

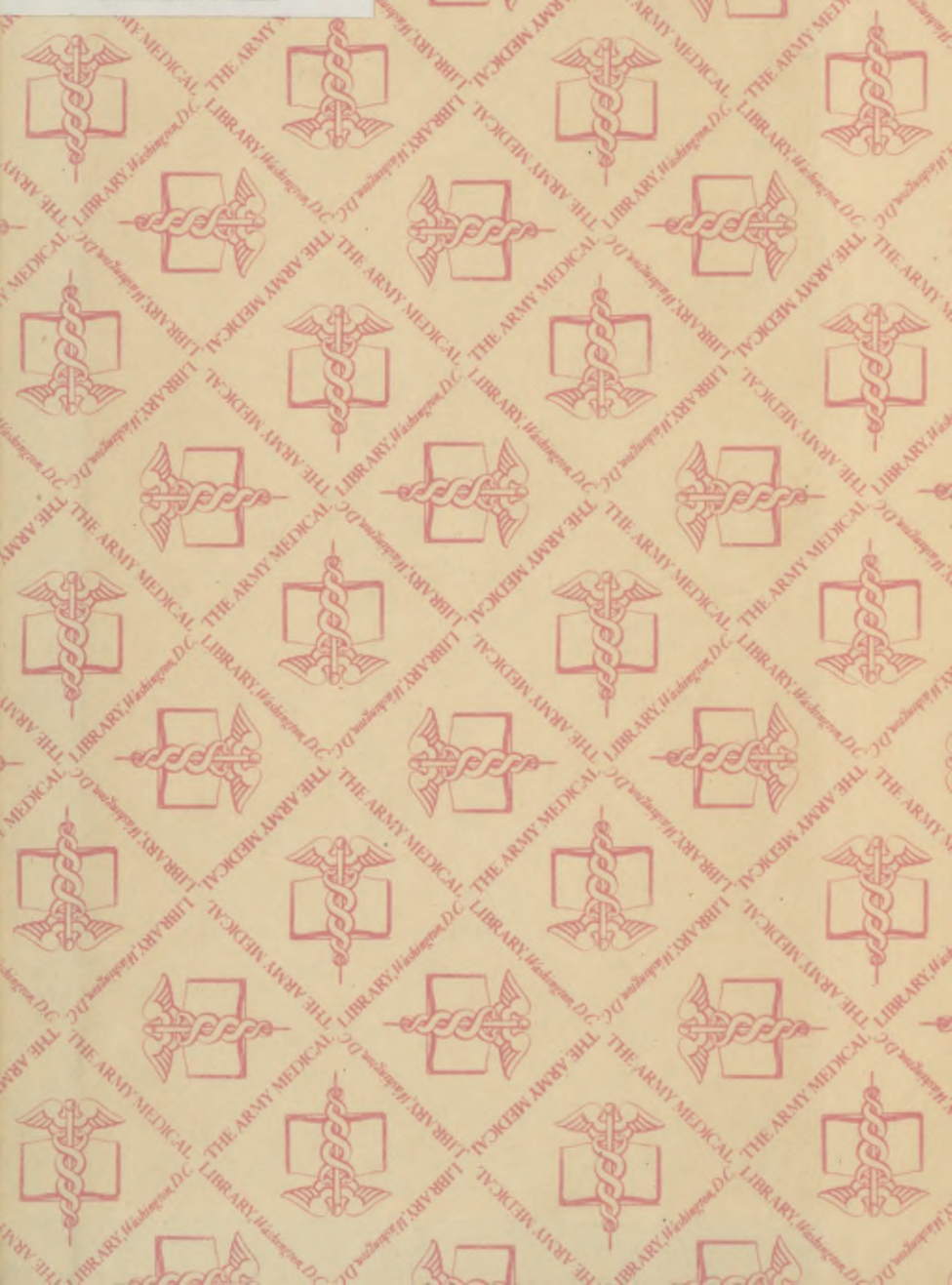
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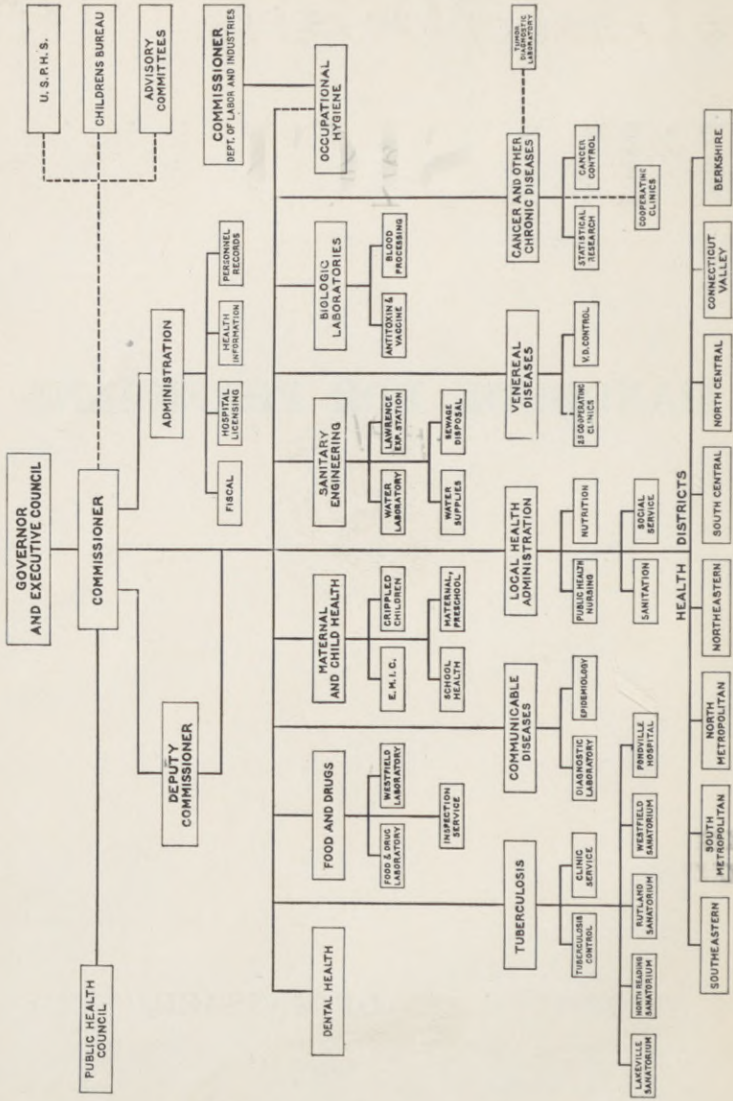
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HANDBOOK FOR PHYSICIANS

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH ORGANIZATION



JULY 1, 1944 TO JUNE 30, 1945 - EXPENDITURES \$5,306,400.19 - EMPLOYEES 1,742.

VIGOR A. GETTING, Commissioner.

Handbook for **PHYSICIANS**



COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
STATE HOUSE • BOSTON • MASSACHUSETTS
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The Commonwealth of Massachusetts
Department of
Public Health

Waldo A. Lutting, M.D., Dr.P.H.
Commissioner

State House, Boston

June 28, 1946

United-Rexall Drug Company, Inc.
101 Tremont Street
Boston 8, Massachusetts

Gentlemen:

The Department of Public Health acknowledges with gratitude the contribution made by the United-Rexall Drug Company, Inc. in making the Physician's Handbook available to practicing physicians. This is indeed a worthwhile accomplishment in these trying postwar days of shortages. The new, attractive, and practical Handbook presents in condensed form the facts the physician should know concerning the practice of medicine in the Commonwealth, including the legal requirements and responsibilities, and the services offered to physicians by the Department of Public Health.

Besides providing a ready reference for the practicing physician, the Handbook is suitable for the training of the medical student, intern, returning physician veteran and public health worker. It is of value, also, as a practical reference in other fields.

The Department wishes to thank especially the Professional Relations Department of your organization for their valued assistance and research in compiling the Massachusetts statutes of interest to the medical profession.

Very truly yours,

W. A. Lutting
Commissioner

G:Ls

UNITED-REXALL DRUG COMPANY

43 LEON STREET

BOSTON, MASSACHUSETTS

July 24, 1946


Dr. Vlado A. Getting
Commissioner
Dept. of Public Health
State House
Boston, Massachusetts

Dear Doctor Getting:

The pharmacists of the United-Rexall Drug Company throughout the Commonwealth consider it an honor and a privilege to have been of service to you, to your department and to the medical profession in the preparation and publication of "The Physician's Handbook".

May this excellent volume have every success you wish for it.

Sincerely,



W. A. SEAMAN

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HANDBOOK FOR PHYSICIANS

COMMUNICABLE DISEASES

GENERAL INFORMATION

REPORTING:

The following diseases are reportable in Massachusetts:

Diseases Declared by the Department of Public Health of Massachusetts to be Dangerous to the Public Health and Reportable Under Provisions of Sections 6, 7, 109, 111 and 112 of Chapter 111 of the General Laws, Tercentenary Edition, as Amended by Chapter 265 of the Acts of 1938.

I. Reportable to Local Board of Health:

Actinomycosis	Mumps
Anthrax	Paratyphoid Fever and all other
Chicken Pox	Salmonella Infections
Cholecystitis of Typhoid Origin	Plague
Cholera, Asiatic	Pneumonia, Lobar
Diphtheria	Poliomyelitis:
Dog Bite	a. Paralytic
Dysentery:	b. Nonparalytic (preparalytic)
a. Amebic	Psittacosis
b. Bacillary	Rabies
Encephalitis, Infectious	Rocky Mountain Spotted Fever
German Measles	Scarlet Fever
Glanders	Septic Sore Throat
Hookworm Disease	Smallpox
Infectious Diseases of the Eye:	Tetanus
a. Ophthalmia Neonatorum	Trichinosis
b. Suppurative Conjunctivitis	Tuberculosis (all forms)
c. Trachoma	Tularemia
Leprosy	Typhoid Fever
Lymphocytic Choriomeningitis	Typhus Fever
Malaria	Undulant Fever
Measles	Weil's Disease
Meningitis:	(Leptospira
a. Meningococcal	icterohemorrhagiae)
b. Other: Pfeiffer Bacillus	Whooping Cough
Pneumococcal	Yellow Fever
Streptococcal, etc.	

II. Reportable Directly to Massachusetts Department of Public Health:

Chancroid

Lymphogranuloma Venereum

Gonorrhoea

Syphilis

Granuloma Inguinale

All reports except of venereal diseases should be made to the board of health of the community of residence. Telephone reports should be confirmed in writing. Cards for such reports can be obtained from most boards of health. Venereal diseases should be reported directly to the Massachusetts Department of Public Health, 546 State House, Boston, using special forms obtainable from the Department. (See under Venereal Diseases for details of reporting, p. 63.)

ISOLATION AND QUARANTINE

The Massachusetts Department of Public Health makes minimum isolation and quarantine regulations. These are given in the table which follows. Local boards of health may make stricter requirements if they so desire but many accept those of the State without modification. In case of doubt inquiry should be made from the board of health of the community in which the patient is ill. The physician is not allowed to modify these requirements except with the special permission of the local board of health.

NOTES

1. Definition of Adult: Any person who has reached his eighteenth birthday is considered to be an adult, for purposes of these regulations.

2. Schoolteachers, only as it applies to their school activities, shall be subject to the same restrictions as children.

Food handlers and persons whose occupation brings them in contact with children have no restrictions if they live away from home.

3. Food handlers living in a household where a case of typhoid, cholera, bacillary dysentery or paratyphoid fever exists shall be excluded from their occupation as long as they continue to live in the same house in which the case exists, and thereafter until freedom from infection, as judged by clinical and laboratory evidence, has been demonstrated to the satisfaction of the Department of Public Health. Food handlers living in a household with a recovered case which continues to excrete typhoid bacilli after convalescence shall be excluded from their occupations unless they have been inoculated with typhoid vaccine within two years.

4. Contacts shall be quarantined until three weeks have elapsed from the date of last exposure unless immunized by a previous attack, by a recent successful vaccination, or showing the immune reaction.

5. Patients who have lesions of primary or secondary syphilis on exposed parts of the body or in the mouth, and are employed in any occupation requiring regular, direct contact with other persons, such as barber, hairdresser, manicurist, waiter, waitress, nursemaid, domestic, etc., shall be reported by name, address and occu-

pation, to the Massachusetts Department of Public Health, unless the physician will assume responsibility for seeing that the patient discontinues such occupation until the lesions are healed.

6. Patients with open tuberculosis should in most cases receive sanatorium treatment, both for the benefit of the individual and the protection of his family. Those who remain in their homes shall observe all precautions necessary to prevent infection of the members of their families and of others with whom they may come in contact. This shall include approved methods of collection and disposal of the sputum, the sterilization of any articles of clothing and of toilet articles which may become contaminated by the sputum, the use of separate dishes and eating utensils and proper sterilization of the same. The patient should sleep in a separate room. For details concerning precautions in home care a pamphlet of the Massachusetts Department of Public Health entitled "Home Care of Tuberculosis Patients" is available.

As soon as a diagnosis of tuberculosis has been established, arrangements should be made for the examination, including an X-ray of the chest of all members of the immediate family and of other persons with whom the patient has been in close contact. If the family cannot afford X-ray examination by a private physician, facilities are available through the various state, county and municipal sanatoria. Persons with suspicious findings and those who have had contact with a tuberculous patient should be kept under medical observation as long as advised by the physician. It is the responsibility of the local board of health to provide hospital care for cases of tuberculosis, when needed, and to see that contacts are examined where such examinations have not been made through a private physician.

When a case is reported the public health nurse representing the board of health should visit the patient's home. She should instruct the family in the sanitary precautions described above, see that arrangements are made for the examination of contacts and, if necessary provide transportation to the place where they are to be X-rayed, and should aid the patient in obtaining admission to a sanatorium if this has been recommended by his physician.

Thereafter, the nurse should make visits to the home at least once in six months to determine whether the patient has moved. Whether the above-mentioned precautions are still being observed, and whether any new measures are needed to control the spread of the disease. If the patient has moved to another town or state, the Massachusetts Department of Public Health should be notified. In cases where the physician wishes to exercise complete supervision, the nurse should obtain such information from him.

The only acceptable reasons for the board of health failing to exercise the supervision outlined above are: refusal of the family physician to permit periodic visits by the nurse; or placing of the patient's name on an "inactive list" as a result of examination including X-ray.

