114</td>
<td>79</td>
<td>193</td>
</tr>
<tr>
<td><strong>Total Number Excused</strong></td>
<td><strong>508</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH EDUCATION**

I. In High Schools

The findings in a study of the health education of high school graduates warrant the assertion that unless public school systems provide our leading citizens of tomorrow with more and better information with which to preserve their health, to protect their families, and to function as intelligent members of a complex society, many needless deaths will
occur, much unnecessary suffering will have to be borne, and quackery will thrive. The facts obtained indicate the general knowledge of health is such that the applications of sanitary science and preventive medicine will be greatly retarded and, in many instances, lost, regardless of the success of research, the generosity of philanthropy, or taxation for the common good.

Through an N. Y. A. project supervised by Dr. John R. Cain, the data concerning the health education of 4,540 high school graduates were studied. Of these less than one-eleventh had had hygiene, about one-half biology, a little more than one-fifth physiology, and approximately three-fifths general science. About 80 per cent of the instruction in hygiene, 58 per cent in physiology, 43 per cent in general science, and 40 per cent in biology were by teachers who taught one or more other subjects.

<table>
<thead>
<tr>
<th>Table XVI</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCIENCES TAKEN BY 4,540 HIGH SCHOOL GRADUATES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene</td>
<td>407</td>
<td>8.96</td>
</tr>
<tr>
<td>Biology</td>
<td>2238</td>
<td>49.29</td>
</tr>
<tr>
<td>Physiology</td>
<td>1002</td>
<td>22.07</td>
</tr>
<tr>
<td>Chemistry</td>
<td>2683</td>
<td>59.09</td>
</tr>
<tr>
<td>Physics</td>
<td>2821</td>
<td>62.14</td>
</tr>
<tr>
<td>General Science</td>
<td>2774</td>
<td>61.10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table XVII</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL OR PART-TIME INSTRUCTION IN SCIENCES IN HIGH SCHOOL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Full Time</th>
<th>Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Hygiene</td>
<td>24</td>
<td>20.64</td>
</tr>
<tr>
<td>Biology</td>
<td>1351</td>
<td>60.37</td>
</tr>
<tr>
<td>Physiology</td>
<td>420</td>
<td>41.92</td>
</tr>
<tr>
<td>Chemistry</td>
<td>1751</td>
<td>65.26</td>
</tr>
<tr>
<td>Physics</td>
<td>1804</td>
<td>63.95</td>
</tr>
<tr>
<td>General Science</td>
<td>1573</td>
<td>56.71</td>
</tr>
</tbody>
</table>
Physics was taken in high school by 2,821 or 62.14 per cent of the prospective freshmen and chemistry by 2,683 or 59.09 per cent. In many high schools students have to take a certain amount of science to meet the requirements for graduation, but chemistry, physics, or both are frequently considered as satisfying this standard. It is possible, therefore, for pupils to graduate from high school without having had biology, hygiene, or physiology although neither chemistry nor physics provides than substantial knowledge of even the elements of personal and community health.

In Table XVIII are given the various subjects with which instruction in hygiene, general science, biology, or physiology was shared. The practice of drafting whoever might be willing to attempt to teach hygiene and sanitation is clearly shown by the fact that teachers of English, mathematics, Latin, history, agriculture, geography, civics, and bookkeeping were given an opportunity to instruct high school students in preventive medicine. A great part of the small group of high school graduates who have had some instruction in health education received it from their instructors in physical training as occasional talks on personal hygiene. Many of these are athletic directors who are faced with the stern necessity of producing winning teams or hunting for another job with which to support their families. Under such circumstances they are too busy to give hygiene the attention its importance demands.

As a rule there is little difference in the previous training of freshmen who pass the proficiency examination in hygiene and those who do not take it or those who fail it. Such factors as a favorable environment,
Table XVIII
SHARING OF INSTRUCTION IN OTHER SUBJECTS
BY HIGH SCHOOL TEACHERS OF SCIENCE

<table>
<thead>
<tr>
<th>Subject</th>
<th>Hygiene</th>
<th>Gen'l Science</th>
<th>Biology</th>
<th>Physiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Education</td>
<td>235</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biology</td>
<td>10</td>
<td>259</td>
<td></td>
<td>87</td>
</tr>
<tr>
<td>Mathematics</td>
<td>11</td>
<td>141</td>
<td>72</td>
<td>59</td>
</tr>
<tr>
<td>General Science</td>
<td>5</td>
<td></td>
<td>232</td>
<td>35</td>
</tr>
<tr>
<td>Physics</td>
<td>3</td>
<td>149</td>
<td>66</td>
<td>18</td>
</tr>
<tr>
<td>Chemistry</td>
<td>1</td>
<td>123</td>
<td>64</td>
<td>14</td>
</tr>
<tr>
<td>Chemistry and Physics</td>
<td></td>
<td>85</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>History</td>
<td>12</td>
<td>57</td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>Home Economics</td>
<td>8</td>
<td>71</td>
<td>22</td>
<td>40</td>
</tr>
<tr>
<td>Agriculture</td>
<td>2</td>
<td>42</td>
<td>73</td>
<td>12</td>
</tr>
<tr>
<td>English</td>
<td>9</td>
<td>43</td>
<td>44</td>
<td>25</td>
</tr>
<tr>
<td>Physiology</td>
<td>12</td>
<td>30</td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>Physiography</td>
<td>2</td>
<td>8</td>
<td></td>
<td>82</td>
</tr>
<tr>
<td>Botany</td>
<td>2</td>
<td>16</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>Zoology</td>
<td></td>
<td>18</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Latin</td>
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<td>26</td>
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<tr>
<td>Geography</td>
<td>4</td>
<td>4</td>
<td>14</td>
<td>37</td>
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<tr>
<td>Civics</td>
<td>1</td>
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<td>4</td>
</tr>
<tr>
<td>Music</td>
<td>10</td>
<td></td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Manual Training</td>
<td>1</td>
<td>8</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Bookkeeping</td>
<td>1</td>
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<td>1</td>
</tr>
<tr>
<td>Hygiene</td>
<td></td>
<td>2</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Social Science</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Not specified</td>
<td>1</td>
<td>11</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Economics</td>
<td>1</td>
<td>3</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>French</td>
<td>4</td>
<td></td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>German</td>
<td>2</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Spanish</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Commercial Law</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Auto Mechanics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Astronomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>323</strong></td>
<td><strong>1201</strong></td>
<td><strong>887</strong></td>
<td><strong>582</strong></td>
</tr>
</tbody>
</table>

scientific background, and unusual ability largely account for those who pass. Being born in the home of a physician or a public health worker and
having training as a nurse or a scout seem to be helpful.

II. Qualifications of Teachers

There are five essential qualifications for the teachers of health education in high schools; namely,

1) a thorough background of the fundamental sciences of biology, chemistry, and physics,

2) knowledge of physiology, bacteriology, psychology, sociology, and economics,

3) an understanding of the philosophy, psychology, and principles of education,

4) proper facilities, and

5) an opportunity to keep up with the progress of preventive medicine and sanitary engineering which make it possible for man to control his environment more readily and to adjust himself to it.

If the qualifications of those as given in Table XVIII are compared with the above standards, it is very apparent that there is an urgent need for curricula in colleges for prospective teachers of hygiene and for the better training of those who wish to give instruction in it.

III. Objectives in Hygiene

Hygiene should be a great clearing house where the well established results of research are given to the public through the education of its future leaders in the application of newly obtained knowledge.

Education in hygiene, by instruction in the classroom, by conferences, and by sustained efforts to maintain the best sanitary environment is the easiest, shortest, and quickest route by which the great progress in preventive medicine during the last century may be brought to the community. It should have a place in the curricula of schools, colleges, and universities:
1) As a means for the development of physical and mental efficiency, the creation of a wholesome attitude of mind, and the cultivation of moral and social qualities.

2) As a decisive factor in determining that the healthfulness of environment shall more closely approach the maximum commensurate with sanitary knowledge.

3) As a training essential to intelligent participation in enterprises of civic betterment and to the assuming of the duty of a well informed citizen in public health advancement.

4) As a protection against disease and as a guarantee that education and experience shall function for society for the longest period possible.

5) As specific information having a far-reaching influence on vocational success.

6) As an education necessary to evaluate properly health fads, fancies, and fictions that are continually being foisted on the public.

7) As a safeguard to the individual and to the public against the tremendous economic loss (to say nothing of the loss of health and life) from medical frauds, cults, and quackery.

8) As one of the best methods to bring to the public the benefits to be derived from the enormous sums being spent by philanthropists and bodies politic for research in the domain of preventive medicine and sanitation.