No person who has or has had tubercle bacilli in the sputum or other bodily discharges shall be allowed to engage in teaching, nursing, dairying, or occupations involving food handling or the care of children until he has received a certificate from the board of health stating that his employment would not be dangerous to the public health.

7. Persons living in a family in which a case of tuberculosis exists or has existed within two years, and whose occupations involve food handling or contact with children, shall be required to have an X-ray of the chest to determine whether they shall be allowed to continue in such occupations.

8. All of the above diseases except five should be reported to the local board of health. The five exceptions (chancreoid, gonorrhoea, granuloma inguinale, lymphogranuloma venereum and syphilis) should be reported directly to the Massachusetts Department of Public Health on special forms, provided upon request.

ISOLATION AND QUARANTINE REQUIREMENTS OF THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Disease	Minimum Period of Isolation of Patient	Adults (Note 1)	Minimum Period of Quarantine of Immune Children	Quarantine of Contacts Children Not Immune	Placard
Actinomycosis	No restrictions	No restrictions	No restrictions	No restrictions	No
Anterior poliomyelitis (infantile paralysis)	Two weeks from onset of disease, and thereafter until acute symptoms have subsided.	Note 2	Until two weeks have elapsed from date of last exposure.	Until two weeks have elapsed from date of last exposure.	Yes
Anthrax	Until lesions are healed.	No restrictions	No restrictions	No restrictions	No
Asiatic cholera	Same as typhoid fever.	Seven days from last exposure, and until a negative stool is obtained. Note 3.	Same as for adults	Same as for adults	Yes
Chancroid (Note 8)	No restrictions if under continuous treatment.	No restrictions if examination demonstrates absence of infection.	Same as for adults	Same as for adults	No
Chicken pox	One week from appearance of eruption and thereafter until crusts have disappeared, provided that total period of isolation shall not exceed 14 days.	No restrictions	No restrictions	No restrictions	No
Cholecystitis of typhoid origin (typhoid carrier). See Regulation 4.	Supervision by local board of health until released from the carrier list by the Department of Public Health.	Food handlers living in a household with a typhoid carrier shall be excluded from their occupations unless they have been inoculated with typhoid vaccine within two years and agree to observe precautions prescribed by the board of health.	Same as typhoid fever.	Same as typhoid fever.	No
Diphtheria	One week from date of onset and thereafter until two successive negative cultures, taken at least twenty-four hours apart, from both nose and throat, have been obtained.	Food handlers, and persons whose occupation brings them into contact with children living in a family in which a case exists, shall be subject to the same restrictions as children only insofar as it applies to their occupation.	If immune as shown by Schick test, no restrictions provided they live away from home or the case is hospitalized, and if two consecutive negative nose and throat cultures taken at an interval of not less than twenty-four hours have been obtained.	Until child lives away from home one week and until two negative nose and throat cultures taken at an interval of not less than twenty-four hours have been obtained. No restrictions thereafter if child continues to live away from home.	Yes
Dog bite	No restrictions	No restrictions.	No restrictions	No restrictions	No
Dysentery, amebic	No restrictions except for foodhandlers, who shall be kept from their occupations until three successive negative stool examinations, secured at intervals of not less than three days apart, shall have been obtained.	No restrictions except for foodhandlers, for whom restrictions are same as for case.	No restrictions	No restrictions	No
Dysentery, bacillary	Same as typhoid fever.	Note 3	Same as typhoid fever.	Same as typhoid fever.	No
Encephalitis, infectious	One week after onset, in insect-free room.	No restrictions	No restrictions	No restrictions	No
German measles	Three days from appearance of rash.	No restrictions	No restrictions	No restrictions	No
Glanders	Until lesions are healed.	No restrictions	No restrictions	No restrictions	No
Gonorrhea (Note 8)	No restrictions if under continuous treatment.	No restrictions if examination demonstrates absence of infection.	Same as for adults	Same as for adults	No
Granuloma inguinale (Note 8)	No restrictions if under continuous treatment.	No restrictions if examination demonstrates absence of infection.	Same as for adults	Same as for adults	No
Hookworm disease	No restrictions	No restrictions	No restrictions	No restrictions	No
Leprosy	Until disease is arrested.	No restrictions	No restrictions	No restrictions	No
Lymphocytic chorio-meningitis	Until recovery	No restrictions	No restrictions	No restrictions	No
Lymphogranuloma venereum (Note 8)	No restrictions if under continuous treatment.	No restrictions if examination demonstrates absence of infection.	Same as for adults	Same as for adults	No
Malaria	No restrictions	No restrictions	No restrictions	No restrictions	No
Measles	One week from appearance of rash.	No restrictions	No restrictions	No restrictions	No
Meningitis, meningococcal	Two weeks from onset of disease (five days in cases adequately treated with sulfonamide drugs), and thereafter until all acute symptoms have subsided.	Note 2	Until ten days from date of last exposure.	Until ten days from date of last exposure.	Yes
Meningitis: Pfeiffer bacillus, pneumococcal, streptococcal, and other forms.	Until recovery	No restrictions	No restrictions	No restrictions	No

ISOLATION AND QUARANTINE REQUIREMENTS OF THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Disease	Minimum Period of Isolation of Patient	Adults (Note 1)	Minimum Period of Quarantine of Contacts Immune Children	Children Not Immune	Placard
Mumps	One week from onset of disease, and thereafter until all swelling of salivary glands has disappeared.	No restrictions	No restrictions	No restrictions	No
Ophthalmia neonatorum	One week after subsidence of symptoms. In gonococcal ophthalmia, thereafter until two successive smears from each eye at an interval of not less than forty-eight hours are negative for gonococci.	No restrictions	No restrictions	No restrictions	No
Paratyphoid fever and all other Salmonella infections	Same as typhoid fever.	Note 3	Same as typhoid fever.	Same as typhoid fever.	No
Plague	One week after subsidence of all symptoms.	In pneumonic cases, until seven days and no restrictions thereafter, provided patients are hospitalized or they live away from home.	Same as for adults	Same as for adults	Yes
Pneumonia, lobar	Until recovery	No restrictions	No restrictions	No restrictions	No
Psittacosis	Until recovery	No restrictions	No restrictions	No restrictions	No
Rabies	During course of disease	No restrictions	No restrictions	No restrictions	No
Rocky Mountain spotted fever	No restrictions	No restrictions	No restrictions	No restrictions	No
Scarlet fever	Uncomplicated cases: Adults, two weeks; children, three weeks from date of appearance of rash. Examine nose, throat and ears to detect existence of discharge or inflammation before considering case as uncomplicated. (If upper respiratory tract symptoms appear during month after release from isolation, re-establish precautions.) Complicated cases: Four weeks and thereafter until abnormal discharge shall have ceased, swollen glands subsided, or three successive cultures of abnormal discharge shall have been found free of hemolytic streptococci.	No restrictions except for milk handlers and schoolteachers who may continue their occupation only with special permission of the local board of health.	If immune as shown by Dick test or on the basis of a previous attack of the disease, no restrictions, provided they live away from home, or cases are hospitalized.	Until child lives away from home one week, no restrictions thereafter, if child continues to live away from home. Quarantined contacts living in a household with a case should be allowed to return to school at the same time as the patient is released from isolation.	Yes
Septic sore throat	Until one week after onset and until recovery, except milk handlers, who shall be excluded from their occupation until satisfactory evidence is obtained that the danger of conveying the disease has passed.	No restrictions except for milk handlers.	Same as for adults.	Same as for adults.	No
Smallpox	Three weeks from onset of disease and thereafter until all crusts have disappeared and skin has healed.	Note 4	Note	Note 4	Yes
Suppurative conjunctivitis (acute epidemic conjunctivitis, pink eye)	Exclusion from school and public gatherings until recovery.	No restrictions unless suspected of being infected.	Same as for adults.	Same as for adults.	No
Syphilis (Note 8)	No restrictions if under continuous treatment, except as given in Note 5.	No restrictions if examination demonstrates absence of infection.	Same as for adults.	Same as for adults.	No
Tetanus	No restrictions	No restrictions	No restrictions	No restrictions	No
Trachoma	Exclusion from general school classes during acute stage.	No restrictions	No restrictions	No restrictions	No
Trichinosis	No restrictions	No restrictions	No restrictions	No restrictions	No
Tuberculosis (all forms)	Note 6	Note 7	No restrictions	No restrictions	No
Tularemia	During acute stage.	No restrictions	No restrictions	No restrictions	No
Typhoid fever (Typhoid carrier: see "Cholecystitis of typhoid origin.")	One week after subsidence of clinical symptoms. Thereafter may be released on special permission of and under the supervision of the local board of health, supervision to continue until three successive negative stool and urine cultures, secured at intervals of at least one week apart, have been obtained.	Note 3	No restrictions provided contacts can be relied upon to observe precautions outlined by board of health and provided at least one satisfactory stool specimen is submitted for examination.	No restrictions provided contacts can be relied upon to observe precautions outlined by board of health and provided at least one satisfactory stool specimen is submitted for examination.	No
Typhus fever	In vermin-free room until recovery.	In presence of lice, until fourteen days after last exposure.	Same as for adults	Same as for adults	No
Undulant fever	No restrictions	No restrictions	No restrictions	No restrictions	No
Walis Disease (Intestinal jaundice due to <i>Leptospira ictero-hemorrhagica</i>)	Until recovery	No restrictions	No restrictions	No restrictions	No
Whooping cough	Three weeks from beginning of spasmodic cough.	No restrictions	No restrictions	Until two weeks from last exposure.	No
Yellow fever	In mosquito-proof room first four days of fever.	No restrictions	No restrictions	No restrictions	No

DIAGNOSTIC LABORATORIES

Bacteriological Laboratory: The Massachusetts Department of Public Health maintains a Bacteriological Diagnostic Laboratory at 281 South Street, Jamaica Plain, (Telephone, Arnold 5440). Containers for the shipment of specimens to the laboratory may be obtained through the local board of health. Directions for collecting and shipping the specimens are found inside the container and should be followed carefully to obtain the best results. Specimens are accepted only from physicians, dentists, hospitals and recognized health agencies. All positive diagnostic diphtheria cultures, positive diagnostic Widal's, positive enteric cultures, positive spinal fluids and positive gonorrheal eye smears and cultures are reported by telephone at state expense and confirmed by mail. Other reports are made by mail only. No charges are ever made for laboratory examinations. No chemical examinations are performed. The following bacteriological and serological examinations are made:

Anthrax cultures	Streptococci
Diphtheria cultures	Tubercle bacilli
Dysentery, amebic:	Other organisms
direct examinations	Pneumonia
cultures	blood cultures
Dysentery, bacillary:	sputum typing
cultures	Rocky Mountain Spotted Fever
Food poisoning	Weil-Felix reaction
(Outbreaks of food poisoning should	Salmonellosis:
be reported immediately to local	agglutination
board of health and state district	cultures
health officer in order that an in-	Streptococcus cultures
vestigation may be made.)	Tuberculosis:
Gonorrhoea:	fluids for culture
smears	sputum examination
cultures	Typhoid:
Helminths:	blood cultures
adults and ova	stool cultures
Infectious Mononucleosis	Widal reaction
heterophile antibody agglutin-	Typhus:
ations	Weil-Felix reaction
Malaria smears	Undulant fever:
Meningitis — spinal fluid for:	agglutination
Meningococci	cultures
Pfeiffer's (influenza) bacillus	Vincent's Angina smears
Pneumococci	

Wassermann Laboratory: This laboratory, located at 281 South Street, Jamaica Plain (Telephone, Arnold 1232), is maintained by the Massachusetts Department of Public Health. Specimens are accepted only from physicians, dentists, hospitals, and recognized health agencies. Special containers for blood samples should be obtained directly from the laboratory or through the local board of health. The following specimens are examined in this laboratory:

1. Blood for Hinton tests for syphilis and for quantitative serologic tests in connection with penicillin treatment of syphilis.
2. Spinal fluid for Davies-Hinton and Wassermann tests.
3. Specimens submitted through the State Division of Livestock Disease Control for pathologic, bacteriologic, and serologic examinations; including animal heads for rabies.

APPROVAL OF BACTERIOLOGICAL AND SEROLOGICAL LABORATORIES

In accordance with Section 184A of Chapter 111 which was passed in 1939, the Department of Public Health may, at the request of a laboratory, issue a certificate of approval for the performance of designated bacteriological and serological tests, which the Department finds the laboratory capable of performing satisfactorily. As the law is not mandatory, application is voluntary.

The approval of a laboratory is determined essentially by the qualifications of its personnel, the suitability of its quarters and equipment, the use of accepted methods, the satisfactory performance of its work, and the maintenance of adequate laboratory records. Accuracy of tests is ascertained by ability to maintain close agreement with other laboratories on specimens periodically sent out to approved laboratories by the State Bacteriological and Wassermann Laboratories. It is the most important single method for evaluation of a laboratory. Visits are made from time to time by a member of the Department further to appraise the laboratory and to make suggestions when desired. A certificate of approval is granted for one year and renewal is dependent upon the continuance of a satisfactory standard.

Chapter 155 of the Acts of 1946 extends the State laboratory approval program to include ordinary blood grouping, Rh blood testing and cross matching of donors and recipients of blood transfusions. In addition it authorizes the issuance of certificates of approval for laboratory tests upon milk, foods, eating utensils, water and sewage. A list of laboratories approved for these additional tests will be available later.

The following is a list of the laboratories holding certificates as of May, 1946, and indicates the tests for which each was approved. ("A" indicates that the laboratory is approved for the test.)

APPROVED LABORATORIES

<i>Laboratories holding certificates in State Laboratory Approval Program</i>	<i>Diph. Cult.</i>	<i>Enteric Path.</i>	<i>G. C. Smears</i>	<i>Malaria</i>	<i>Meningitis</i>	<i>Pn. typing</i>	<i>Rapid Hinton</i>	<i>Stand. Hinton</i>	<i>Strep. Cult.</i>	<i>TB. Smears</i>	<i>TB. Cultures</i>	<i>Typh. & Para. Aggl.</i>	<i>Weil-Felitz</i>	<i>Und. Aggl.</i>
Amesbury														
Amesbury Hospital						A	A			A				
Arlington														
Symmes Hospital			A	A			A			A				
Ayer														
Community Hospital	A		A	A		A	A		A	A				
Beverly														
Beverly Hospital	A				A		A	A	A	A				
Boston														
Beth Israel Hospital	A		A		A	A			A	A	A	A		
Boston Dispensary	A	A	A	A	A	A	A	A	A	A		A	A	A
Boston Lying-in Hospital			A				A			A				
Boston State Hospital			A							A				
Children's Hospital	A	A	A		A	A	A	A	A	A		A	A	A
Clinical Laboratory			A	A						A				
Faulkner Hospital			A		A	A	A		A	A		A	A	A
Health Department	A	A	A	A	A		A	A	A	A	A	A	A	A
Leary Laboratory			A				A	A		A				
Mass. Eye & Ear Infirmary	A		A		A				A	A				
Massachusetts General Hospital		A	A		A	A	A	A	A	A		A	A	A
Mass. Memorial Hospitals		A			A	A	A		A	A				
N. E. Baptist Hospital			A	A			A			A				
N. E. Deaconess Hospital			A	A	A	A	A		A	A	A	A		A
N. E. Hospital for Women and Children					A	A	A	A	A	A				
Pratt Diagnostic Hospital	A	A	A	A	A	A			A	A		A	A	A
Robert Breck Brigham Hospital			A	A			A		A	A				
St. Elizabeth's Hospital			A				A			A				
Brockton														
Brockton Hospital			A		A		A		A	A				
Health Department							A	A						
Brookline														
Board of Health			A							A		A		
Corey Hill Hospital							A							

APPROVED LABORATORIES (Continued)

Laboratories holding certificates
in State Laboratory Approval Program

	Diph. Cult.	Enteric Path.	G. C. Smears	Malaria	Meningitis	Pn. typing	Rapid Hinton	Stand. Hinton	Strep. Cult.	TB. Smears	TB. Cultures	Typh. & Para. Aggl.	Weil-Felix	Und. Aggl.
Cambridge														
Board of Health		A										A		
Cambridge City Hospital	A		A	A			A					A		
Cambridge Hospital	A		A	A	A	A	A		A	A				
Chelsea														
Memorial Hospital							A							
Clinton														
Clinton Hospital	A		A	A		A	A		A	A				
Everett														
Whidden Memorial Hospital				A		A	A					A		
Fall River														
General Hospital			A				A							
St. Anne's Hospital			A				A					A		
Truesdale Hospital			A				A	A				A		
Union Hospital			A	A					A	A				
Fitchburg														
Burbank Hospital			A		A	A	A	A	A	A				
Framingham														
Union Hospital							A					A		
Gardner														
Henry Heywood Memorial Hosp.			A			A						A		
Gt. Barrington														
Fairview Hospital	A		A				A		A	A		A		A
Greenfield														
Franklin County Public Hospital			A									A		
Haverhill														
Hale Hospital			A	A			A		A	A				
Holyoke														
Holyoke Hospital	A			A	A	A	A		A	A				
Providence Hospital	A		A	A	A	A	A	A	A	A		A	A	A
Hyannis														
Cape Cod Hospital							A							
Ipswich														
B. S. Cable Hospital			A	A			A					A		
Lawrence														
Lawrence General Hospital	A		A		A		A		A					
Leominster														
Leominster Hospital			A	A										

APPROVED LABORATORIES (Continued)

<i>Laboratories holding certificates in State Laboratory Approval Program</i>	<i>Diph. Cult.</i>	<i>Enteric Path.</i>	<i>G. C. Smears</i>	<i>Malaria</i>	<i>Meningitis</i>	<i>Pn. typing</i>	<i>Rapid Hinton</i>	<i>Stand. Hinton</i>	<i>Strep. Cult.</i>	<i>TB. Smears</i>	<i>TB. Cultures</i>	<i>Typh. & Para. Aggl.</i>	<i>Weil-Felix</i>	<i>Und. Aggl.</i>
Lowell														
Lowell General Hospital	A	A	A	A			A	A	A	A		A	A	A
St. John's Hospital	A						A			A				
St. Joseph's Hospital	A		A	A	A		A			A		A	A	A
Lynn														
Health Department			A			A			A	A				
Lynn Hospital	A		A	A	A				A	A		A	A	A
Union Hospital			A				A			A				
Malden														
Malden Hospital			A			A	A		A	A				
Marlboro														
Marlboro Hospital										A				
Medfield														
Medfield State Hospital			A				A							
Medford														
Lawrence Memorial Hospital			A			A	A			A				
Melrose														
Melrose Hospital	A		A	A	A	A	A		A	A		A	A	A
Milford														
Milford Hospital			A			A	A			A				
Montague City														
Farren Memorial Hospital			A			A	A	A	A	A				
Natick														
Leonard Morse Hospital			A	A						A				
New Bedford														
Clinical Laboratory										A				
St. Luke's Hospital	A		A	A	A	A	A	A	A	A		A	A	A
Newburyport														
Anna Jaques Hospital			A	A		A	A		A	A				
Newton														
Health Department	A		A						A	A				
Newton-Wellesley Hospital	A		A	A		A	A		A	A				
North Adams														
North Adams Hospital	A		A	A	A	A	A		A	A				
Northampton														
Cooly Dickinson Hospital	A		A		A	A	A		A	A		A	A	A
Norwood														
Norwood Hospital			A				A		A					

APPROVED LABORATORIES (Continued)

<i>Laboratories holding certificates in State Laboratory Approval Program</i>	<i>Diph. Cult.</i>	<i>Enteric Path.</i>	<i>G. C. Smears</i>	<i>Malaria</i>	<i>Meningitis</i>	<i>Pn. typing</i>	<i>Rapid Hinton</i>	<i>Stand. Hinton</i>	<i>Strep. Cult.</i>	<i>TB. Smears</i>	<i>TB. Cultures</i>	<i>Typh. & Para. Aggl.</i>	<i>Wet-Felitz</i>	<i>Und. Aggl.</i>
Oak Bluffs														
Martha's Vineyard Hospital			A				A			A				
Pittsfield														
House of Mercy Hospital	A	A	A	A	A	A	A**A	A	A	A		A		A
Health Department	A	A	A							A				
St. Luke's Hospital	A	A	A	A	A	A		A	A	A		A	A	A
Pocasset														
Barnstable County Sanatorium	A		A		A	A	A		A	A	A			
Quincy														
City Hospital	A		A	A	A	A	A			A				
Salem														
Salem Hospital	A	A	A		A	A	A	A	A	A				
Somerville														
Somerville Hospital							A							
Southbridge														
Harrington Memorial Hospital			A	A							A			
Springfield														
Health Department Hospital			A							A				
Mercy Hospital			A	A	A	A	A	A		A	A			
Springfield Hospital	A		A	A	A	A	A		A	A		A	A	A
Wesson Memorial Hospital			A	A						A				
Taunton														
Morton Hospital			A	A			A			A				
Tewksbury														
State Infirmary			A	A	A		A	A	A	A				
Walpole														
Pondville Hospital			A			A	A		A					
Waltham														
Metropolitan State Hospital			A						A	A				
Waltham Hospital	A		A			A	A		A	A				
Ware														
Mary Lane Hospital	A		A							A				
Wareham														
Tobey Hospital							A			A				
Wellesley														
Board of Health	A		A							A		A		
**Kline Test														

APPROVED LABORATORIES (Continued)

<i>Laboratories holding certificates in State Laboratory Approval Program</i>	<i>Diph. Cult.</i>	<i>Enteric Path.</i>	<i>G. C. Smears</i>	<i>Malaria</i>	<i>Meningitis</i>	<i>Pn. typing</i>	<i>Rapid Hinton</i>	<i>Stand. Hinton</i>	<i>Strep. Cult.</i>	<i>TB. Smears</i>	<i>TB. Cultures</i>	<i>Typh. & Para. Aggl.</i>	<i>Weil-Felix</i>	<i>Und. Aggl.</i>
Westfield														
Noble Hospital	A	A	A			A	A	A	A	A				
State Sanatorium							A			A				
Weymouth														
Weymouth Hospital	A				A	A	A		A	A				
Winchester														
Winchester Hospital							A			A				
Winthrop														
Community Hospital	A	A				A	A		A	A				
Worcester														
Health Department	A	A	A		A	A	A	A	A	A	A	A	A	A
Memorial Hospital	A		A	A	A	A	A		A	A		A		A
St. Vincent Hospital	A			A			A	A	A	A				
Worcester City Hospital	A		A		A	A	A	A	A	A		A	A	A

POPULAR PAMPHLETS

Popular pamphlets on various diseases are available through the Bureau of Health Information, Department of Public Health, 546 State House, Boston.

HOSPITALIZATION

The board of health may, if it sees fit, order hospitalization of any case of communicable disease. Before hospitalizing a case the physician should consult with the local board of health, in order to avoid subsequent misunderstandings as to hospital charges. Care of cases of communicable disease may be obtained in the following hospitals:

COMMUNICABLE DISEASE HOSPITALS

County or Municipal

Boston	*Boston City Hospital
Bourne	*Barnstable County Infirmary
Fall River	*Fall River General Hospital
Lowell	Lowell Isolation Hospital

* Building or ward of a general hospital

COMMUNICABLE DISEASE HOSPITALS

County or Municipal

Lynn	Lynn Isolation Hospital
New Bedford	†New Bedford Isolation Hospital
Salem	Health Department Hospital for Contagious Disease
Somerville	Somerville Contagious Disease Hospital
Springfield	Health Department Hospital
Worcester	Belmont Hospital

Private

Boston	*Children's Hospital
Boston	Haynes Memorial Hospital
Greenfield	*Franklin County Public Hospital
Newton	*Newton-Wellesley Hospital
Pittsfield	*Sampson Memorial Hospital
Plymouth	*Jordan Hospital
Waltham	*Waltham Hospital

In addition to these hospitals, many general hospitals accept cases of typhoid, infantile paralysis, and meningococcus meningitis.

THE PHYSICIAN'S RESPONSIBILITY:

1. Report cases to the health agency. Laboratory and consultant services are available for the diagnosis of certain diseases.
2. Cooperate with the health agency in carrying out health regulations.
 - (a) Isolation and quarantine. (See p. 3.)
 - (b) Release cultures, when applicable.
3. Make full use of biologics, furnished without charge, for prophylaxis and for treatment. (See p. 18.)

BIOLOGIC PRODUCTS:

Biologic products are prepared by the Division of Biologic Laboratories of the Massachusetts Department of Public Health and distributed without charge, under the regulations given below. The Division com-

* Building or ward of a general hospital

† In operation only during an epidemic

prises two laboratories, the Antitoxin and Vaccine Laboratory and the Hyams Blood Processing Laboratory located at 375 South Street, Jamaica Plain.

The Antitoxin and Vaccine Laboratory was established in 1894 for the production of diphtheria antitoxin, and has since undertaken the preparation of a number of other biologic products of recognized merit. The policy of the Department recognizes the desirability of manufacturing and distributing products for which there is a need from the standpoint of public health, and which can be produced economically and efficiently. Some commonly used products which do not meet these criteria, as tetanus antitoxin and rabies vaccine, and some which are not often needed, as botulinus antitoxin, are not manufactured at the Antitoxin and Vaccine Laboratory.

The Hyams Blood Processing Laboratory, completed in 1946, is a wing attached to the Antitoxin and Vaccine Laboratory. It is equipped to apply the most modern methods of processing to human plasma and other biologic products, and is the first state health department laboratory of its kind in the world. It functions as a unit in the Department's blood and blood derivatives program. This program comprises:

1. Procurement of voluntary blood donations by means of a mobile blood donor unit with the aid of the Red Cross and other agencies.
2. Processing of the donations to the products listed below.
3. Research on the development of new fractions of plasma or red cells.
4. Assistance to communities in procurement of blood donors, establishment of blood depots, typing of donors, and other methods of facilitating the acquisition and utilization of whole blood.

The biologic products prepared by the Commonwealth are distributed without charge through the channels listed below. Physicians should learn from their local boards of health and hospitals where supplies are kept. As these are perishable products and their cost is borne by the tax levy, it is requested that due care be taken to avoid waste by over-stocking. All outdated products should be returned to the Division of Biologic Laboratories, either directly or through the local depot.

Distribution of products derived from voluntary human blood donations is limited to the communities participating in the program except when the supplies are more than adequate to cover their needs.

Distribution of tetanus toxoid and pertussis vaccine will begin in 1947.

Products furnished by the Division are as follows:

1. Furnished primarily through local boards of health:

- Schick Test Outfits
- Old Tuberculin (undiluted)
- Serum Sensitivity Outfits
- Diphtheria Toxoid
- Typhoid Vaccine
- Smallpox Vaccine
- Sterile Needles for Vaccination
- Immune Serum Globulin
- Diphtheria Antitoxin, 1000 units
- Diphtheria Antitoxin, 10,000 units
- Silver Nitrate Solution
- Scarlet Fever Streptococcus Antitoxin

PRODUCTS FROM FRACTIONATION OF HUMAN BLOOD PLASMA



2. Available only from the Division of Biologic Laboratories:
 - Pneumococcus Typing Serum
 - Antipneumococcic Serum, types 1-33 (obtained at the Bacteriological Laboratory)
 - Anti-Hemophilus Influenzae, type B, Serum
 - Blood Grouping Globulins (available June 1947)
 - Normal Horse Serum
 - Defibrinated Horse Blood
 - Typhoid-paratyphoid A & B vaccine
 - Pertussis Vaccine*
 - Pertussis Vaccine-Diphtheria Toxoid*
 - Tetanus-Diphtheria Toxoid*

3. To be furnished through hospitals as supplies become available:
 - Normal Human Plasma
 - Normal Serum Albumin (Human)
 - Red Cell Residues
 - Preserved Whole Blood
 - Fibrin Foam (Human)
 - Fibrin Film (Human)
 - Dried Thrombin
 - Antihemophilic Globulin
 - Blood Grouping Globulins

The drugs for the treatment of venereal diseases are distributed through the Division of Biologic Laboratories for the Division of Venereal Diseases (see pages 66 and 68).

REGULATIONS FOR DISTRIBUTION OF BIOLOGIC PRODUCTS

All biologic products are distributed under the following conditions:

1. Distributing stations must supply and use adequate refrigerating facilities for storage of products.
2. The delivery of diphtheria and scarlet fever antitoxin, smallpox vaccine, typhoid-paratyphoid vaccine, Schick test outfits, diphtheria toxoid, and tuberculin is limited to boards of health, except as noted below.
3. A board of health not equipped to act as a distributing station may designate a hospital or drug store as its agent, but may not designate more than one agency.