IV. The Need for Adequate Instruction of Hygiene in Secondary Schools

A survey of the teaching of hygiene in the high schools, a study of the causes of the death of former Illini, and classroom instruction provide a perspective of the use of science in the advancement of human welfare which is the cause of serious reflection. Notwithstanding the fact that hygiene and sanitation are the best fruits of biology, chemistry, and physics, they are far from being used adequately
to prevent disease and to promote health in the comprehensive sense of
living most and serving best.

The results of the survey (see Tables XVI, XVII, and XVIII)
show conclusively that health education in high schools in quantity is
much below what is commensurate with the needs of individuals in our
complex civilization and that in quality of instruction no subject given
in the secondary schools is treated so haphazardly or its teachers, as
a rule, have so little special training in the subject they are trying
to teach. In the presence of such a situation it is not surprising that
the per cent of students passing the proficiency examination in hygiene
is low or that the University has to give instruction in a subject which
would benefit a much greater per cent of the people of the state were
it taught effectively in the high schools. If elementary hygiene were
properly presented at this educational level, the University would be
free to make a larger contribution to the welfare of the State by
training its graduates in the hygienic aspects of their vocations.

Examination of the causes of death of former Illini (see
Table XI) reveals that they are largely preventable and that the deaths
at the average age of 26.55 years instead of at 60 for men and 62 for
women is a tremendous social and economic loss for which the only ef-
fective preventive is education. These findings not only indicate where
the emphasis must be placed in instruction but justify the policy of
the University in teaching freshman hygiene to insure that its invest-
ment in education shall bring the largest dividends to the State for
the longest period possible.
MENSTRUATION IN FRESHMAN WOMEN

As a part of our N.Y.A. program Dr. Maude Lee Etheredge and her assistants of the Women's Department conducted a study of the menstrual cycle of freshman women at the University of Illinois. This study extended over a period of three semesters and included a group of 1,140 students. It was found that the usual age at which menstruation began was 13 years, the length of the period five days, and the menstrual cycle 28 days.

Table XIX
MENSTRUATION

<table>
<thead>
<tr>
<th>Age at which menstruation began</th>
<th>Length of period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Days</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Total 1,140</td>
<td>Total</td>
</tr>
</tbody>
</table>

*Ten students failed to answer the question as to the length of the period.

In 84.06 per cent of those studied the degree of menstrual flow was moderate, in 10.38 per cent profuse, and in 5.55 per cent slight. Dysmenorrhea or menstrual disturbance of varying degrees and frequency occurred in 79.4 per cent of this group. Pain in most cases was at the beginning of the period and was of a pelvic nature. The drugs used for dysmenorrhea in many instances contained either aspirin, phenacetin, or pyramidon as the principal ingredient and were: feminex,
midol, aspirin, pyramidin, amacin, dysco, thyroid, codeine, Lydia Pinkham, and kalms. A moderate leukorrhea occurred in 7.7 per cent of the students of which 3.3 per cent was of a constantly moderate nature. Of the remainder, 44 per cent had a very slight leukorrhea and 48.3 per cent none at all.

Before matriculation in the University 316 or 27.72 per cent had had irregular menstrual periods but during their first year in the University only 119 or 10.44 per cent had amenorrhea. Of those with amenorrhea only 16 or 3.68 per cent resorted to medicine.

| Table XX |
| NERVOUS SYMPTOMS DURING MENSTRUAL CYCLE |
| Worry and fatigue | 39 | Nervous, fatigue | 20 |
| Nervous | 82 | Fatigue | 50 |
| Excited | 28 | Excited, fatigue | 10 |
| Worry | 105 | Excited, worry, and fatigue | 13 |
| Nervous and excited | 55 | Nervous, excited, and fatigue | 8 |
| Nervous, excited, and worry | 73 | Fatigue | 24 |
| Nervous, worry, and fatigue | 38 | All of the above symptoms | 56 |
| | | No symptoms | 476 |
| Total | 1,140 |

In Table XX are the nervous symptoms experienced during the menstrual cycle. Of the total students studied 476 showed no nervous symptoms and 14 per cent were antagonistic towards menses. Exercise was decreased during menstruation in only 19.63 per cent while the other 80.37 per cent continued its regular program of physical activity.

Of this group of students, 5.1 per cent had chronic constipation, and only 5.5 per cent were costive during the menstrual period.
Among the remainder, 40.9 per cent experienced constipation occasionally and 48.5 per cent not at all. Acne was constantly present in 167 or 14.6 per cent while 390 or 34.2 per cent had it only when associated with the period. Over half or 57.5 per cent of the students did not use tobacco at all. Of the remainder, 17.5 per cent smoked occasionally and 25 per cent smoked five or more cigarettes daily.

**NASAL EOSINOPHILIA**

During the year Dr. L. N. Judah studied as part of an N.Y.A. project the diagnostic aid of nasal eosinophilia in allergic disease. It has been thought by certain physicians that allergic states might produce an eosinophilia in the nasal secretion paralleling that found in the blood picture. Different investigators have obtained varying results. His study attempted to answer three questions:

1) Is there a nasal eosinophilia in cases in which the history is such as to make allergy a reasonable diagnosis?

2) If so, is this eosinophilia constant at all times or does it occur only during attacks?

3) If the above questions could be answered affirmatively, does the test offer possibilities as a diagnostic aid?

To this end 696 slides were examined. Of these, 69 did not have enough cells to be counted, and 627 were satisfactory. Of all white blood cells counted, 1.19 per cent were eosinophiles. Slides from allergic persons had a smaller percentage of eosinophiles than from persons who had no such history. Allergic cases showed an average eosinophile count of 0.51 per cent while persons without such history had an eosinophile count of 1.22 per cent.
Two presumptive cases of nasal allergy ran a rather uniform though low grade eosinophilia. A case of acne, which can be produced at will by a diet containing peanuts, did not show any eosinophilia; one of unquestioned food allergy (chocolate) was consistently eosinophilic.

In general it can be said that there seems to be no constant nasal eosinophilia in those who appear to be allergic. The number of eosinophiles in the nasal secretions is, therefore, of little diagnostic significance in such conditions.

**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.

**Table XXI**

**LABORATORY TESTS**

<table>
<thead>
<tr>
<th>Test</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinalyses</td>
<td>8841</td>
</tr>
<tr>
<td>Widal tests</td>
<td>1504</td>
</tr>
<tr>
<td>Throat cultures</td>
<td>319</td>
</tr>
<tr>
<td>Bacteriological examinations of excreta</td>
<td>214</td>
</tr>
<tr>
<td>Kahn tests</td>
<td>107</td>
</tr>
<tr>
<td>Sputum examinations</td>
<td>51</td>
</tr>
<tr>
<td>Smears from the urethra</td>
<td>31</td>
</tr>
<tr>
<td>Basal metabolism tests</td>
<td>31</td>
</tr>
<tr>
<td>X-ray examinations</td>
<td>26</td>
</tr>
<tr>
<td>Blood examinations (White Cells)</td>
<td>21</td>
</tr>
<tr>
<td>Eye cultures</td>
<td>8</td>
</tr>
<tr>
<td>Agglutination tests for undulant fever</td>
<td>7</td>
</tr>
<tr>
<td>Blood smears for malaria</td>
<td>4</td>
</tr>
</tbody>
</table>

Of these, the following were positive: Widal tests, thirty; throat swabs for Vincent's Angina, twenty-seven; smears from the urethra
for gonorrhea, nine; throat swabs for diphtheria, eight; throat swabs showing streptococci, four; Kahn tests for syphilis, three; sputum examinations for tuberculosis, one; and blood smears for malaria, one.

To insure that those who had a positive Widal test were not typhoid carriers, examinations of three specimens of feces were made for each person. All of these specimens proved to be negative.

**FIRST AID**

A total of 107 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.

As has been customary for a number of years, members of the Health Service Staff upon request have attended certain University functions in order to render any first aid necessary. This service was given at the Electrical Engineering Show, the Physical Education Tournaments, 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.

**SANITATION**

The Health Service has endeavored to insure students with as safe and sanitary living conditions as possible. Complaints have been investigated to determine the cleanliness and healthfulness of the environ-
ment in which students live. Insanitary conditions and fire hazards have been reported to the proper local authorities, and lack of tidiness and cleanliness has been called to the attention of landlords and proprietors. Immediate attention has been given to daily reports which were received concerning the conditions of the swimming pools and water supply. Whether on or off the campus, the Health Service has aimed to stimulate improvement in the environment of the students.