* Now furnished only for immunization of infants cared for under Federal Emergency Maternity and Infant Care Program; to be available through local boards of health for general use in 1947.

4. A board of health may maintain more than one distributing station but products will be delivered by this Department to one place only in each town or city, unless needed for emergency use.

5. Hospitals of over 100 beds may obtain products by sending a messenger to the Antitoxin and Vaccine Laboratory for them.

6. Physicians may obtain prophylactic products and therapeutic products for immediate use by calling at or sending a messenger to the laboratory for them.

7. Delivery of products through channels other than those authorized above may be made if the Director of the Division of Biologic Laboratories considers that the exigencies of the situation warrant it.

8. District health officers will inspect biologic products on hand at distributing stations at least twice a year and will report their inventory and findings to the Antitoxin and Vaccine Laboratory.

9. These regulations do not apply to state institutions.

The possibility of reactions following injections of any foreign protein should be kept in mind.

SENSITIVITY: PRECAUTIONS ADVISABLE IN THE ADMINISTRATION OF SERUMS AND ANTITOXINS.

Serum therapy should be employed only when definitely indicated and only by those equipped to combat such reactions as may occur. This is because of the possibility of serious reactions in certain sensitive individuals.

A. Acute Anaphylactic Type of Reaction. Severe and sometimes fatal reactions may occur in sensitive individuals following the injection of even minute amounts of serum by any route. The symptoms are dyspnea, cyanosis, urticaria, lumbar or abdominal pain, and collapse, any or all of which may begin within a few minutes to an hour or more after the injection. Such reactions may usually be avoided if the following precautions are observed before the serum is administered.

I. History. Patients giving a history of asthma, vasomotor rhinitis or other allergic symptoms *occurring on exposure to horses or rabbits* may be dangerously sensitive to the corresponding serum and should not be given serum of this species except after consultation. A history of asthma or hay fever, eczema, urticaria, or angio-neurotic edema due to other causes is of importance only in suggesting the need for caution. Such individuals probably have an allergic tendency, and should preferably be given serum with the precautions outlined in section III-d below.

Patients who have previously received serum injections (diphtheria, tetanus, or other antitoxins, antimeningococcic or antipneumococcic serum, diphtheria toxin-antitoxin mixture, etc.) may have acquired a sensitiveness to serum of the corresponding species, which is usually most intense from about one week to three months after the injection. Repetition of the injection of serum of the same origin during this period or in the presence of serum disease may be dangerous and should not be attempted without due regard to the risk. A history of a reaction—or lack of reaction—to a previous injection of serum is not a reliable indication of how a patient will respond to a subsequent injection of the same or any other serum.

Note: Bacterial vaccines and diphtheria toxoid do not contain horse or rabbit serum.

II. Tests for Sensitivity. *An ophthalmic or skin test, or both, should be performed on any patient to whom serum may be administered. (Material for testing is available at places supplying other biological products.)* These tests are not infallible, but they give the best information available. Rarely, sensitive individuals will not react to either test. The ophthalmic test is considered a more reliable indicator of clinically significant hypersensitiveness than the skin test, and is usually considered sufficient in testing for sensitivity to refined rabbit serums. It is of little or no value in children (who may wash out the serum by crying) or in any one with marked injection of the conjunctivae. *Tests should not be done, nor any serum administered, unless fresh epinephrine solution is at hand, preferably in a syringe.*

a. OPHTHALMIC TEST. Examine both eyes for conjunctival inflammation. Then put a drop of homologous serum diluted 1:10 (if available; if not, use the serum it is planned to inject) in the conjunctival sac of one eye, leaving the other eye as a normal control. A positive reaction is indicated by itching, watering, and a diffuse reddening of the eye within 30 minutes. Severe reactions may be controlled by the instillation of a few drops of epinephrine, 1:1000 dilution.

b. SKIN TEST. Make a control injection of 0.1 cc. of physiological saline into (not under) the skin of the flexor surface of the forearm, so as to raise a small wheal. Then inject 0.1 cc. of homologous serum diluted 1:100 into the skin of the other forearm. If the test is negative, the elevations caused by the injections tend to disappear in a few minutes, the serum test sometimes persisting longer than the control. A positive test will exhibit rapid enlargement of the site of the serum injection within 5–20 minutes with urticaria, a surrounding erythema, and in severe re-

actions, pseudopodial extensions of the central wheal. A general anaphylactic reaction has very rarely occurred. Reactions usually subside within an hour or two.

III. Use of Information Derived from Tests.

a. **NEGATIVE TEST.** Subject to the precautions outlined above (paragraph I—History) with respect to the history of allergy and of previous serum treatment, serum may be administered by any route to persons who do not react to these tests (or to either test, if only one is done). If serum is given intravenously, the first dose should not exceed 2 cc. Serum should always be given very slowly, taking several minutes to administer the first cubic centimeter and at least one minute more for each additional cubic centimeter.

b. **POSITIVE EYE TEST.** In the presence of a positive ophthalmic test serum therapy is so definitely contra-indicated that it should probably not be undertaken by any route except after consultation. Intravenous injection of serum in such patients may rapidly induce very severe or even fatal reactions, and should be considered only in the most pressing emergency, if at all. See also paragraph III d.

The possibility of using serum from a different animal source should be explored.

c. **POSITIVE SKIN TEST.** The import of positive skin tests is probably less than that of positive eye tests, but the same precautions are advised, particularly if the skin test is strongly positive. See also paragraph III d.

d. **DOUBTFUL TESTS.** If the tests give doubtful reactions or if the administration of serum is decided upon in spite of positive tests, the subcutaneous injection of a dose of epinephrine (5–15 minims of 1:1000 dilution) given a measured six minutes before the serum, is a procedure which has been used with success and which appears to be rational. Smaller initial doses of serum than usual should be given at a very slow rate.

IV. Desensitization. The practice of desensitizing sensitive patients by the administration of repeated graduated doses of serum, starting with minute amounts (0.005 cc. more or less), subcutaneously and giving increasing doses at intervals of approximately one-half hour, is no longer recommended.

V. Observation. All patients receiving serum should be kept under close observation for at least 30 minutes and preferably 60 minutes, during which time a physician should be immediately available.

VI. Treatment. Fresh epinephrine solution, ready for administration, should be at hand in a syringe whenever serum is administered.

The dose is 1 cc. (15 minims) for an adult, correspondingly less for a child. It should be given if the patient complains of lumbar or abdominal pain or shows evidence of urticaria, dyspnea, cyanosis or collapse. The dose may be repeated within a few minutes if necessary, and may be given intravenously. Artificial respiration may be required and measures to combat shock (the application of heat, etc.) instituted if collapse occurs.

B. Thermal or "Chill" Reactions. These rarely occur except after the intravenous administration of serum. Their frequency has been greatly reduced in recent years by improved methods of processing and testing. If the patient develops a chill, which when it appears at all usually begins within twenty minutes to one and one-half hours after any dose, the advent of hyperpyrexia should be watched for. Should hyperpyrexia develop, immediate treatment is essential. Epinephrine is of no use at such a time, but procedures advocated for the treatment of heat stroke are indicated, such as the use of ice packs, the application of sheets wrung from ice water, and ice water enemas. Venesection may be of use should pulmonary edema develop.

C. Serum Sickness. This is characterized most often by urticaria, but fever, enlarged glands, and joint pains are other common signs. It may come on any time up to four weeks after serum therapy, most commonly between the fourth and tenth days. Although this complication is disagreeable for the patient, it is not serious. Epinephrine may be given to allay discomfort, but its effect is of short duration. Cold applications lessen the annoyance of the urticaria. Large doses of salicylate have also been recommended.

D. Arthus Phenomenon. At the site of the subcutaneous or intramuscular injection local reactions occasionally occur, not incited by infection but going on to necrosis. Serum injected about seven days to three months after a previous injection (see above—I. History), particularly if administered to a patient with serum sickness, appears most likely to cause such reactions. The possibility of such reactions should be kept in mind to avoid confusing them with local abscesses.

RECOMMENDED IMMUNIZATION SCHEDULES:

Plan I.

Age 6 months: Combined pertussis vaccine (Sauer or Kendrick and Eldering modification) and diphtheria toxoid. Booster dose of diphtheria

toxoid before entering school. Some physicians prefer to begin immunizations at 3 months.

Age 8 months: Smallpox vaccination, given at the time of the last dose of combined pertussis-diphtheria immunization. Revaccination before entering school.

Age 9 months: Tetanus toxoid. Booster dose one year later and following external wounds.

Plan II.

Age 6 months: Pertussis vaccine (Sauer or Kendrick and Eldering modification). Some physicians prefer to begin immunizations at 3 months.

Age 8 months: Smallpox vaccination, given at the time of the last dose of pertussis vaccine. Revaccination before entering school.

Age 9 months: Combined diphtheria and tetanus toxoid. Booster dose of tetanus toxoid one year later and following external wounds. Booster dose of diphtheria toxoid.

IMMUNIZATION OF TRAVELERS

a. Usually required of all travelers in foreign countries.

1. **SMALLPOX:** Vaccine virus, an inoculation which results in a primary, accelerated or immune reaction. Furnished by the Department.
2. **TYPHOID FEVER:** Triple vaccine (typhoid-paratyphoid A & B), three doses at 7 to 10 day intervals, annual single doses of 0.5 cc. thereafter. Furnished by the Department upon special request.

b. Advisable for travelers to foreign countries.

1. **TETANUS:** Tetanus toxoid, three doses at one to three month intervals; a recall or booster dose one year later or following external wounds. Toxoid available only from commercial manufacturers until 1947, when the Department will begin to distribute it.
2. **DIPHTHERIA:** Diphtheria toxoid, three doses at three to four week intervals. Furnished by the Department. Adults should be Schick tested and only positive reactors immunized. See Diphtheria, Active Immunization on p. 29.

c. Required of all travelers entering certain areas.

1. **YELLOW FEVER:** A single dose of yellow fever vaccine. Obtainable only at the principal ports of embarkation (New York, Miami, New Orleans, Los Angeles, etc.) through the U. S. Public Health Service.
2. **TYPHUS FEVER:** Typhus vaccine, two or three doses of 1 cc. each at 7 to 10 day intervals. Vaccine not furnished by the Department of Public Health; obtainable from commercial manufacturers.
3. **PLAGUE:** Plague vaccine, two doses of 0.5 cc. and 1.0 cc., 7 to 10 days apart. Revaccination every six to twelve months while in plague area. Vaccine not furnished by Department. Obtainable in 1946 at California, Oregon and Washington ports of embarkation through the U. S. Public Health Service or through the Cutter Laboratories, Berkeley, California.
4. **CHOLERA:** Cholera vaccine, two doses of 0.5 cc. and 1.0 cc., 7 to 10 days apart; a booster dose every six months while in cholera areas. Vaccine not furnished by the Department of Public Health; obtainable from commercial manufacturers.

SPECIFIC DISEASES

ACTINOMYCOSIS

DIAGNOSIS

Based on clinical findings confirmed by microscopic examination of discharges from lesions.

TREATMENT

Penicillin appears to be effective.

ISOLATION AND QUARANTINE

(See p. 5.)

PREVENTION

No method of immunization. Destruction of infected animals.

ANTHRAX

DIAGNOSIS

Based on history of handling hides, wool, hair or bristles; clinical findings; and microscopic examination of lesions and discharges for anthrax bacillus.

TREATMENT

Neoursphenamine, sulfonamides and penicillin have all been found to be effective therapeutic agents. Serum is also available from commercial sources.

ISOLATION AND QUARANTINE

(See p. 5.)

PREVENTION

No method of active or passive immunization available. Disinfection of hides, adequate ventilation, use of gloves, careful handwashing, attention to abrasions of skin.

CHANCROID

(See pages 63 and 69.)

CHICKEN POX (Varicella)

DIAGNOSIS

Based on clinical findings.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See page 5.)

PREVENTION

No method of active or passive immunization available.

CHOLERA, ASIATIC

DIAGNOSIS

Based on clinical findings and bacteriological examination of stools.

TREATMENT

Administration of fluids parenterally; plasma and blood to combat shock is essential first. Sulfonamides may be of value.

ISOLATION AND QUARANTINE

(See p. 5.)

PREVENTION

Commercial vaccines, now available, give considerable protection for a limited period. Used only for persons traveling in areas where cholera is prevalent.

CONJUNCTIVITIS, SUPPURATIVE

DIAGNOSIS

Based on clinical appearance.

TREATMENT

No specific treatment. Sulfonamides or penicillin instillations often useful.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

Good hygiene, including avoidance of contact with those suffering from the disease.

DIPHTHERIA

DIAGNOSIS

If clinically diphtheria, do not delay antitoxin pending laboratory report.

Nose and throat cultures for diagnosis should be sent to local laboratories (see p. 11), or to the Bacteriological Laboratory, 281 South Street, Jamaica Plain; outfits obtainable at local boards of health. Positive diagnostic reports telephoned. (See p. 9).

TREATMENT

In all cases known to be or suspected of being diphtheria, and in cases of membranous "croup," antitoxin should be administered at once, and a culture taken immediately for bacteriological diagnosis.

Dosage: Antitoxin is ineffective against toxin already absorbed in the tissues. Therefore, to be effective, antitoxin treatment must be *adequate and prompt*. (See Wesselhoeft, C., Med. Clin. of N. A., Mar., 1936.)

The schedule given below is suggested as a guide to adequate therapy but each case should be treated according to the individual problems it presents. Doses larger than those noted may sometimes be necessary. The dose should be adjusted to the extent of the inflammatory membrane and the general condition of the patient.

AMOUNT OF ANTITOXIN IN THE TREATMENT OF A CASE OF DIPHTHERIA

<i>Mild Cases</i>	<i>Moderate</i>	<i>Severe*</i>	<i>Malignant</i>
Membrane limited to one tonsil or to the nares	Both tonsils involved or one tonsil and adjacent pillars	Extension of membrane to uvula, soft palate or nasopharynx	Extensive membrane, extreme toxicity, hemorrhages in mucous membranes, skin, etc.
UNITS	UNITS**	UNITS**	UNITS**
5,000-10,000	10,000-20,000	30,000-50,000	50,000-100,000

The total amount of antitoxin needed should be administered in the first dose; but if, at the time of the next visit, a spread of the inflammatory process or an increase in toxic symptoms is noted, the question of giving additional antitoxin should be considered.