I. Swimming Pools

The swimming pools of the University have been maintained in good sanitary condition throughout the year. With the fine cooperation of the staff of the State Water Survey, the Sanitary Engineer of the University, and the Department of Physical Education, the users of the pools have been required to observe the standard sanitary regulations for swimmers. Daily bacteriological tests have been made, and the residual chlorine of the water was determined twice a day. The loads of the pools have been controlled, and systematic efforts made to care for the pools in accordance with the standards of the American Public Health Association and Conference of State Sanitary Engineers.

Colon bacilli were found during the year in five of the samples of water taken daily from the pools for examination. A total of 25 high counts of bacteria was noted. These occurrences, upon investigation, were found usually to be caused by some temporary mechanical difficulty, life-saving practice in street clothes, over-loads, or other factors which were quickly remedied by appropriate action.

II. The University Water Supply

During the year the University completed extensive improvements
in its water system and supply. Two new wells, put down in accordance with modern sanitary procedures, were added; pipe lines were increased; and a reserve in supply and pressure was provided by the erection of a tank on the south farm.

Subsequent to these improvements and not unexpectedly, gas forming bacteria appeared repeatedly in the water supply in the southern part of the system. While the density of the organisms was within permissible limits, their presence in the water supply of the University left something to be desired because any attempt to evaluate a drinking water on the basis of a distinction between the so-called fecal and non-fecal types of the coli-aerogenes group is "unwarranted". Happily, through the prompt and skillful efforts of Sanitary Engineer, Mr. H. L. White, these "gas formers" were brought under control and the institution now has a water supply in which it may have complete confidence.

III. Lunch Rooms and Refectories

An increasing number of students have begun to show an interest in the condition of local lunch rooms. This concern of prospective cus-
tomers has resulted in improvement. It proves, after all is said and done, that students themselves can do much by their criticism of the sanitation of restaurants and their non-patronage of sub-standard establishments to improve insanitary conditions and promote the excellence of service they desire.

This student sentiment has focused the attention of the local municipalities on enacting and enforcing ordinances regulating restaurants and refectories. Urbana has recently passed an ordinance providing for
the inspection of lunch rooms. If it is enforced, it should do much to
improve the sanitary conditions of eating establishments in that city.
Champaign has also become actively interested in the condition of its
lunch rooms, and their further improvement in the near future seems likely.
A number of proprietors have been very cooperative and have given their
support to the enactment of ordinances to improve restaurants in the Twin
Cities.

Several local lunch rooms and refectories recently were either
remodeled or renovated. This has not only made these establishments more
attractive but has also helped to improve their sanitation.

In a friendly spirit the Health Service has cooperated with
local officials and proprietors of restaurants in every way possible to
give the students better places in which to eat. It not only has examined
and immunized their student foodhandlers but it has also urged the adop-
tion of the following minimum standards of sanitation.

1. **SANITATION.** The lunch rooms, kitchen, equipment, and cooking,
   serving, and eating utensils shall be clean.

2. **STERILIZATION.** The lunch room shall have ample facilities to pro-
   vide boiling water to insure the sterilization of eating and drink-
   ing utensils after each separate use.

3. **MILK.** The milk sold shall be from healthy and tuberculin-tested
cows, produced under sanitary conditions, pasteurized, and served
in bottles.

4. **FOOD.** The food shall be fresh, sound, unadulterated, and protected
   against contamination from dirt, insects, rats, and mice.

5. **PERSONNEL.** All foodhandlers shall be neatly attired, careful of
   their personal cleanliness, medically examined to preclude the
   possibility of their being carriers of disease, immunized against
   smallpox and typhoid fever, and permitted to handle no food when
   suffering from either respiratory or intestinal disease.
6. **Inspection.** Inspection shall be at frequent intervals to ensure that the sanitation, the health of personnel, the sterilization of eating and drinking utensils, and the wholesomeness of the milk and food are maintained.

**IV. Lodging House Inspection**

A systematic inspection of fire hazards and sanitary conditions in lodging houses, which was begun under the F.E.R.A., was continued the past year under the N.Y.A. Suggestions and recommendations were made by the inspectors to the landladies and reports of fire hazards and nuisances were sent to the proper local authorities. In the following table are shown the inspections made.

**Table XXII**

<table>
<thead>
<tr>
<th></th>
<th>Organized</th>
<th>Unorganized</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total houses</td>
<td>102</td>
<td>282</td>
<td>384</td>
</tr>
<tr>
<td>For men</td>
<td>65</td>
<td>139</td>
<td>204</td>
</tr>
<tr>
<td>For women</td>
<td>37</td>
<td>143</td>
<td>180</td>
</tr>
<tr>
<td>Dormitories</td>
<td>100</td>
<td>94</td>
<td>194</td>
</tr>
<tr>
<td>Rooms</td>
<td>1640</td>
<td>1191</td>
<td>2831</td>
</tr>
<tr>
<td>Student occupants</td>
<td>2985</td>
<td>2191</td>
<td>5176</td>
</tr>
</tbody>
</table>

As will be noted from the above table, only about half of the student population was included in this inspection. This is partially explained by the fact that a number of students live with their parents in neighboring towns and that a number of others reside at home in parts of Champaign or Urbana not included within the Student District. As only three persons with the hours permitted by the N.Y.A. were available for these inspections, their efforts were restricted to the houses with the greatest number of students or to those which were known to be substandard.
In a student population of 11,170 it is not surprising to find a wide variation in living conditions. From Table XXIII it is apparent that the greater part of the students live under favorable conditions and only a very small per cent are in rooms classed by student inspectors as poor. Obviously, the attainment and maintenance of tidiness and cleanliness are a joint enterprise requiring the cooperation of both the student and the lodging-house keeper; neither are able to realize them alone.

A number of students with limited means attend the University. Many of them purposely select "C" accommodations for financial reasons and prefer to live in a fair room and attend an "A" university than to have either "A" accommodations at a "C" college or no higher education at all. Such students often become distinguished alumni. As long as there are self-supporting students, there will be a place for "C" grade lodging houses which, like the "C" grade lunch room, are often uninviting but offer little risk to health.

In half of the study rooms and dormitories of organized houses there was need for more attention to ventilation. In most instances, lack of care rather than defects in construction was the reason for the unsatisfactory findings. While about a fifth of the study rooms and a third of the basements were somewhat untidy, they were well within the range of quick improvement through the efforts of the student and the person in charge of the house.
Table XXIII

Sanitary Conditions of Lodging Houses

<table>
<thead>
<tr>
<th></th>
<th>Organized Houses</th>
<th>Unorganized Houses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exc.</td>
<td>Good</td>
</tr>
<tr>
<td>Study rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness and tidiness</td>
<td>269</td>
<td>1059</td>
</tr>
<tr>
<td>Ventilation</td>
<td>785</td>
<td>838</td>
</tr>
<tr>
<td>Bathrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness and tidiness</td>
<td>10</td>
<td>91</td>
</tr>
<tr>
<td>Dormitories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness</td>
<td>8</td>
<td>73</td>
</tr>
<tr>
<td>Ventilation</td>
<td>47</td>
<td>50</td>
</tr>
<tr>
<td>Basements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanliness and tidiness</td>
<td>6</td>
<td>52</td>
</tr>
<tr>
<td>Yards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditions</td>
<td>14</td>
<td>84</td>
</tr>
</tbody>
</table>

In unorganized houses the conditions of the basements and bathroom facilities were not as good as in organized houses. Out of 318 independent houses 84 had inadequate bathroom equipment; only eight of the 102 organized houses were defective in this respect. A number of the unorganized houses are old buildings in which the plumbing fixtures have not been altered since their construction.

In making the inspections of lodging houses special attention was given to see whether or not the following considerations were met:

1. **STUDY ROOMS.** The rooms were cared for daily and thoroughly cleaned once a week. They were in order and free from dust, lint, and papers. The bed clothing was clean and a fresh sheet was supplied each week.

2. **BATHROOMS.** Bathroom facilities of one toilet, one bathtub or one shower and one lavatory were furnished each eight students. Hot water was provided for the lavatory daily and baths at least twice a week. The plumbing was modern and in good repair. The walls, floors, and mirrors were clean; all waste papers were disposed of promptly; and there were adequate racks for towels.
3. **DORMITORIES.** Beds were neatly made and clean. The floors had been recently swept and rubbish removed.

4. **VENTILATION.** Each room had at least one window opening to the outside which could be lowered at the top. Or proper ventilation could be obtained by a transom or by a window ventilator. On the basis of the BUILDING CODE recommended by the National Board of Fire Underwriters each student was allowed a minimum of 480 cubic feet of air. All dormitories were provided with proper cross ventilation.

5. **LIGHTING.** All windows were of proper size and location. The type of fixtures, their position, and the wattage of the bulbs were such as to prevent eye strain from glare or insufficient illumination.

6. **BASEMENTS.** The basement was clean, dry, and free from odors. All waste materials were promptly disposed of or burned.

7. **PREMISES.** The halls and stairways were lighted and well kept. The yard was clean and free from offensive slops, heaps of garbage, or ashes.

During the year, a number of fire hazards were noted, reported to local authorities, and removed with their cooperation. The most common danger found in student lodging houses was the putting of waste paper and other inflammable materials near furnaces and stoves where a single spark could start a fire which might prove costly if not a catastrophe. The careless disposal of cigarette stumps and electric wires run under rugs or hung over nails are frequent potential sources of fires and risks to life. The latter risk has been reduced during the last few years but the former remains. Another dangerous practice is the storing of ashes in pasteboard or wooden containers. In Table XXIV are shown the hazards from improper storage of ashes as well as the number of houses lacking the protection afforded by fire extinguishers.
Table XXIV

Fire Hazards

<table>
<thead>
<tr>
<th></th>
<th>Organized</th>
<th>Unorganized</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashes stored in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metal containers</td>
<td>52</td>
<td>120</td>
<td>172</td>
</tr>
<tr>
<td>Wooden containers</td>
<td>24</td>
<td>82</td>
<td>106</td>
</tr>
<tr>
<td>Both</td>
<td>4</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td>On the floor</td>
<td>14</td>
<td>20</td>
<td>34</td>
</tr>
<tr>
<td>Fire extinguishers need re-charging</td>
<td>18</td>
<td>45</td>
<td>63</td>
</tr>
<tr>
<td>Houses without fire extinguishers</td>
<td>26</td>
<td>226</td>
<td>254</td>
</tr>
</tbody>
</table>

V. Local Cooperation

Through the years and particularly in 1935-1936 the administrations of Champaign and Urbana have been friendly, cooperative, and helpful. Their excellencies, the Mayors, have been very much interested in the welfare of students. The city attorneys, commissioners, and councilmen have given considerable time to the discussion of conditions affecting the health of the University population. The fire and police departments of the two towns have rendered a fine service in removing fire hazards and abating nuisances in the lodging houses of students. The cooperation of the local health officers has been of a very high grade both in efficiency and spirit of friendliness.

Local officials, like the local physicians, play a very important part in safeguarding the health of students. Many times during the year they have listened sympathetically and patiently to numerous observations upon local conditions affecting the welfare of students and have taken appropriate action. It is a pleasure to record their contribution
to public health and to express deep appreciation for their help.

**ORAL EXAMINATIONS AND INTERVIEWS OF NURSES**

As in previous years members of the Health Service staff on the request of the State Civil Service Commission have conducted examinations of nurses who were applicants for positions on the staff of the McKinley Hospital. Twenty-five such nurses were examined either at Chicago or Urbana.

**REQUESTS FOR INFORMATION**

Twenty-nine people have requested information on various aspects of public health and approximately 90 bulletins and pamphlets have been sent to them. Fourteen requests were also received for reprints of articles by members of the department or copies of forms used by the Health Service.

The members of the medical staff have filled 41 speaking engagements during the past year. Many of these were at nearby high schools and were on various phases of preventive medicine.

On request of the Bureau of Institutional Research the medical records of the members of the Class of 1935 were reviewed to determine their health status. This information was used to ascertain the relationship of certain factors in high school education, success in college, and morbidity.

**HEALTH SERVICE OBJECTIVES**

A student health service is a health center within an institution of higher learning. It is dedicated to the conception that constructive,
dynamic living in the best environment that modern science can provide is the rightful inheritance of every individual. To attain this ideal, it strives to teach the student, and by him also his community, the principles of hygiene and sanitation as they relate to him, his home, and his vocation. Its methods are the periodic physical examination, the personal conference, the demonstration of disease control, the maintenance of a sanitary environment, the cooperation with physical educators, instruction in hygiene, and the cultivation of an appreciative attitude toward hospitalization and public health administration.

It protects the University population against illness by early detection and isolation of persons exposed to or ill of communicable disease. It encourages and promotes immunization against smallpox, typhoid fever, and diphtheria. It sees that the sick student receives medical attention promptly in order to insure the least damage to vital organs and the least loss of time from classes. By advice as to exercise and right living and by referring the students to specially trained physicians, it endeavors to correct the defects in all subnormal students. As students know they can not conveniently be taken care of when sick at their lodging houses, they expect to go to the infirmary when ill enough to be in bed. Thus they get used to the hospital and learn its advantages. It will mean much to personal and public health to have our college graduates know that they can usually obtain better care for themselves and their families in a well conducted hospital than at home. Such knowledge will mean much to maternal and infant welfare, to diagnosis and treatment, and to the equipment and maintenance of hospitals.
The members of the Health Service staff not only teach hygiene in the classroom and in their conferences with students but try to show by example the methods employed to prevent disease. A case of diphtheria properly handled in a fraternity house will do more in a few minutes to teach the value of antitoxin, the use of the Schick test, the value of immunization with toxin-antitoxin, the danger of carriers, and the necessity of isolation than will several hours of didactic instruction. It presents a demonstration whose significance remains throughout life. It creates a respect for quarantine and promotes a spirit of cooperation in the prevention of disease.

The Health Service operates on the campus and in the student district by educating, creating public sentiment, and encouraging a demand for sanitary improvement. It cooperates with the local boards of health, public spirited citizens, and students in helping to bring about living conditions that make the college community one of the most attractive in which to live. To interest young men and women in the sanitary improvement of their surroundings is to prepare them for better citizenship by their enlistment in the promotion of public health.

It is not the purpose of a health service either to pauperize or paternalize students or to socialize medicine. Its aim is to put the college graduate and the physician shoulder to shoulder to mutual advantage in serving society, advancing scientific medicine, and making a better world.

THE HEALTH SERVICE AS A BAROMETER

For the last twenty years demands upon the Health Service have been a gauge of the development of the University quantitatively and quali-
tatively. Every increase in registration has meant more physical examinations, advice, instruction in hygiene, conferences, classifications for Military, physical training, and athletics, and visits. Likewise, the erection of new buildings, additional research projects, and other enterprises of the University have resulted in more janitors and other employees to be examined prior to employment, the necessity of giving first aid to more injured, and lengthy conferences after accidents to make accurate reports of disability or recovery for the Compensation Committee and the Court of Claims.

In order to make the handling of University cars as safe as possible, its drivers are examined at least once every two years. Following the same policy of safety, Illinois now requires physical examinations of student applicants for motor vehicle permits.

Increases of enrollment in courses where food for human consumption is handled has led to corresponding increases in the number of immunizations and laboratory tests necessary to protect the University against disease carriers who might cause epidemics. For each student of the Advanced Corps who attended military camp in the summer additional inoculations and certificates of immunization were given. Rising tides of morbidity throughout the country have been reflected in the student body, and epidemics in remote parts of the state frequently have had repercussions on the campus.

It will be seen then that the work of the Health Service is largely determined by conditions over which it has little or no control. The functions of this department are not only a barometer of the growth of
the University but are a good indicator of the conditions in the homes and schools from which students come as well as of their behavior patterns and the sanitary conditions under which they live.

In editing the Twentieth Annual Report under the combined pressure of a large increase in registration, an addition in the enrollment in hygiene, and the threat of a rising morbidity in the student body, the Health Officer has had the able assistance of the Former Chief of the Student Staff, Mr. Milo J. Fleming.

Respectfully submitted,

J. Howard Beard

J. Howard Beard, M. D.
University Health Officer
TWENTIETH ANNUAL REPORT

APPENDIX A
### APPENDIX A

#### Table I

**TYPES OF MEDICAL ATTENTION TO STUDENTS AND EMPLOYEES**

<table>
<thead>
<tr>
<th>Service</th>
<th>1934-1935</th>
<th>1935-1936</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice in case of illness</td>
<td>3920</td>
<td>3210</td>
</tr>
<tr>
<td>First aid in injury and infection</td>
<td>3188</td>
<td>3489</td>
</tr>
<tr>
<td>Sent to hospital</td>
<td>681</td>
<td>579</td>
</tr>
<tr>
<td>Referred to specialist</td>
<td>1509</td>
<td>2015</td>
</tr>
<tr>
<td>Urinalyses</td>
<td>8556</td>
<td>8841</td>
</tr>
<tr>
<td>Complete physical examination of students</td>
<td>4461</td>
<td>4867</td>
</tr>
<tr>
<td>and employees</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Table II

**MONTHLY DISTRIBUTION OF VISITS**

<table>
<thead>
<tr>
<th>Month</th>
<th>Student Men</th>
<th>Student Women</th>
<th>Civil Service Men</th>
<th>Civil Service Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>829</td>
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#### Table III

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

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Table IV

LABORATORY EXAMINATIONS

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Table IV (cont'd)

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<td>Throat cultures showing streptococci</td>
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Table V

C A S E S  C A R E D  F O R  A T  M C K I N L E Y  H O S P I T A L

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<td>August</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>9</td>
<td>128</td>
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<td>236</td>
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<td>993</td>
<td>2446</td>
<td>8213</td>
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*Resulting from cases of previous month.