Administration — Route and Technique: In mild and early moderate cases the antitoxin should be injected by means of a sterile

*Cases of laryngeal and naso-pharyngeal diphtheria, moderate cases still active but seen late at the time of the first injection, and moderate cases of diphtheria occurring as a complication of another communicable disease should be treated as "severe cases."

**The larger amount should be used if antitoxin is given intramuscularly. Intravenous administration of part of the dose is recommended in severe and malignant cases.

hypodermic syringe into a suitable muscle instead of merely under the skin, since absorption takes place about three times as rapidly from muscles. For intravenous administration, the injection may be given into the vein on the flexor surface of the elbow. Always test a patient for sensitivity before administering serum. Antitoxin for intravenous use should show no sediment or turbidity. It must be warmed to room temperature and given slowly. Before the antitoxin is administered wash the skin at the point of injection with soap and water followed with alcohol. When dry, paint with tincture of iodine.

ISOLATION AND QUARANTINE

(See p. 5.)

PREVENTION

Passive Immunization: Passive protection of contacts against diphtheria may be obtained by the subcutaneous injection of 1,000 units of antitoxin. The immunity thus established is of short duration, lasting only ten days to two weeks. Serum sickness and sensitization to horse serum may result from such an injection of antitoxin. This method of immunization is not recommended for contacts who can be kept under daily observation so that treatment may be given immediately if they show signs of the disease, particularly if active immunization is in progress.

Active Immunization:

Recommendations —

- a. All children between six months and high school age should be immunized *with diphtheria toxoid*. The Schick test need not be performed on them before immunization, since the majority of children of this age group are susceptible to diphtheria.
- b. The Schick test should be performed on all persons of high school age or over who are exposed to diphtheria or who are likely to come in contact with it. Interpretation of the test will indicate treatment as follows:

1. Schick positive, control negative: susceptible. *Administer diphtheria toxoid.*

2. Schick positive, control positive but smaller; often susceptible, and sensitive to proteins of the diphtheria bacillus. *Where individual handling of patient is possible, administer diphtheria toxoid with caution in small divided doses.* Where this is not feasible, administer diphtheria toxin-antitoxin mixture.

3. Schick and control show approximately equal reactions: immune but sensitive to diphtheria bacillus proteins ("pseudo-reaction"). No immunization indicated.

4. Schick and control tests both negative: immune. No immunization indicated.

Dosage of Toxoid: Three doses of 0.5, 1.0 and 1.0 cc. given respectively at intervals of three or four weeks are advised. Fewer doses or administration at shorter intervals may fail to produce immunity. Injections should be made subcutaneously after painting the skin at the site of injection with tincture of iodine. *Do not inject more than 1.0 cc.* Discard remaining contents of used vials at end of clinic session.

The standard dosage schedule given above may cause moderate or occasional marked reactions in adults. For this reason the first dose in adults should be 0.1 cc. If no marked reaction follows, the second and third doses should be 0.5 and 1.0 cc. respectively. If a marked reaction occurs, the dosage can be adjusted in accordance with the severity of the reaction, and the interval between doses shortened, provided a total of 2.5 cc. is administered.

The Schick Test. Schick test outfits furnished by the Department of Public Health through local boards of health. Inject 0.1 cc. of toxin on right arm, and 0.1 cc. heated toxin for control on left arm, all injections *into but not through the skin.* Observe reactions on fourth day.

DOG BITE

REPORTING

All cases of dog bite, whether requiring antirabic treatment or not must be reported to the local board of health. (See p. 2.)

RECOMMENDED PROCEDURE

The dog: a. *Do not permit anyone to kill the dog;* if it is killed at once, it may be impossible to determine promptly whether or not it was rabid.

b. *Keep the dog under observation for two weeks.* When the case is reported to the board of health, the animal inspector will quarantine the dog. If the dog is well at the end of two weeks, the possibility of transmission of rabies at the time of the bite may be dismissed.

c. *If the dog becomes sick* have it examined by a veterinarian.

d. If the dog dies have the head sent to the Wassermann Laboratory, 281 South Street, Jamaica Plain, (Telephone, Arnold 1232). This is a State laboratory, examination being made without charge.

The patient: a. *Cauterize* wound, if possible, with fuming nitric acid. Iodine, mercurochrome, and similar antiseptics do not cauterize, nor are other cauterizing agents effective.

b. *Antirabic treatment:* Acting under authority of Chapter 375 of the Acts of 1937 (amending Chapter 140, section 145A of the General Laws), the Department of Public Health has adopted the following rules and regulations in accordance with which boards of health are required to furnish antirabic vaccine and treatment. These regulations should not be interpreted as a flat recommendation that all persons so bitten by or exposed to dogs should be given treatment, but rather as the conditions under which boards of health are required to furnish the vaccine and treatment if the clinical circumstances surrounding the case indicate to the physician that the patient is in need of treatment. The board of health is under no obligation to furnish vaccine and treatment regardless of the opinion of the attending physician, unless the case is covered by one of the following regulations.

1. Antirabic vaccine and antirabic treatment shall be furnished by the board of health for all persons bitten by or intimately exposed to the saliva of:

- (a) A clinically rabid animal.
- (b) An animal the head of which was found positive for rabies on laboratory examination.
- (c) An animal the head of which was found suspicious for rabies on laboratory examination.
- (d) An animal the head of which was in such condition on reaching the laboratory that it could not be examined, and was therefore classified as unsatisfactory for examination.
- (e) An animal which could not be restrained for a clinical observation period of fourteen days after the date of biting or exposure.
- (f) An animal which was killed without being held for observation and without subsequent laboratory examination of the head.

2. Antirabic vaccine and antirabic treatment shall be furnished by the board of health for all persons bitten on the head. Treatment shall be discontinued at the end of seven days if the dog by which the patient was bitten is still well and is kept under observation for seven additional days; treatment to be resumed if the dog shows signs of rabies during this second seven-day period.

3. Before antirabic vaccine is furnished to a physician for the treatment of a patient, said physician shall certify in writing to the board of health the name and address of the patient to be treated, the severity of

the bite or degree of exposure, the place where the bite or exposure occurred and the identity of the animal responsible for the biting if said is obtainable.

4. If antirabic vaccine and antirabic treatment are given because of a bite or exposure occurring in a community other than the one in which the patient resides, notice of said facts shall be forwarded by the board of health to the board of health and animal inspector of the community where said biting or exposure occurred and to the county commissioners of the county, other than Suffolk, in which said latter community is located.

5. No charges shall be paid for services other than for the administration of the vaccine.

6. A physician shall be entitled to twenty-one doses of antirabic vaccine for the treatment of head bites or severe multiple lacerations on other parts of the body, and to fourteen doses for the treatment of all other bites or exposures.

7. The board of health may require a statement made under penalty of perjury and signed by the patient to be treated, or, in the case of a minor, by his parent or guardian or person immediately responsible for his supervision, stating the place where said person was bitten or exposed and the identity of the dog if obtained.

Attention: Before beginning antirabic treatment, vaccine should be obtained from the board of health. Vaccine should not be purchased directly as the board of health is not responsible for the cost of vaccine which it has not purchased. To avoid the possibility of subsequent dispute as to costs of treatment, obtain authorization from the board of health. The State does not furnish antirabic vaccine.

Antirabic Vaccine: The vaccine at present recommended by the Department of Public Health is that prepared according to the Semple method (phenolized virus). Fourteen injections are usually adequate for simple bites on the trunk and extremities. When the bite is on the head or neck, or where there are severe multiple lacerations, twenty-one injections are desirable. All injections are given subcutaneously, preferably in a different site each day to avoid local soreness; the abdominal wall is a frequent site for the injections.

In making decisions in regard to treatment when actual exposure to the virus is doubtful, the slight but very definite danger of paralysis resulting from the use of the vaccine should be taken into consideration.

DYSENTERY, AMEBIC

DIAGNOSIS

Based on clinical findings with laboratory confirmation through examination of fecal specimens.

Vegetative state of amebae: For best results it is necessary to examine unpreserved, freshly passed specimens, which must reach the laboratory within two or three hours and must be kept warm in transit. This may be done by wrapping the container in several layers of paper.

If distance from the laboratory prohibits sending fresh specimens, the less satisfactory fixed smear method may be used. Special containers for this purpose are available through local boards of health. (See p. 9.) For satisfactory results, directions as to mailing and fixing of smears must be followed carefully. Patients should not be sent to the State laboratory.

Encysted stage of amebae: Stool specimens in 10% formalin may be sent to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. Special containers for this purpose are available through local boards of health.

TREATMENT

Several specific amebicidal drugs available.

ISOLATION AND QUARANTINE

(See p. 6.)

PREVENTION

No method of immunization available. Prevention depends on good sanitation and personal hygiene.

DYSENTERY, BACILLARY

DIAGNOSIS

Based on clinical findings with laboratory confirmation. Some strains of dysentery bacilli cause merely a transient diarrhea in healthy adults, or in children over twelve years of age. Stool specimens may be sent in typhoid culture outfits to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. For best results specimen should be taken early in the disease and from a diarrheal specimen, including mucous if present. Local laboratories approved for making examinations for enteric organisms are listed on p. 11.

TREATMENT

Sulfonamides hasten clinical recovery. In Shiga type (rare in Massachusetts), antitoxin may be of use. Not furnished by the State.

ISOLATION AND QUARANTINE

(See p. 6.)

PREVENTION

No practical method of active or passive immunization available. Prevention depends upon good sanitation, the protection of food supplies, pasteurization of milk and good personal hygiene.

ENCEPHALITIS, INFECTIOUS

DIAGNOSIS

Based on clinical findings. Confirmation by rising titer of neutralizing antibodies or complement fixation for the virus (eastern or western equine, St. Louis, Japanese B, etc.) during convalescence, or by isolation of virus from brain post-mortem.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 6.)

PREVENTION

No method of immunization available. Prevention of some varieties by protection from bites of mosquitoes and by mosquito control.

GERMAN MEASLES (Rubella)

DIAGNOSIS

Based on clinical findings.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 6.)

PREVENTION

No practical method of immunization available.

GONORRHEA

(See pages 63 and 67.)

GRANULOMA INGUINALE

(See pages 63 and 69.)

HEPATITIS, INFECTIOUS

DIAGNOSIS

Based on clinical, laboratory and epidemiological findings. Often occurs as multiple cases or in epidemics.

TREATMENT

Supportive plus a high protein, high carbohydrate and low fat diet, plus high vitamin intake with maintenance of fluid balance. Prolonged rest during convalescence has greatly decreased the incidence of relapses.

PREVENTION

The two established mechanisms of infection are (1) contaminated food and water supplies and (2) transfusion of blood or plasma from a donor with actual or latent infection. Many persons acquire immunity through latent, unrecognized infections. Use of food and water supplies of known safety, avoidance of unnecessary transfusions, and great care in avoiding blood donors having had any association with known cases of jaundice, are the primary preventive measures to be followed. In cases known to have been exposed to infection by the oral or contact routes, protection may be achieved by the injection of 0.1 cc. per pound of immune serum globulin.

- References: 1) Stokes, J. J. and Neefe, J. R.: J.A.M.A. 127,144, Jan. 20, 1945. The Prevention and Alleviation of Infectious Hepatitis by Gamma Globulin.
2) Havens, W.P. Jr. and Paul, J.R.: J.A.M.A. 129,270, Sept. 22, 1945. Prevention of Infectious Hepatitis with Gamma Globulin.

LEPROSY

DIAGNOSIS

Based on clinical findings, confirmed by demonstration of leprosy bacilli in smears from lesions. Call Division of Communicable Diseases, Massachusetts Department of Public Health, for assistance in diagnosis.

TREATMENT

Send to U. S. Leprosy Hospital at Carville, Louisiana. Application is made through the board of health to U. S. Public Health Service.

ISOLATION AND QUARANTINE

(See p. 6.)

PREVENTION

No method of immunization available. Prevention by avoidance of prolonged contact with a case.

LYMPHOCYTIC CHORIOMENINGITIS

DIAGNOSIS

Based on clinical findings confirmed by rise in titer of neutralizing antibodies late in convalescence. Serological tests available at National Institute of Health, Bethesda, Maryland.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 6.)

PREVENTION

No method of immunization available. No evidence of person to person transmission. Eradication of house mice.

LYMPHOGRANULOMA VENEREUM

(See pages 64 and 69.)

MALARIA

DIAGNOSIS

Based on clinical condition with laboratory confirmation. Smears for diagnosis may be sent to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. Special containers available through local boards of health. (See p. 9.) Thick and thin films should be sent, conveniently upon the same slide.

Recommended Procedure: Finger should be cleansed with alcohol and dried before pricking. To make thick smear, place three drops on one end of the slide and quickly spread into a homogeneous

area about the size of a dime, with the blood lancet or corner of a clean slide. Allow to dry thoroughly in the air in a horizontal position.

In veterans returning from malarious areas, coma or symptoms resembling meningitis and encephalitis may be due to cerebral malaria (aestivo-autumnal, due to *P. falciparum*).

TREATMENT

Quinine and atabrine relieve clinical symptoms. In coma due to aestivo-autumnal malaria, intravenous quinine hydrochloride is imperative.

ISOLATION AND QUARANTINE

(See p. 6.)

PREVENTION

No practical method of active or passive immunization available. In endemic areas prevention depends upon control of malaria mosquitoes, personal protection from bites, and suppressive quinine or atabrine.

MEASLES (Rubeola)

DIAGNOSIS

Based on clinical findings.

TREATMENT

No specific treatment after symptoms appear.

ISOLATION AND QUARANTINE

(See p. 6.)

PREVENTION

Passive Immunization

Prevention: In infants under 3 years, in older children who are tuberculous, debilitated or otherwise chronically ill, or in groups of children in institutions, hospital wards, etc., prevention of measles in exposed susceptible patients is indicated. It may be obtained in most instances by administration of a sufficient dose of immune globulin within 6 days after the *actual date* of exposure. The protection so obtained is of the passive type and does not last more than three weeks. Dose: 0.1 cc. per pound of body weight.