Table VI

AVERAGE HOSPITAL STAY

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<th>Percent of Students Using Hospitals</th>
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<td>1932-1933</td>
<td>4.1</td>
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<td>1933-1934</td>
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<td>1934-1935</td>
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<td>Pneumonia</td>
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### Table VIII

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### ADVANCED HYGIENE

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### Table IX

**FAMILY HISTORY OF INHERITABLE DISEASES**

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<td>%</td>
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### Table X

**INJURIES**

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<td>Women</td>
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<td>Women</td>
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<td>%</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
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<td>390</td>
<td>11.83</td>
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<td>Leg</td>
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<td>218</td>
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### Table XI

**OPERATIONS**

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<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tonsils</td>
<td>52.26</td>
<td>61.30</td>
<td>1441</td>
<td>43.71</td>
</tr>
<tr>
<td>Adenoids</td>
<td>38.16</td>
<td>26.35</td>
<td>1173</td>
<td>35.58</td>
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<td>Others</td>
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<td>3.19</td>
<td>128</td>
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<tr>
<td>Chest</td>
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<td>0</td>
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<td>.76</td>
</tr>
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<td>Abdomen</td>
<td>9.14</td>
<td>12.11</td>
<td>234</td>
<td>7.1</td>
</tr>
<tr>
<td>Circumcision</td>
<td>25.33</td>
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<td>643</td>
<td>19.5</td>
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Table XII

USE OF TEA, COFFEE, AND TOBACCO

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</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Coffee</td>
<td>46.31</td>
<td>54.61</td>
<td>1524</td>
</tr>
<tr>
<td>Tea</td>
<td>15.84</td>
<td>49.29</td>
<td>686</td>
</tr>
<tr>
<td>Tobacco</td>
<td>35.31</td>
<td>34.27</td>
<td>1185</td>
</tr>
<tr>
<td>None of three</td>
<td>31.85</td>
<td>22.08</td>
<td>843</td>
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Table XIII

SLEEPING HABITS

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</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Under 6 hours</td>
<td>.16</td>
<td>.53</td>
<td>0</td>
</tr>
<tr>
<td>6 to 7 hours</td>
<td>11.17</td>
<td>13.20</td>
<td>290</td>
</tr>
<tr>
<td>8 to 9 hours</td>
<td>82.97</td>
<td>79.97</td>
<td>2387</td>
</tr>
<tr>
<td>10 hours and over</td>
<td>5.35</td>
<td>7.</td>
<td>170</td>
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</table>

Table XIV

STUDENTS GIVING HISTORIES OF TYPHOID FEVER

| Class of 1927 | 5.15 | Class of 1934 | 2.09 |
| Class of 1928 | 4.86 | Class of 1935 | 2.08 |
| Class of 1929 | 4.08 | Class of 1936 | 2.21 |
| Class of 1930 | 3.72 | Class of 1937 | 2.28 |
| Class of 1931 | 2.79 | Class of 1938 | 2.57 |
| Class of 1932 | 2.83 | Class of 1939 | 1.46 |
| Class of 1933 | 3.02 |

Table XV

RELATIVE OCCURRENCE OF CERTAIN DISEASES IN HISTORIES OF THE CLASS OF 1939

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<th>1939</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>9.04</td>
<td>13.79</td>
</tr>
<tr>
<td>Asthma</td>
<td>1.33</td>
<td>1.22</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>55.98</td>
<td>72.05</td>
</tr>
<tr>
<td>Chorea</td>
<td>.06</td>
<td>.23</td>
</tr>
<tr>
<td>Condition</td>
<td>1938 Men %</td>
<td>1938 Women %</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Diabetes</td>
<td>.17</td>
<td>.23</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>7.41</td>
<td>5.56</td>
</tr>
<tr>
<td>Diphtheria, immunization</td>
<td>13.16</td>
<td>12.88</td>
</tr>
<tr>
<td>Discharging ear</td>
<td>4.15</td>
<td>6.13</td>
</tr>
<tr>
<td>Dysentery</td>
<td>.38</td>
<td>.38</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>.03</td>
<td>0</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>.23</td>
<td>0</td>
</tr>
<tr>
<td>Heart trouble</td>
<td>2.29</td>
<td>2.74</td>
</tr>
<tr>
<td>Hay fever</td>
<td>4.92</td>
<td>4.65</td>
</tr>
<tr>
<td>Hernia</td>
<td>2.85</td>
<td>.38</td>
</tr>
<tr>
<td>Infantile paralysis</td>
<td>1.06</td>
<td>.77</td>
</tr>
<tr>
<td>Influenza</td>
<td>32.11</td>
<td>26.33</td>
</tr>
<tr>
<td>Kidney trouble</td>
<td>1.23</td>
<td>2.58</td>
</tr>
<tr>
<td>Malaria</td>
<td>3.02</td>
<td>2.13</td>
</tr>
<tr>
<td>Measles</td>
<td>76.93</td>
<td>66.5</td>
</tr>
<tr>
<td>German measles</td>
<td>18.92</td>
<td>24.45</td>
</tr>
<tr>
<td>Meningitis</td>
<td>.09</td>
<td>.08</td>
</tr>
<tr>
<td>Mumps</td>
<td>57.68</td>
<td>56.36</td>
</tr>
<tr>
<td>Nervous breakdown</td>
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<td>1.84</td>
</tr>
<tr>
<td>Pleurisy</td>
<td>1.37</td>
<td>2.21</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>10.21</td>
<td>9.14</td>
</tr>
<tr>
<td>Rheumatism</td>
<td>2.49</td>
<td>2.59</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>17.32</td>
<td>17.91</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>4.35</td>
<td>3.73</td>
</tr>
<tr>
<td>Smallpox</td>
<td>6.02</td>
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</tr>
<tr>
<td>Smallpox vaccination</td>
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<td>85.92</td>
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<tr>
<td>Syphilis</td>
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<td>0</td>
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<tr>
<td>Trachoma</td>
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<td>.08</td>
</tr>
<tr>
<td>Tuberculosis</td>
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<td>1.15</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>3.22</td>
<td>1.07</td>
</tr>
<tr>
<td>Typhoid inocculation</td>
<td>19.55</td>
<td>7.08</td>
</tr>
<tr>
<td>Undulant fever</td>
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<td>.38</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>52.29</td>
<td>66.49</td>
</tr>
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<td>Others</td>
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## Table XVI
**GENERAL DEVELOPMENT**

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<th>1939 Men</th>
<th>1939 Women</th>
<th>Total Men</th>
<th>Total Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>.83</td>
<td>1.68</td>
<td>27</td>
<td>.82</td>
<td>54</td>
<td>3.96</td>
</tr>
<tr>
<td>Good</td>
<td>84.77</td>
<td>87.20</td>
<td>2623</td>
<td>79.36</td>
<td>1197</td>
<td>87.69</td>
</tr>
<tr>
<td>Fair</td>
<td>13.36</td>
<td>10.74</td>
<td>635</td>
<td>19.25</td>
<td>114</td>
<td>8.35</td>
</tr>
<tr>
<td>Poor</td>
<td>1.03</td>
<td>.36</td>
<td>12</td>
<td>.36</td>
<td>0</td>
<td>.17</td>
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</table>

**BUILD**

<table>
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<tr>
<td>Stocky</td>
<td>11.97</td>
<td>15.97</td>
<td>682</td>
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<tr>
<td>Medium</td>
<td>60.67</td>
<td>59.79</td>
<td>2991</td>
</tr>
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<td>Slender</td>
<td>25.76</td>
<td>31.3</td>
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## Table XVII
**COLOR OF EYES**