Modification: If the properly selected dosage of immune globulin is given to exposed susceptible individuals (preferably about 4-5 days

following exposure) the disease will usually occur in mild or "modified" form. In normal healthy children over 3 years of age this mild form of the disease is advantageous inasmuch as it results in an active, and more or less permanent, immunity. If modification is thus obtained, the incubation period is occasionally prolonged to 17-21 days; catarrhal symptoms are usually slight; temperature is lower; Koplik's spots may be absent, and rash may be mild and transient. "Modified" measles is probably as infectious as the unmodified form; therefore, if a quarantine is for any reason to be imposed, it must be extended to 3 weeks after exposure. Dose: 0.025 cc. per pound of body weight.

References: Janeway, C. A.: J.A.M.A. 126, 678-680, Nov. 11, 1944. Clinical Use of Products of Human Plasma Fractionation: II. Gamma Globulin in Measles.

May be obtained through:

1. IMMUNE SERUM GLOBULIN—For prevention, give during first four days after exposure*; for modification, four to ten days. Furnished by the Department of Public Health directly or through certain local boards of health. Given by intramuscular injection; do not give intravenously.

2. CONVALESCENT SERUM—Usually not obtainable except in certain hospitals. For prevention, 3 cc. during first four days after exposure*; for modification, four to seven days. Inject intramuscularly in buttocks, lateral aspect of thigh, or between scapulae.

Active Immunization: No practical method available.

MENINGITIS

DIAGNOSIS

Based on clinical findings supplemented by lumbar puncture and spinal fluid examination. The possibility of the meningitis being due to the Pfeiffer bacillus, pneumococcus, etc. (see p. 39) should be borne in mind. Specimens of spinal fluid should be examined by direct smear and by culture before starting chemotherapy. If local facilities for such examination are not available, spinal fluid may be sent to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. Positive reports are telephoned. (See p. 9.) If a meningococcus, pneumococcus or Pfeiffer bacillus is isolated, it should be typed as soon as possible. Typing is essential, if serum therapy is to be considered, and must be per-

* Determination of date of exposure. Measles is communicable three days before the appearance of the rash. Therefore, the date of appearance of the rash in the patient being known, the date of first possible exposure of the contact is three days earlier.

formed at the beginning, since identification of type may become impossible later.

Cerebral malaria (due to *P. falciparum*) should not be overlooked in persons returning from tropical areas. (See Malaria, p. 36.)

TREATMENT

General: Immediate and adequate sulfonamide therapy is indicated in all types of purulent meningitis and should be instituted pending determination of the infecting organism. Upon positive identification of the organism, therapy according to some such scheme as the following is recommended. Sulfonamide drugs are listed in the probable order of their effectiveness, in case sensitivity to the drug of choice requires changing to some other drug.

CAUSATIVE ORGANISM

THERAPY

Meningococcus:	Sulfadiazine, sulfathiazole or sulfanilamide; penicillin; and/or anti-meningococcic serum if sulfonamide therapy fails or is not tolerated.
Pfeiffer (Influenza) Bacillus:	Sulfadiazine or sulfathiazole and specific serum; streptomycin if obtainable.
Pneumococcus:	Sulfadiazine or sulfathiazole, and penicillin; anti-pneumococcic serum if drug is not tolerated or is not effective.
Streptococcus:	Sulfadiazine or sulfanilamide or sulfathiazole and penicillin.

Drug Therapy: Because patients with meningitis are usually dehydrated as a result of vomiting, fever, sweating, and failure to take fluids, it is essential to *precede* the first administration of any sulfonamide drug by the administration of fluids, given preferably by the intravenous or the subcutaneous routes and in sufficient amounts to overcome the dehydration. *Regardless of the sulfonamide drug selected or route of administration, ample fluid output should be insured by whatever means is most effective*, and an adequate blood sulfonamide level (at least 10–15 mg. per 100 cc.) must be achieved and maintained. Where penicillin or streptomycin are indicated, maintenance of adequate dosage for sufficient periods of time is equally essential.

Serum Therapy: Antisera are furnished by the Department for the treatment of infection due to pneumococcus (types 1–33), and H.

influenzae (type B). *Caution:* See "Precautions Advisable in the Administration of Serums and Antitoxins." (p. 20.) Serum should be warmed gently to room temperature before use. NEVER HEAT SERUM ABOVE 98°F. (body temperature). Always test patient for sensitivity before administering serum.

MENINGOCOCCUS INFECTION:

Studies reported to date indicate that recovery from meningococcus meningitis is apparently as frequent following sulfonamide therapy alone as following combined serum and drug therapy. Since penicillin is also fairly effective, serum is now rarely used or needed. Serum therapy, however, is indicated in the treatment of meningococcus infections in a patient unable to tolerate effective doses of sulfonamide or penicillin.

PNEUMOCOCCUS MENINGITIS:

Intrathecal and intramuscular penicillin combined with oral sulfonamides, have lowered the average mortality in this condition to about 50%. Although definite evidence that combined drug and serum therapy results in a still lower mortality is lacking, the use of serum appears strongly indicated in a disease having such a serious prognosis. Serum should be given *intravenously* whenever possible. The type of pneumococcus must be determined and serum for that particular type used.

H. INFLUENZAE (Pfeiffer bacillus) MENINGITIS:

Meningitis caused by H. influenzae (usually the serologic type B) is particularly common in children and infants. Penicillin is usually ineffective, and sulfonamides alone are undependable. Combined sulfonamide and serum therapy results in recovery in over 75% of cases. Streptomycin is apparently the most effective therapeutic agent yet discovered but until it is generally obtainable, combined serum and sulfonamide therapy is indicated, employing not less than 100,000 units (100 mg. of antibody nitrogen) of serum as the minimum dose.

ISOLATION AND QUARANTINE

(See p. 6.)

PREVENTION

No active or passive immunization for any variety of meningitis. Susceptibility is slight and general measures are not applicable. Because of the high incidence of carriers, sulfonamides are given to contacts of meningococcus meningitis under certain rare circumstances.

MUMPS

DIAGNOSIS

Based on clinical findings.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 7.)

PREVENTION

No practical method of active or passive immunization available.

OPHTHALMIA NEONATORUM

REPORTING

All cases showing inflammation, swelling, redness or abnormal discharge of the eyes within two weeks of birth must be reported to the board of health. "If either eye of an infant becomes inflamed, swollen and red, or shows an unnatural discharge within two weeks after birth, the nurse, relative or other attendant having charge of such infant shall report in writing within six hours thereafter, to the board of health of the town where the infant is, the fact that such inflammation, swelling and redness of the eyes or unnatural discharge exists." (G.L. Ch. 111, Sec. 110. (See p. 134.)) Also "if either eye of an infant whom or whose mother a physician, or a hospital medical officer registered under section nine of chapter one hundred and twelve, visits becomes inflamed, swollen and red, or shows an unnatural discharge within two weeks after birth, he shall immediately give written notice thereof, over his own signature, to the board of health of the town . . ." (G.L., Ch. 111, Sec. 111. (See p. 135.))

DIAGNOSIS

Smears to be examined for gonococci should be obtained. May be examined in the local laboratory (see p. 11) or sent to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. The usual gonorrhoea outfits, obtainable through local boards of health, should be used for this purpose. Positive results are telephoned. (See p. 9.)

TREATMENT

The General Laws of the Commonwealth require that the local board of health upon receipt of a report of a discharging eye as above described

“shall take such immediate action as it may deem necessary, including, so far as may be possible, consultation with an oculist and the employment of a trained nurse, in order that blindness may be prevented.” (G.L., Ch. 111, Sec. 110. (See p. 134.))

Sulfonamides and penicillin are effective in the treatment of gonococcal ophthalmia.

ISOLATION AND QUARANTINE

Aseptic nursing precautions to prevent spread of possible infection to the other eye or to the eyes of attendants.

PREVENTION

Silver nitrate solution for instillation in the eye at time of birth is furnished in wax ampoules by the Department of Public Health and obtainable through hospitals and boards of health. Under authority granted by the General Laws, Ch. 111, Sec. 109A (see p. 134), the Department has ruled that only one per cent silver nitrate put up in individual doses in wax ampoules can be used as a prophylactic in the newborn. (See Gonococcal Ophthalmia Neonatorum, p. 69.)

The recording of the use of the prophylactic on the birth certificate is required by law. (See pages 69 and 134.)

PARATYPHOID FEVER

(See Salmonellosis, p. 48.)

PLAGUE

DIAGNOSIS

Based on clinical and bacteriological findings, and history.

TREATMENT

Serum may be of some value.

ISOLATION AND QUARANTINE

(See p. 7.)

PREVENTION

Active Immunization: Commercial vaccines, now available, give considerable protection for a limited period. Used only for persons traveling in areas where plague is prevalent.

PNEUMONIA

DIAGNOSIS

Epidemiological, clinical, X-ray and bacteriological findings may be required for determination of the etiology, treatment and prognosis of a case of pneumonia. Causative agents may be pneumococcus, streptococcus, staphylococcus, Friedlander's bacillus, etc., or various virus agents (e.g. those responsible for ornithosis and "atypical pneumonia"). Pneumococci are the commonest cause, and the most responsive to specific treatment. Samples of sputum, and of blood for culture should be collected and sent to the nearest approved laboratory or to the Bacteriological Laboratory, 281 South Street, Jamaica Plain, at the onset of the disease, since the nature and type of the infecting organism frequently cannot be determined after drug treatment has been instituted. No generally available facilities for the diagnosis of virus pneumonia exist in Massachusetts.

The etiological agent, particularly the type of pneumococcus, may usually be determined from a sputum specimen. If no sputum is raised, a throat swab and a blood specimen should be taken since they may provide cultures which can be typed. Select freshly raised sputum; do not be content with saliva as oral cavity may contain pneumococci of a type different from that causing the pneumonia. Send sputum in special containers available through boards of health, or in any sterile container. Do not use tuberculosis sputum outfits as these contain carbolic acid which destroys the pneumococci, making typing impossible.

TREATMENT

Sulfonamides or penicillin are usually effective. It may be necessary to use type specific anti-pneumococcic serum in some cases.

Drug therapy should be based on adequate dosage and should be maintained for at least 3-4 days after recovery has set in, to avoid relapses. Type specific anti-pneumococcic serum is now rarely employed except in cases unable to tolerate the drugs, or showing no response after 48 hours of adequately maintained drug therapy. Specific anti-pneumococcic serum, types 1-33, is furnished by the Department for treatment of cases of pneumonia in which the type of infecting pneumococcus has been determined. All cases should be tested for serum sensitivity before serum is administered. (See p. 20.)

ISOLATION AND QUARANTINE

(See p. 7.)

PREVENTION

No accepted method of active or passive immunization available.

POLIOMYELITIS

(Infantile Paralysis)

DIAGNOSIS

Preparalytic Cases: Based on clinical findings, supplemented by lumbar puncture and spinal fluid examination.

Paralytic Cases: Based on clinical findings.

TREATMENT

Preparalytic Cases: No specific treatment.

Paralytic Cases:

a. *During acute stages:* symptomatic and supportive with special reference to prevention of contractures. Advice in regard to orthopedic treatment to accomplish this end may be obtained through the Services for Crippled Children by applying directly to the Department of Public Health. In cases of respiratory paralysis, placing patient in a respirator may be of life-saving value. Respirators are located in the following hospitals:

	<i>Number of Respirators</i>
Beverly Beverly Hospital	2
Boston Children's Hospital	several
Boston City Hospital	8
Boston Haynes Memorial Hospital	3
Boston Massachusetts General Hospital	4
Boston Peter Bent Brigham Hospital	3
Cambridge Cambridge City Hospital	1
Fall River Fall River General Hospital	1
Fall River Union Hospital	1
Fitchburg Burbank Hospital	1
Greenfield Greenfield Isolation Hospital	1
Haverhill Haverhill Municipal Hospital (Hale)	1
Holyoke Holyoke Hospital	1
Lawrence Lawrence General Hospital	2
Leominster Leominster Hospital	2
Malden Malden Hospital	1
New Bedford St. Luke's Hospital	1

		<i>Number of Respirators</i>
Newton.....	Newton-Wellesley Hospital.....	1
Pittsfield.....	House of Mercy Hospital.....	1
Quincy.....	Quincy City Hospital.....	2
Salem.....	Salem Hospital.....	2
Springfield.....	Health Dept. Hospital.....	1
Worcester.....	Belmont Hospital.....	1
Worcester.....	Memorial Hospital.....	1
Worcester.....	Worcester City Hospital.....	3

b. After acute stages:

1. Care available through the Services for Crippled Children.

Special consultation service is provided by the Department of Public Health on the request of the attending physician, for paralyzed cases of poliomyelitis on condition that the family is unable to pay for the services of an orthopedic surgeon. Applications for this service should be made directly to the District Health Officer. If necessary, a consultant will visit the patient, with the attending physician, but the facilities of the nearest Clinic for Crippled Children should be utilized, if the patient is able to attend. These clinics are described on page 84.

2. Harvard Infantile Paralysis Commission Clinics

The Central Clinics of the Harvard Infantile Paralysis Commission are in the Children's Hospital building, Boston, where special facilities exist for the treatment of infantile paralysis in all stages of the disease. Facilities are available for patients of all ages. The Commission conducts, in conjunction with the Central Clinics, treatment clinics in 11 cities and towns of the Commonwealth:

<i>City or Town</i>	<i>Location</i>	<i>Time</i>
Arlington	5 Court Street	Tuesday afternoons
Beverly	Beverly Hospital	Alternate Wednesdays
Dedham	82 Court Street	Friday afternoons
Haverhill	42 Fleet Street	Wednesdays
Lawrence	Child Welfare Rooms, City Hall	Mondays
Lowell	150 Middlesex Street	Wednesdays
Malden	351 Main Street	Saturday mornings
Medford	Old Tufts School, Tufts Square	
Quincy	Dispensary, High School Avenue	Mondays
Somerville	Old Bow Street Police Station	Thursday afternoons
Waltham	Waltham Baby Hospital	Tuesday afternoons

3. Hospitals and institutions admitting paralyzed cases for special care are:

<i>City or Town</i>	<i>Name of Institution</i>	<i>Restrictions</i>
Baldwinsville	Hospital Cottages for Children	Under 14 years
Boston	Industrial School for Crippled Children	Day School
Canton	Massachusetts Hospital School for Crippled Children	Between 5 and 15 years
Egypt (Scituate)	Children's Sunlight Hospital	Children 2-6 years Adults 16-35 years
Lakeville	Lakeville State Sanatorium	Over 3 years
Newton Center	New England Peabody Home for Crippled Children	Under 12 years
North Dartmouth	Sol-E-Mar	Under 14 years
Springfield	Shriner's Hospital for Crippled Children	Under 14 years

Applications for admission to most of these hospitals should be made directly to the Superintendent. Admissions to Lakeville are made through the local boards of health or the Massachusetts Department of Public Health and to Sol-E-Mar through St. Luke's Hospital, New Bedford.