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<th>1939 Men</th>
<th>1939 Women</th>
<th>Total Men</th>
<th>Total Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>40.19</td>
<td>35.19</td>
<td>1446</td>
<td>43.86</td>
<td>497</td>
<td>36.41</td>
</tr>
<tr>
<td>Grey</td>
<td>3.39</td>
<td>8.68</td>
<td>187</td>
<td>5.67</td>
<td>82</td>
<td>6.01</td>
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<tr>
<td>Greenish</td>
<td>6.88</td>
<td>11.88</td>
<td>116</td>
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<td>164</td>
<td>12.01</td>
</tr>
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<td>Hazel</td>
<td>12.03</td>
<td>10.21</td>
<td>280</td>
<td>8.49</td>
<td>167</td>
<td>12.23</td>
</tr>
<tr>
<td>Brown</td>
<td>36.84</td>
<td>32.14</td>
<td>1237</td>
<td>37.52</td>
<td>439</td>
<td>32.16</td>
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<tr>
<td>Dark</td>
<td>.66</td>
<td>1.9</td>
<td>31</td>
<td>.94</td>
<td>16</td>
<td>1.17</td>
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## Table XVIII
**COLOR OF HAIR**

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<th>1939 Men</th>
<th>1939 Women</th>
<th>Total Men</th>
<th>Total Women</th>
</tr>
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<tr>
<td>Flaxen</td>
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<td>288</td>
<td>8.74</td>
<td>90</td>
<td>6.6</td>
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<tr>
<td>Reddish</td>
<td>2.93</td>
<td>3.27</td>
<td>113</td>
<td>3.43</td>
<td>51</td>
<td>3.74</td>
</tr>
<tr>
<td>Light brown</td>
<td>21.7</td>
<td>28.56</td>
<td>757</td>
<td>22.96</td>
<td>373</td>
<td>27.33</td>
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<tr>
<td>Brown</td>
<td>35.64</td>
<td>33.95</td>
<td>1671</td>
<td>50.68</td>
<td>493</td>
<td>36.12</td>
</tr>
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<td>12.11</td>
<td>25.44</td>
<td>312</td>
<td>9.46</td>
<td>311</td>
<td>22.78</td>
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<td>Black</td>
<td>10.84</td>
<td>3.20</td>
<td>148</td>
<td>4.49</td>
<td>44</td>
<td>3.22</td>
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<tr>
<td>Grey</td>
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<td>8</td>
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<td>3</td>
<td>.22</td>
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### Table XIX

**TEETH**

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<th>1939 Women</th>
<th>Total Men</th>
<th>Total Women</th>
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<tr>
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<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
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<td>CAVITIES</td>
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<td>7.01</td>
<td>693</td>
<td>21.20</td>
<td>95</td>
<td>6.96</td>
</tr>
<tr>
<td>Absent</td>
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<td>23.00</td>
<td>1108</td>
<td>33.61</td>
<td>394</td>
<td>28.86</td>
</tr>
<tr>
<td>NEED CLEANING</td>
<td>27.39</td>
<td>4.19</td>
<td>474</td>
<td>14.38</td>
<td>34</td>
<td>2.49</td>
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<tr>
<td>Diseased gums</td>
<td>.30</td>
<td>2.06</td>
<td>36</td>
<td>1.09</td>
<td>16</td>
<td>1.17</td>
</tr>
<tr>
<td>No cavities</td>
<td>35.34</td>
<td>72.12</td>
<td>391</td>
<td>11.86</td>
<td>870</td>
<td>63.74</td>
</tr>
<tr>
<td>none absent</td>
<td></td>
<td></td>
<td>64</td>
<td>1.94</td>
<td>6</td>
<td>.44</td>
</tr>
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<td>Teeth devitalized</td>
<td>4.06</td>
<td>.84</td>
<td>70</td>
<td>1.5</td>
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### Table XX

**ABNORMALITIES OF THE HEART**

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<th>1939 Men</th>
<th>1939 Women</th>
<th>Total Men</th>
<th>Total Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Enlarged</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Irregular</td>
<td>.5</td>
<td>.46</td>
<td>8</td>
<td>.24</td>
<td>6</td>
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<td>Murmur</td>
<td></td>
<td></td>
<td>25</td>
<td>.76</td>
<td>2</td>
<td>.15</td>
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<tr>
<td>Aortic</td>
<td>.03</td>
<td>0</td>
<td>25</td>
<td>.76</td>
<td>2</td>
<td>.15</td>
</tr>
<tr>
<td>Mitral</td>
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<td>1.07</td>
<td>2</td>
<td>.06</td>
<td>7</td>
<td>.51</td>
</tr>
<tr>
<td>Systolic</td>
<td>.93</td>
<td>.46</td>
<td>30</td>
<td>.9</td>
<td>5</td>
<td>.37</td>
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</table>

### Table XXI

**THYROID ENLARGEMENT**

<table>
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<th>1939 Men</th>
<th>1939 Women</th>
<th>Total Men</th>
<th>Total Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Enlarged</td>
<td></td>
<td></td>
<td>12</td>
<td>.36</td>
<td>201</td>
<td>14.73</td>
</tr>
<tr>
<td>Slight</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>1.68</td>
<td>23</td>
<td>.49</td>
</tr>
<tr>
<td>Moderate</td>
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<td>5</td>
<td>.59</td>
<td>8</td>
<td>.17</td>
</tr>
<tr>
<td>Marked</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Evidence of</td>
<td></td>
<td></td>
<td>0</td>
<td>.46</td>
<td>0</td>
<td>.59</td>
</tr>
<tr>
<td>toxicity</td>
<td>.2</td>
<td>.46</td>
<td>0</td>
<td>.46</td>
<td>8</td>
<td>.59</td>
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</tbody>
</table>

|              |          |            | 213      | 4.57       | 8         | .17         |
### Table XXII

**CHEST AND LUNGS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Chest, abnormal</th>
<th>Lungs, abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1938</td>
<td>1.73%</td>
<td>0.7%</td>
</tr>
<tr>
<td>1939</td>
<td>1.76%</td>
<td>1.47%</td>
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</table>

### Table XXIII

**INCIDENCE OF ENLARGED LYMPH GLANDS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Epitrochlear</th>
<th>Axillary</th>
<th>Cervical</th>
<th>Inguinal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1938</td>
<td>1.66%</td>
<td>11.77%</td>
<td>14.86%</td>
<td>32.65%</td>
</tr>
<tr>
<td>1939</td>
<td>4.37%</td>
<td>10.37%</td>
<td>9.95%</td>
<td>24.6%</td>
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</table>

### Table XXIV

**CONDITION OF ABDOMINAL WALLS**

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<tr>
<th>Year</th>
<th>Abdomen</th>
<th>Hernia</th>
</tr>
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<tbody>
<tr>
<td>1938</td>
<td>0.06%</td>
<td>1.16%</td>
</tr>
<tr>
<td>1939</td>
<td>0.29%</td>
<td>0.07%</td>
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### Table XXV

**HERNIA IN MEN**

<table>
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<tr>
<th>Class</th>
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<th>1939</th>
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<tr>
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<td>Class of 1934</td>
<td>1.30</td>
</tr>
<tr>
<td>Class of 1929</td>
<td>1.51</td>
<td>Class of 1935</td>
<td>1.71</td>
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<tr>
<td>Class of 1930</td>
<td>1.35</td>
<td>Class of 1936</td>
<td>1.71</td>
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<tr>
<td>Class of 1931</td>
<td>1.26</td>
<td>Class of 1937</td>
<td>1.19</td>
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<tr>
<td>Class of 1932</td>
<td>1.41</td>
<td>Class of 1938</td>
<td>1.16</td>
</tr>
<tr>
<td>Class of 1933</td>
<td>1.74</td>
<td>Class of 1939</td>
<td>0.76</td>
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Table XXVI

<table>
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<tr>
<th>GEMITO-URINARY ORGANS</th>
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<th>1939</th>
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<tr>
<td>% No.</td>
<td>% No.</td>
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</tr>
<tr>
<td>Testes</td>
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<td></td>
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<tr>
<td>Atrophied</td>
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<td>.21</td>
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<tr>
<td>Enlarged</td>
<td>.03</td>
<td>.09</td>
</tr>
<tr>
<td>Hydrocele</td>
<td>.17</td>
<td>.91</td>
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<tr>
<td>Undescended</td>
<td>.43</td>
<td>.03</td>
</tr>
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<td>Varicocele</td>
<td>6.18</td>
<td>4.7</td>
</tr>
<tr>
<td>Circumcision</td>
<td>36.84</td>
<td>37.67</td>
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Table XXVII

<table>
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<tr>
<td>Class of 1929</td>
</tr>
<tr>
<td>Class of 1930</td>
</tr>
<tr>
<td>Class of 1931</td>
</tr>
<tr>
<td>Class of 1932</td>
</tr>
<tr>
<td>Class of 1933</td>
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Table XXVIII