ISOLATION AND QUARANTINE

(See p. 5.)

PREVENTION

Passive Immunization: No method of proven value.

Active Immunization: No method available.

Prevention of exposure is almost impossible due to subclinical cases and carriers, but avoidance of travel and crowds during epidemics is advisable. Tonsillectomy should be postponed.

PSITTACOSIS

DIAGNOSIS

Based on clinical and laboratory findings. Laboratory tests not performed by the Department of Public Health but the Division of Communicable Diseases should be consulted for directions regarding specimens.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 7.)

PREVENTION

No method of active or passive immunization available. Regulation of sale of parrots and other psittacine birds. Avoidance of contact with sick birds.

Note: Ornithosis, a term including psittacosis, refers also to infections with a related virus, contracted from pigeons, domestic fowl and other birds.

RABIES

(See Dog Bite, p. 30.)

Other animals are occasionally found to be rabid. The possibility of contracting the disease by bites of animals other than dogs should always be considered.

ROCKY MOUNTAIN SPOTTED FEVER

DIAGNOSIS

Based on clinical findings with confirmation by Weil-Felix reaction and complement fixation test. For these tests 5 cc. of blood should be sent in a sterile test tube to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. (See p. 9.) Blood should be drawn early in the disease and at weekly intervals in order that a rising titer may be detected.

TREATMENT

Hyper-immune rabbit serum useful if given before or about the time of the appearance of the eruption.

ISOLATION AND QUARANTINE

(See p. 7.)

PREVENTION

Vaccination for those in heavily-infested areas; avoidance of tick bites.

Commercial vaccines, now available, give considerable protection for a limited period. Used only for persons traveling in areas where Rocky Mountain spotted fever is prevalent.

SALMONELLOSIS

DIAGNOSIS

Based on two principal clinical varieties: (1) Cases with typhoid-like symptoms with bacteremia, usually due to *S. paratyphi A* (Paratyphoid A) or *S. paratyphi B* (Paratyphoid B), rarely to other types; (2) Cases with gastroenteritis, usually due to *S. typhimurium* (*B. aertrycke*) or to one of the other numerous types.

Typhoid-like cases may be diagnosed bacteriologically by blood and stool cultures. Cases of salmonella gastroenteritis are diagnosed bacteriologically by stool cultures only. Subclinical infections in contacts often occur.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 7.)

PREVENTION

Active immunization available for Paratyphoid A and Paratyphoid B only. Travelers to foreign areas should receive the Triple Vaccine (Typhoid-Paratyphoid A & B) which is available from the Department upon request.

Prevention of infections causing gastroenteritis is made difficult by the occurrence of unrecognized subclinical infections, which spread the disease. Stools of contacts should be cultured to discover such subclinical cases.

Good sanitation and personal hygiene are essential in the control of all forms of Salmonellosis.

SCARLET FEVER

DIAGNOSIS

Based on clinical findings. Throat cultures of no practical value except in epidemiological studies.

TREATMENT

General medical care is adequate for the usual mild case. Complications may be greatly reduced by penicillin therapy, and to a lesser extent, by sulfonamides. Scarlet fever streptococcus antitoxin may be indicated in toxic cases, and is furnished by the Department of Public Health in 9000 unit vials through local boards of health. All cases should

be tested for horse serum sensitivity before giving antitoxin. Serum reactions follow scarlet fever antitoxin more frequently than diphtheria antitoxin. (See p. 20.) The dose is 9,000 to 27,000 units depending on the severity of the case and the weight of the patient.

ISOLATION AND QUARANTINE

(See p. 7.)

PREVENTION

Passive Immunization: Use of antitoxin for this purpose not generally recommended, owing to the mildness of the prevailing disease and the frequency of serum reactions. If emergency prevention is essential and the patient gives no evidence of sensitivity to horse serum by history or by sensitivity test (see p. 21), 3,000 to 4,500 units of antitoxin may be given intramuscularly.

Active Immunization: Dick toxin given in five subcutaneous injections at one week intervals produces a high level of protection, but in customary doses causes a fairly high incidence of untoward reactions. Dick toxin is not furnished by the Department of Public Health or by local health departments.

SUSCEPTIBILITY

May be determined by Dick test. Inject exactly 0.1 cc. into the skin; observe 20-24 hours. Any redness 1 cm. or more in any diameter indicates susceptibility. Dick test material is not furnished by the State or local health departments.

SEPTIC SORE THROAT

Septic sore throat is probably not a definite disease entity. The term usually includes severe sore throats of streptococcal origin. An abnormal incidence of sore throats in the practice of any physician should be reported to the local board of health for investigation as to its possible spread through milk. Persons with sore throats should not be permitted to work around milk supplies.

SMALLPOX (Variola)

DIAGNOSIS

Based on clinical findings.

TREATMENT

No specific treatment.



ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

Passive Immunization: No satisfactory method available.

Active Immunization: Smallpox vaccine virus furnished by the State through local boards of health. (See p. 19.) Virus must be kept in a refrigerator freezing compartment until used (do not carry it in coat pocket). Multiple pressure method advised instead of scarification. (See directions accompanying vaccine.) Acetone or alcohol is preferable for cleansing the skin; avoid medicated alcohols. *Do not cover site of vaccination with a dressing or shield.*

Failure to obtain successful "takes" may arise from use of out-dated or improperly stored vaccine; from use of non-volatile antiseptics in preparation of the site; or from failure to penetrate the epidermis (although visible oozing of blood should be avoided). Successful primary "takes" are self-evident, but in *revaccination* it is essential to make sure that a genuine immune or accelerated reaction is observed, before regarding the vaccination as successful.

When to vaccinate: The first year of life is the ideal time in which to perform a vaccination, as reactions are less severe and complications at a minimum. The child should be re-vaccinated prior to entering school. Any person who has never been vaccinated should have it done at once.

Massachusetts law requires that "an unvaccinated child shall not be admitted to a public school except upon presentation of a certificate . . . signed by a registered physician designated by the parent or guardian, that the physician has at the time of giving the certificate personally examined the child and that he is of the opinion that the physical condition of the child is such that his health will be endangered by vaccination." The supreme court has ruled that a school committee may require renewal of such a certificate as often as every two months.

SYPHILIS

(See pages 63 and 65.)

TETANUS

DIAGNOSIS

Based on clinical findings. No bacteriological test available.

TREATMENT

Tetanus antitoxin, not furnished by State.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

Passive Immunization: Where possible exposure to tetanus has occurred, protection may be obtained in most instances by administration of 1,500–3,000 units of tetanus antitoxin, after testing patients for sensitivity to horse serum (see p. 20). Protection furnished by antitoxin is transitory, and therefore not wholly dependable, and is prone to induce serum sickness and sensitization to horse serum.

Active Immunization: Tetanus toxoid, properly administered, provides a long lasting protection, causes few reactions, and is recommended for those persons who are likely to be exposed to tetanus, (children, hostlers, farmers, veterinarians, etc.) and for all allergic subjects, in whom sensitivity to horse serum is relatively frequent. Tetanus toxoid will be furnished by the Department of Public Health in 1947.

TRACHOMA

DIAGNOSIS

Based on clinical symptoms. (Laboratory examination to exclude other infections.)

TREATMENT

No specific treatment. Penicillin very useful locally.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

Avoidance of contact with suspected or actual cases. General hygienic measures. No method of immunization.

TRICHINOSIS

DIAGNOSIS

Based on clinical findings, eosinophilia, muscle biopsy, skin test (antigen available from commercial houses), and precipitin tests (send 5 cc. of serum to National Institute of Health, Bethesda, Maryland).

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

No method of immunization. Trichinosis may be avoided by eating only thoroughly cooked hog meat.

TUBERCULOSIS

DIAGNOSIS

Diagnosis in early stages usually based on X-ray findings, with or without laboratory data, and upon symptoms or physical signs.

a. Laboratory examinations:

1. **Sputum:** Sputum may be sent to local laboratories (see p. 11) or to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. Outfits obtainable through local boards of health. (See 9.) Specimens should be adequate in amount and coughed up from the lungs. The first sputum raised in the morning is preferable.

2. **Body fluids for culturing:** Body fluids should be sent to an approved laboratory (see p. 9) or to the Bacteriological Laboratory in special outfits. (Do not use tuberculosis sputum outfit which contains phenol.)

b. **Tuberculin Test:** Old Tuberculin for diagnostic purposes only is furnished by the State through the local boards of health, in capillary tubes for the Von Pirquet test, and in ampoules for making dilutions for the Mantoux test. (See p. 18.) Directions for performing tests are included in each package. Saline solution for making dilutions not furnished by the State. Positive tuberculin reaction implies tuberculous infection, but gives no indication as to the activity of the process.

c. **X-ray Services:** Patients unable to afford private X-ray service may be referred by their family physicians to State and county tuberculosis hospitals or to clinics staffed by such hospitals (see a, below and pages 57 and 58). Reports made only to referring physician.

d. **Diagnostic Out-Patient Departments:** Such departments are maintained at all State, county and municipal sanatoria. (See pages 57 and 58.)

e. **Photofluorographic units** have been furnished by the Department to several large general hospitals in Massachusetts for the routine chest examination of all patients admitted to the hospital and all out-patients.

CLINICS

a. **Consultation Clinics:** Consultation Clinics to which physicians may refer patients for examination are maintained by State and county hospitals in many communities. Patients accepted only on reference of physician, board of health, or other health agency. Reports made only to referring physician or agency. Consultation clinics are maintained at present as follows:

CONSULTATION CLINICS

<i>City or Town</i>	<i>Location</i>	<i>Time</i>	<i>Auspices</i>
Athol	Town Hall	4th Wed., 1-3 P.M.	Rutland State Sanatorium
Ayer	Nashoba Health Assoc. Bldg.	Fourth Thurs., Alternate months	Middlesex County Sanatorium
Brockton	Board of Health	Fridays, 4-5:30 P.M.	Plymouth County Sanatorium
Chelsea	City Hall	2nd Mon., 2 P.M.	North Reading State Sanatorium
Chicopee	City Hall Annex	1st Mon., 2-4 P.M.	Westfield State Sanatorium
Everett	Whidden Memorial	2nd and 4th Mon.	Middlesex County Sanatorium
Framingham	Framingham Union	2nd and 4th Tues.	Middlesex County Sanatorium
Franklin	District Court Rooms	Last Wed., 2 P.M.	Norfolk County Hospital
Gardner	Board of Health Offices	1st Wed., 1:30-3 P.M.	Rutland State Sanatorium
Gt. Barrington	Russell House, 54 Castle Street	3rd Thurs.	Westfield State Sanatorium
Greenfield	Franklin County Hospital	Tues. following 1st Mon., 1 P.M.	Westfield State Sanatorium
Holyoke	City Hall	1st Fri. following 1st Mon., 12:30-4 P.M.	Westfield State Sanatorium
Hyannis	Cape Cod Hospital	3rd Tues., 1:30 P.M.	Barnstable County Sanatorium
Lawrence	City Hall, Room 203	2nd Tues., 1-3 P.M.	North Reading State Sanatorium
Malden	Malden Hospital	1st and 3rd Wed., 1:30-4 P.M.	Middlesex County Sanatorium
Martha's Vineyard	Martha's Vineyard Hospital, Oak Bluffs	Last Friday, 9:35 A.M.	Barnstable County Sanatorium
Medford	Lawrence Memorial Hospital	1st and 3rd Tues.	Middlesex County Sanatorium
Milford	129 Main Street	2nd Wed., 1-3 P.M.	Rutland State Sanatorium

CONSULTATION CLINICS

<i>City or Town</i>	<i>Location</i>	<i>Time</i>	<i>Auspices</i>
Nantucket	Cottage Hospital	Last Thurs., every other month, 3 P.M.	Barnstable County Sanatorium
Newton	Newton-Wellesley Hospital	2nd and 4th Thurs.	Middlesex County Sanatorium
North Adams	North Adams Hospital	3rd Wed., 9 A.M.	Westfield State Sanatorium
Northampton	Memorial Hall	1st Wed., 9:30 A.M.	Hampshire County Sanatorium
Peabody	47 Lowell Street	4th Fri., 1-4 P.M.	Essex Sanatorium
Pittsfield	Goodrich Hall, West Street	3rd Wed.	Westfield State Sanatorium
Provincetown	Town Hall	3rd Fri., 1 P.M.	Barnstable County Sanatorium
Revere	City Hall	4th Mon.	North Reading State Sanatorium
Salem	5 St. Peter Street	2nd Tues., 2-5 P.M.	Essex Sanatorium
Somerville	379 Broadway*	2nd and 4th Fri., 6:30-8 P.M.	Middlesex County Sanatorium
Southbridge	Town Hall, Elm St.	3rd Wed., 1-3 P.M.	Rutland State Sanatorium
Stoughton	Chicataubut Club	1st Wed., 2 P.M.	Norfolk County Hospital
Ware	Mary Lane Hospital	1st Tues., 3-4:30 P.M. every month	Hampshire County Sanatorium and Hampshire County Health Assoc.

b. Tuberculosis Dispensaries: Tuberculosis diagnostic clinics, independent of State or county sanatoria, are maintained by local boards of health at present as follows:

TUBERCULOSIS DISPENSARIES

<i>City or Town</i>	<i>Location</i>	<i>Time</i>	<i>Auspices</i>
Adams	Board of Health Office, 20 Center Street	Every other Mon., 6-7 P.M.	Board of Health
Beverly	84 Cabot Street	Tues., 3-5 P.M.	Board of Health
Brookline	55 Prospect Street	Tues., 2 P.M., Fri., 7 P.M.	Board of Health
Cambridge	Cambridge Sanatorium, 799 Concord Avenue	Tues., Thurs., and Sat., 9-11 A.M.	Board of Health

*This clinic is planning to move in the near future to 154 Highland Avenue, Somerville.