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<th>URINALYSIS</th>
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</tr>
<tr>
<td>Alkaline</td>
</tr>
<tr>
<td>Neutral</td>
</tr>
<tr>
<td>Sugar</td>
</tr>
<tr>
<td>Albumin</td>
</tr>
<tr>
<td>1939</td>
</tr>
<tr>
<td>% No.</td>
</tr>
<tr>
<td>Acid</td>
</tr>
<tr>
<td>Alkaline</td>
</tr>
<tr>
<td>Neutral</td>
</tr>
<tr>
<td>Sugar</td>
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<tr>
<td>Albumin</td>
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Table XXIX

<table>
<thead>
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<th>Long Arcus</th>
<th>Anterior Arcus</th>
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</thead>
<tbody>
<tr>
<td>1st Degree</td>
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</tr>
<tr>
<td>3rd Degree</td>
<td></td>
</tr>
<tr>
<td>% No.</td>
<td>% No.</td>
</tr>
<tr>
<td>Acid</td>
<td>16.49</td>
</tr>
<tr>
<td>Alkaline</td>
<td>15.82</td>
</tr>
<tr>
<td>Neutral</td>
<td>18.14</td>
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<td>Sugar</td>
<td>9.99</td>
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<tr>
<td>Albumin</td>
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Table XXIX

GLYcosuria AND ALBuminuria OVER A PERIod Of yeArS

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<th></th>
<th>Albumin</th>
<th></th>
</tr>
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<tr>
<td></td>
<td>Men</td>
<td>%</td>
<td>Women</td>
<td>%</td>
</tr>
<tr>
<td>Class of 1927</td>
<td>.04</td>
<td>.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class of 1928</td>
<td>.84</td>
<td>.41</td>
<td></td>
<td>.49</td>
</tr>
<tr>
<td>Class of 1929</td>
<td>.12</td>
<td>.07</td>
<td></td>
<td>.49</td>
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<tr>
<td>Class of 1930</td>
<td>.19</td>
<td>.60</td>
<td></td>
<td>.44</td>
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<td>Class of 1931</td>
<td>.58</td>
<td>1.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class of 1932</td>
<td>.06</td>
<td>.48</td>
<td></td>
<td>.21</td>
</tr>
<tr>
<td>Class of 1933</td>
<td>.09</td>
<td>.85</td>
<td></td>
<td>.44</td>
</tr>
<tr>
<td>Class of 1934</td>
<td>.21</td>
<td>.79</td>
<td></td>
<td>.44</td>
</tr>
<tr>
<td>Class of 1935</td>
<td>.22</td>
<td>1.29</td>
<td></td>
<td>.42</td>
</tr>
<tr>
<td>Class of 1936</td>
<td>.52</td>
<td>1.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class of 1937</td>
<td>.52</td>
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<td></td>
<td>.47</td>
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<tr>
<td>Class of 1938</td>
<td>.86</td>
<td>2.13</td>
<td></td>
<td>.66</td>
</tr>
<tr>
<td>Class of 1939</td>
<td>.42</td>
<td>.59</td>
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<td>.69</td>
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Table XXX

FOOT ABNORMALITIES

<table>
<thead>
<tr>
<th></th>
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<th>1939</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Long arches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st degree</td>
<td>15.82</td>
<td>25.2</td>
<td>393</td>
</tr>
<tr>
<td>2nd degree</td>
<td>6.98</td>
<td>7.84</td>
<td>182</td>
</tr>
<tr>
<td>3rd degree</td>
<td>2.36</td>
<td>1.68</td>
<td>81</td>
</tr>
<tr>
<td>Anterior arches</td>
<td>18.98</td>
<td>20.49</td>
<td>477</td>
</tr>
<tr>
<td>Abnormalities of feet</td>
<td></td>
<td></td>
<td>73</td>
</tr>
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</table>

Table XXXI

FOOT ABNORMALITIES OVER A PERIOD OF YEARS

<table>
<thead>
<tr>
<th></th>
<th>1st Degree</th>
<th>Long Arches</th>
<th>3rd Degree</th>
<th>Anterior Arches</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Class of 1930</td>
<td>16.49</td>
<td>33.63</td>
<td>14.47</td>
<td>14.47</td>
</tr>
<tr>
<td>Class of 1931</td>
<td>15.82</td>
<td>29.78</td>
<td>11.35</td>
<td>33.22</td>
</tr>
<tr>
<td>Class of 1932</td>
<td>18.4</td>
<td>17.5</td>
<td>10.9</td>
<td>27.8</td>
</tr>
<tr>
<td>Class of 1933</td>
<td>9.99</td>
<td>17.3</td>
<td>7.74</td>
<td>17.17</td>
</tr>
</tbody>
</table>
### Table XXXI (cont'd)

<table>
<thead>
<tr>
<th>Class of Year</th>
<th>1st Degree Men</th>
<th>1st Degree Women</th>
<th>2nd Degree Men</th>
<th>2nd Degree Women</th>
<th>3rd Degree Men</th>
<th>3rd Degree Women</th>
<th>Anterior Arches Men</th>
<th>Anterior Arches Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1934</td>
<td>19.5</td>
<td>11.68</td>
<td>9.73</td>
<td>9.3</td>
<td>2.03</td>
<td>1.51</td>
<td>22.31</td>
<td>28.41</td>
</tr>
<tr>
<td>1935</td>
<td>15.9</td>
<td>19.2</td>
<td>9.5</td>
<td>8.7</td>
<td>1.08</td>
<td>1.6</td>
<td>19.6</td>
<td>35.9</td>
</tr>
<tr>
<td>1936</td>
<td>18.3</td>
<td>36.4</td>
<td>9.5</td>
<td>10.1</td>
<td>2.99</td>
<td>2.18</td>
<td>28.3</td>
<td>29.1</td>
</tr>
<tr>
<td>1937</td>
<td>14.3</td>
<td>32.9</td>
<td>7.1</td>
<td>12.3</td>
<td>2.4</td>
<td>2.72</td>
<td>22.2</td>
<td>34.1</td>
</tr>
<tr>
<td>1938</td>
<td>15.8</td>
<td>25.21</td>
<td>6.98</td>
<td>7.84</td>
<td>2.36</td>
<td>1.68</td>
<td>18.98</td>
<td>20.49</td>
</tr>
<tr>
<td>1939</td>
<td>11.92</td>
<td>32.16</td>
<td>5.52</td>
<td>7.03</td>
<td>2.46</td>
<td>1.98</td>
<td>14.47</td>
<td>7.47</td>
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### Table XXXII

**SPINE ABNORMALITIES**

<table>
<thead>
<tr>
<th>Year</th>
<th>Men %</th>
<th>Women %</th>
</tr>
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<tbody>
<tr>
<td>1938</td>
<td>1.99</td>
<td>.23</td>
</tr>
<tr>
<td></td>
<td>1.43</td>
<td>1.25</td>
</tr>
<tr>
<td>1939</td>
<td>7.11</td>
<td>1.14</td>
</tr>
<tr>
<td></td>
<td>3.61</td>
<td>5.13</td>
</tr>
<tr>
<td>Scoliosis</td>
<td>4.85</td>
<td>1.68</td>
</tr>
<tr>
<td></td>
<td>2.61</td>
<td>4.91</td>
</tr>
<tr>
<td></td>
<td>153</td>
<td>153</td>
</tr>
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<td></td>
<td>155</td>
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### Table XXXIII

**NOSE ABNORMALITIES**

<table>
<thead>
<tr>
<th>Year</th>
<th>Men %</th>
<th>Women %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1938</td>
<td>6.32</td>
<td>.69</td>
</tr>
<tr>
<td></td>
<td>153</td>
<td>153</td>
</tr>
<tr>
<td></td>
<td>155</td>
<td></td>
</tr>
<tr>
<td>1939</td>
<td>4.09</td>
<td>10.89</td>
</tr>
<tr>
<td></td>
<td>577</td>
<td>131</td>
</tr>
<tr>
<td></td>
<td>708</td>
<td>15.19</td>
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<tr>
<td></td>
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<td>Atrophy</td>
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<td>.08</td>
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<tr>
<td></td>
<td>9</td>
<td>.19</td>
</tr>
<tr>
<td>Hypertrophy</td>
<td>4.45</td>
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<tr>
<td></td>
<td>233</td>
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</table>
### Table XXXIV

**THROAT ABNORMALITIES**

<table>
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<tr>
<th>Tonsils</th>
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<th>1938 Women</th>
<th>1939 Men</th>
<th>1939 Women</th>
<th>Total No.</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>52.19</td>
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<td>49.2</td>
<td>768</td>
<td>56.26</td>
<td>2390</td>
</tr>
<tr>
<td>Tonsils</td>
<td>6.48</td>
<td>14.16</td>
<td>7.73</td>
<td>220</td>
<td>16.12</td>
<td>475</td>
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<tr>
<td>Pathological</td>
<td>12.73</td>
<td>11.58</td>
<td>14.13</td>
<td>148</td>
<td>10.84</td>
<td>614</td>
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</table>

### Table XXXV

**PERCENTAGE OF STUDENTS WITH TONSILS REMOVED OVER A PERIOD OF YEARS**

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<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Class of 1928</td>
<td>20.3</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class of 1929</td>
<td>28.78</td>
<td>33.77</td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
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<td>Class of 1930</td>
<td>30.76</td>
<td>38.3</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Class of 1931</td>
<td>35.77</td>
<td>42.42</td>
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<td></td>
</tr>
<tr>
<td>Class of 1932</td>
<td>37.3</td>
<td>37.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>42.48</td>
<td>5.56</td>
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### Table XXXVI

**EARS**

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<th>1938 Women</th>
<th>1939 Men</th>
<th>1939 Women</th>
<th>Total No.</th>
<th>Total %</th>
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<td>Drum retracted</td>
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<td></td>
<td></td>
<td></td>
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<td>Perforated</td>
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<td>.53</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>14.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hearing abnormal</td>
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<td>1.37</td>
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</table>
### Table XXXVII

**EYES**

<table>
<thead>
<tr>
<th></th>
<th>1938 Men</th>
<th>1938 Women</th>
<th>1939 Men</th>
<th>1939 Women</th>
<th>Total Men</th>
<th>Total Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Abnormal</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color vision</td>
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<td>0</td>
<td>6</td>
<td>.19</td>
<td>0</td>
<td>0</td>
</tr>
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<td>Manifest astigmatism</td>
<td>31.91</td>
<td>31.91</td>
<td>1755</td>
<td>53.2</td>
<td>338</td>
<td>24.76</td>
</tr>
<tr>
<td>Refraction</td>
<td></td>
<td></td>
<td>2093</td>
<td>44.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O.D. only</td>
<td>6.35</td>
<td>7.24</td>
<td>321</td>
<td>9.73</td>
<td>112</td>
<td>8.2</td>
</tr>
<tr>
<td>O.S. only</td>
<td>7.71</td>
<td>6.93</td>
<td>370</td>
<td>11.52</td>
<td>101</td>
<td>8.13</td>
</tr>
<tr>
<td>Both O.D. and O.S.</td>
<td>32.15</td>
<td>29.32</td>
<td>886</td>
<td>26.87</td>
<td>484</td>
<td>35.3</td>
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<td>Corrected with glasses</td>
<td>7.81</td>
<td>28.1</td>
<td>280</td>
<td>8.49</td>
<td>475</td>
<td>34.8</td>
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<td>755</td>
<td>16.19</td>
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</table>
TWENTIETH ANNUAL REPORT

APPENDIX B
### Table I

**SUMMARY OF MEDICAL HISTORIES**

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>Class of '39 Total</th>
<th>Class of '38 Total</th>
</tr>
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<tbody>
<tr>
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**SUMMARY OF PHYSICAL EXAMINATIONS**

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AS DETERMINED BY MINIMUM STANDARDS
OF THE WAR DEPARTMENT
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#### CIVIL SERVICE EXAMINATIONS

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| Acid                            | 156 | 6     | 162   |
| Alkaline                        | 35  | 0     | 35    |
| Neutral                         | 8   | 0     | 8     |
| Albumin                         | 10  | 0     | 10    |
| Sugar                           | 5   | 0     | 5     |

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TWENTIETH ANNUAL REPORT

APPENDIX D
## APPENDIX D

### UNIVERSITY HIGH SCHOOL EXAMINATIONS

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*See Page 128.*
COMPARISON OF WEIGHT, HEIGHT, AND CHEST MEASUREMENTS OF HIGH SCHOOL BOY STUDENTS WITH MINIMUM ARMY STANDARDS

Underweight and Underweight (under 64 ins. and 120 lbs.) .......... 13

Underweight (under 64 ins. but weight of 120 lbs. or over) ...... 0

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TENTH ANNUAL REPORT

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Cellulitis 49
Ceruminosis 338
Chalazion 3
Chapped
  Lips 3
  Skin 1
  Unclassified 1
  Chickenpox 3
Chilblain 2
Chills 2
Clavus 72
Colitis 5
Color blindness 5
Comedo 3
Concussion
  Brain 5
  Unclassified 3
  Conjunctivitis
    Acute 63
    Chronic 5
    Unclassified 126
  Constipation 194
Corpus luteum 77
  Coryza 1132
Cough 27
Cramp 2
Curvature of spine (lordosis) 1
Cyst
  Sebaceous 43
  Unclassified 85
  Cystitis 9
Dandruff 12
Deafness 8
Dermatitis
  Chemical 14
  Exfoliatica 9
  Medicamentosa 2
  Mycelial 1
  Occupational 1
  Venenata 12
  Vesicular 1
  Unclassified 122
Deviation, nasal septum 162
Diarrhea 20
Diphtheria 1
Dysentery 2
Dysmenorrhea 49
Eccymosis 3
Ecthyma 13
Eczema 20
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Grand Total = 3515

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Appendicitis 73
Clavus 72
Frostbite 71
Legrippe 71
Indigestion 70
Urticaria 65
Adenitis 62
Gingivitis 62
Headache 58
Laryngitis 58
Ingrown nail 55
Enteritis 54
Flatfoot 52
Bursitis 51
Colitis 51
Metatarsalgia 50
Cellulitis 49
Dysmenorrhea 49
Scabies 46
Neuritis 45
Hemorrhoids 43
Ulcer 42
Epistaxis 41
Pediculosis 41
Underweight 38
Gastroenteritis 36
Paronychia 36
Angina, Vincent's 35
Bites and insect stings 35
Toothache 35
Arthritis 34
Neuralgia 32
Neuus 30
Asthma 28
Abscess 27
Cough 27
Astigmatism 26
Splenitis 26
Excoriation 26
Insomnia 26
Peritonitis 26
Caries of tooth 25
Vaccinia 24
Tachycardia 24
Autointoxication 23
Fissure 23
Nervousness 23
Malaria 22
Tracheitis 22
Overweight 21
Deviation of nasal septum 20
Eczema 20
Hyperhidrosis 20
Fever 19
Flatulence 19
Hernia 19
Inflammation 19
Myalgia 19
Bromidrosis 18
Influenza 18
Pruritis 18
Pustule 18
Vesicle 18
Bunion 17
Diarrhea 16
Irritation 16
Otelgia 16
Amenorrhea 15
Mumps 14
Poisoning 14
Torticollis 14
Ecthyma 13
Neurasthenia 13
Periostitis 13
Psoriasis 13
Rheumatism 13
Allergy 12
Cauliflower ear 12
Dandruff 12
Lumbago 12
Varicose veins 11
Edema 10
Phimosis 10
Urethritis 10

NINE CASES: Abdominal pain, Cystitis, Hay fever, Hemorrhage, Hypertension

EIGHT CASES: Concussion, Deafness, Epothymptosis, Erstosis, Hyper-, Pseudop, Weak Ankles

SEVEN CASES: Anemia, Carbuncle, Ganglion, Nausea, Nasal obstruction, Polyuria, Tumor

SIX CASES: Catarrh, Hiccough, Nephritis, Rales

FIVE CASES: Alopecia, Chap, Color blindness, Eustachian tube—obstruction of, Painting, Folliculitis, Myopia, Neisserian infection, Swollen glands, Venipuncture, Vertigo
FOUR CASES: Balanitis, Bradycardia, Epididymitis, Floating cartilage, Hyperopia, Malaise, Milium, Neurosis, Paralysis, Psychosis, Tinnitus aurium, Vomiting

THREE CASES: Adhesions, Anorexia, Chalazion, Chickenpox, Comedo, Eccymosis, Glossitis, Halitosis, Heart trouble, Hematuria, Regurgiation--mitral, Seborrhea, Synovitis, Varicocele

TWO CASES: Acidosis, Calculus, Chilblain, Chills, Corpus luteum, Cramp, Dysentery, Granulated eye, Heat rash, Hematoma, Hyperacidity, Hypermetropia, Hyper-thyroidism, Intestinal stasis, Iritis, Keloid, Lichen, Lymphangitis, Malaria, Myocarditis, Obesity, Orchitis, Omphalitis, Papilloma, Pyorrhea, Sciatica, Scoliosis, Stiff neck, Stomatodynia, Tenosynovitis, Thyroid—enlarged, Trophic disturbance of skin, Vasomotor disturbance