TUBERCULOSIS DISPENSARIES

<i>City or Town</i>	<i>Location</i>	<i>Time</i>	<i>Auspices</i>
Canton	473 Washington St.	3rd Fri., every other month, 5-6 P.M.	Canton Hospital and Nursing Assoc.
Dedham	369 Washington St.	2nd and 4th Fri., 5-6 P.M.	Board of Health
Everett	City Hall Annex, 379 Ferry Street	Tues., 8-9 P.M., Fri., 4-5 P.M.	Board of Health
Fall River	City Hall Annex	Tues., 7-8 P.M. for adults; Sat., 11-12 A.M., for children	Board of Health
Fitchburg	Burbank Hospital, Nichols Avenue	Tues., 2-4 P.M., Fri., 11-12:30 P.M.	Board of Health
Gloucester	City Hall	Mon., 8-9 P.M., Thurs., 4-5 P.M.	Board of Health
Haverhill	Gale Building, 471 Main Street	Mon., 7-8 P.M., Fri., 4-5 P.M., 3rd Sat., 9-11 A.M. (X-ray clinic)	Board of Health
Holyoke	City Hall Annex	Mon., 6-7 P.M., Fri., 3-5 P.M.	Board of Health
Lawrence	City Hall, Room 203	Daily 1-2 P.M., except Wed. and Sat.	Board of Health
Lowell	Health Centre, 63 Kirk Street	Tues., 2-4 P.M., Thurs., 5-8 P.M.	Health Department
Lynn	58 Andrew Street	Every morning 9-10:30 A.M.	Health Department
Marlboro	City Hall, Main St.	Mon., 4-5 P.M., Fri., 6-7 P.M.	Board of Health
Milton	101 Blue Hills Parkway	1st Wed., 4-6 P.M.	Board of Health
New Bedford	Olympia Building	Mon., 2-3 P.M., Sat., 2-3 P.M.	Board of Health
Norwood	Municipal Building	Thurs., 5-6 P.M.	Board of Health
Quincy	32 High School Ave.	Tues., 6-7 P.M., for adults; Sat., 9-11 A.M. for children	Health Department
Revere	City Hall	Appt. through the board of health	North Reading State Sanatorium
Salem	5 St. Peter Street	2nd Tues., 2-5 P.M.	Salem Association for Prevention of Tuberculosis
Springfield	Health Department, Isolation Hospital	Mon., 2-5 P.M. and 5:30 P.M.	Health Department
Taunton	City Hall	Daily 11-12 Noon	Board of Health
Worcester	Belmont Hospital	Wed., 9-11 A.M.	Department of Public Health

c. **Mass Examinations in Industry and in the Community:** The Massachusetts Department of Health maintains three mobile photofluorographic units for the mass examination of workers in industry, the inmates of public institutions and, where feasible, the adult population of certain communities. This is a cooperative campaign shared by the Massachusetts Department of Public Health, the local health department, and the Massachusetts Tuberculosis League, and financed to a large extent by grants from the United States Public Health Service. The service is free and on a voluntary basis.

The purpose of the program is the detection of undiagnosed tuberculosis and the placing of such persons under medical treatment or supervision in order to prevent the spread of infection to families and fellow-workers.

The X-ray equipment is available to all industrial groups on the invitation of the plant management. As the X-ray unit is mobile and goes directly to the plant, little time is lost from work by the employees.

Significant pulmonary findings are reported to the physicians named by the employees on the registration blanks, the persons concerned being invited by mail to consult them. The findings are confidential. No individual reports are made either to the plant management or to the plant physician. Upon receipt of such a report the attending physician should make careful clinical and laboratory, as well as additional X-ray studies, in order to confirm or deny the suspicion raised by the industrial X-ray examination. If the individual is found to have active pulmonary tuberculosis, he should be reported to the local board of health.

The follow-up of significant pulmonary tuberculosis is the responsibility of the local board of health and the District Health Officer. If a person who is advised to report to his physician fails to do so, the physician should notify the District Health Officer who will take the necessary action in order to place such an individual under proper supervision.

d. **High School and College Clinics:** Routine chest X-ray examinations are held for the detection of unsuspected pulmonary tuberculosis in high school and college students. Examinations are made on written request of the parents of the students and of the college authorities. When possible a photofluorographic unit of the Department is used. If it is necessary to use 14" x 17" film, the films are supplied either by the school, college, or voluntary health association.

The grades selected in the high schools are usually grades 10 and 12. In the colleges the freshman and senior classes are X-rayed annually.

Reports of findings are mailed to the physicians designated by the

parents, to the boards of health, or to the school medical departments. If active pulmonary tuberculosis is confirmed by the attending physician, the case should be reported to the board of health in the usual manner.

TREATMENT

Cities and towns are financially responsible for providing sanatorium treatment for patients unable to pay for the same.

Pulmonary Tuberculosis—Adult: Patients having a legal settlement and unable to pay for care are referable to State, county or city sanatoria. Individuals able to pay, may be hospitalized in private sanatoria, or in county or State sanatoria.

Tuberculosis—Children: Provision is made for hospitalization of children up to seventeen years of age at North Reading for either the primary or reinfection type of pulmonary tuberculosis.

Extra-Pulmonary Tuberculosis: All types of extra-pulmonary tuberculosis (bone, gland, kidney, intestinal, skin, eye, etc.) are acceptable at Lakeville State Sanatorium.

TUBERCULOSIS HOSPITALS AND SANATORIA

FEDERAL HOSPITAL

<i>Name of Institution</i>	<i>Location</i>	<i>Number of Beds</i>	<i>Rates per Week</i>	<i>Superintendent</i>
United States Veterans Administration	Rutland Heights	497	For Veterans only	Dr. J. N. Wilson (Manager)

STATE SANATORIA

<i>Name of Institution</i>	<i>Location</i>	<i>Number of Beds</i>	<i>Rates per Week</i>	<i>Superintendent</i>
Lakeville State Sanatorium (for extrapulmonary forms of tuberculosis; adults and children)	Middleboro	304	Patient (children or adults) \$7.00 City or town: Children \$7.00 Adults \$10.50	Dr. L. A. Alley
North Reading State Sanatorium (for children under 17 years)	North [*] Wilmington	280	Patient, city or town \$7.00	Dr. C. W. Twinam
Rutland State Sanatorium (for adults)	Rutland	365	Patient \$7.00 City or town \$10.50	Dr. Paul Dufault
Westfield State Sanatorium (for adults)	Westfield	189	Patient \$7.00 City or town \$10.50	Dr. Donald A. Martin

Procedure for admission to State sanatoria: Application blanks obtainable from local boards of health or from Department of Public Health, Room 546, State House, Boston, should be made out and signed by attending physician, and forwarded to the Department at the above address. The Department will arrange for approval of local board of health as to financial responsibility for those unable to pay.

COUNTY SANATORIA

<i>Name of Institution</i>	<i>Location</i>	<i>Number of Beds</i>	<i>Rates per Week</i>	<i>Superintendent</i>
Barnstable County Sanatorium	Pocasset (Bourne)	66	\$10.50	Dr. J. G. Kelley
Bristol County Tuberculosis Hospital	Attleboro	60	\$10.50	Dr. G. P. Smith
Essex Sanatorium	Middleton	350	\$10.50	Dr. O. S. Pettingill
Hampshire County Sanatorium	Haydenville (Northampton)	60	\$10.50	Dr. F. E. O'Brien
Middlesex County Sanatorium	Waltham	380	\$10.50	Dr. S. H. Remick
Norfolk County Hospital	South Braintree	160	\$10.50	Dr. N. R. Pillsbury
Plymouth County Hospital	Hanson	130	\$10.50	Dr. B. H. Peirce
Worcester County Sanatorium	Worcester (Greendale Station)	128	\$10.50	Dr. E. W. Glidden

Procedure for admission: Special application blanks obtainable through local boards of health or directly from sanatoria, should be filled out by attending physician, approved by the local board of health and forwarded to the superintendent of the sanatorium.

MUNICIPAL SANATORIA

<i>Name of Institution</i>	<i>Location</i>	<i>Number of Beds</i>	<i>Rates per Week</i>	<i>Superintendent</i>
Boston Sanatorium	249 River St., Mattapan	573	According to ability to pay	Dr. J. W. Manary
Board of Health Hospital	Brookline	30	According to ability to pay	Miss E. A. McMahon
Cambridge Sanatorium	Cambridge	100	According to ability to pay	Dr. Wm. P. McHugh

MUNICIPAL SANATORIA

<i>Name of Institution</i>	<i>Location</i>	<i>Number of Beds</i>	<i>Rates per Week</i>	<i>Superintendent</i>
Fall River Tuberculosis Hospital	Fall River	110	According to ability to pay	Dr. A. J. Ledoux (Health Com'r.)
Burbank Hospital (Tuberculosis Unit)	Fitchburg	34	\$35.00	Mr. R. Bullock (Dir. Trustees)
Lowell Isolation Hospital	Lowell	60	\$15.00	
Sassaquin torium	Sana- New Bedford	124	\$27.50	Dr. Hubert A. Boyle
Health Department Hospital (Tuberculosis Wards)	Springfield	50	\$15.00 and \$25.00	Dr. L. J. Smith (Health Com'r.)
Belmont Hospital (Tuberculosis Division)	Worcester	150	According to ability to pay	Dr. H. K. Spragler

Procedure for admission: Application blanks obtainable from and returnable to local city health department.

PRIVATE SANATORIA

<i>Name of Institution</i>	<i>Location</i>	<i>Number of Beds</i>	<i>Rates per Week</i>	<i>Superintendent</i>
Channing Home (women only)	198 Pilgrim Rd., Boston	27	Patient sliding scale up to \$35.00, city or town \$35.00	Miss E. Pelton, R.N.
Jewish Tuberculosis Sanatorial of New England	Rutland	30	Free or according to ability to pay	Dr. M. J. Stone 520 Beacon St. Boston
Pittsfield Anti-Tuberculosis Hospital	West Pittsfield	14	Patient \$5.00-\$15.00, city or town \$12.00	Miss E. Safford

Procedure for admission: Application to be made directly to sanatorium.

ISOLATION AND QUARANTINE

(See p. 8 and notes 6 and 7, p. 4.)

PREVENTION

The discovery and treatment of early cases and the separation of contacts (especially children) from open cases of tuberculosis are the most effective means of limiting spread. No practical method of immunization available.

TULAREMIA

DIAGNOSIS

Based on history of tick bite or of handling wild rabbits or other possibly infected animals; clinical and laboratory findings (send 5 cc. of serum to National Institute of Health, Bethesda, Maryland for agglutination test). Repeat after a week if negative.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

Avoidance of tick bites; wear gloves when handling wild rabbits, etc. Thorough cooking of meat of wild rabbits.

TYPHOID FEVER

DIAGNOSIS

Based on clinical condition with laboratory confirmation.

Laboratory tests:

1. *Blood culture*—Usually positive in the first week; sometimes as late as fifth week in severe cases.

2. *Widal reaction*—May be positive by the end of first week; usually not until end of second week. Repeat after a week as an increase in strength of reaction is of diagnostic significance.

3. *Stool culture*—If negative, repeat as it may not be positive until later in disease.

4. *Urine culture*—May be positive in the second week in a small percentage of cases.

Specimens for above tests may be sent to local laboratories (see p. 11), or to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. Special outfits obtainable through local boards of health. (See p. 9.) Positive diagnostic reports telephoned.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

Passive Immunization: No practical method available.

Active Immunization: Vaccine containing killed typhoid bacilli supplied by the Department of Public Health through local boards of health. Three subcutaneous injections (0.5 cc., 1.0 cc., 1.0 cc.) at intervals of seven to ten days or longer. Children in proportion to their weight; those under fifty pounds, one-half the adult dosage. Injection of 0.5 cc. subcutaneously or 0.1 cc. intradermally each year may be used for those constantly exposed.

Typhoid vaccination is especially indicated for:

1. Family contacts of a typhoid case.
2. Family contacts of a typhoid carrier.
3. Physicians.
4. Nurses.
5. Laboratory workers.
6. Institutional inmates.
7. Campers.
8. Those traveling in areas where they may not be certain as to safety of water, milk, and food supplies.

Paratyphoid fevers (salmonella infections) are caused by a variety of loosely related organisms, notably the paratyphoid A and B groups. Paratyphoid A is practically unknown in Massachusetts. Persons undertaking foreign travel should be vaccinated with triple (typhoid-paratyphoid A and B) vaccine, which is furnished by the Department of Public Health upon request. (See Salmonellosis p. 48.)

General: In Massachusetts at the present time cases are usually contracted from permanent carriers who have had the disease in the past (recognized or unrecognized). In other areas, the disease is still spread through infected food and water supplies. Good sanitation and personal hygiene are essential in control.

CARRIERS

Two classes of carriers are generally recognized.

1. **Convalescent carriers:** Those shedding typhoid organisms in feces or urine during first year after infection.
2. **Permanent carriers:** Those shedding typhoid organisms in feces or urine one or more years after infection. Certain proved carriers are unaware of previous typhoid, apparently becoming carriers as a result of mild unrecognized infection.

RESTRICTIONS ON CARRIERS

1. All typhoid carriers are reportable to the local board of health, usually as cholecystitis of typhoid origin.
2. No typhoid carrier may be employed in a food handling capacity.
3. All typhoid carriers are subject to the regulations of the local board of health.
4. All known typhoid carriers are visited twice annually by representatives of the Department of Public Health.

TYPHUS FEVER

DIAGNOSIS

Based on clinical findings with aid from the laboratory through Weil-Felix reaction and complement fixation tests. For these tests 5 cc. of blood should be sent in a sterile test tube to the Bacteriological Laboratory, 281 South Street, Jamaica Plain (see p. 9.) Repeat after one week as a rising titer is of diagnostic significance.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

Commercial vaccines, now available, give considerable protection for a limited period. Used only for persons traveling in areas where typhus fever is prevalent.

UNDULANT FEVER (Brucella Infection)

DIAGNOSIS

Based on clinical observations with the support of laboratory findings. For *blood culture* and *agglutination reaction*, 5 cc. of blood should be sent in a *sterile* test tube to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. (See p. 9.) Special containers for this purpose available through local boards of health; (the tubes in the Wassermann outfit are *not* sterile).

Significance of agglutination reactions

1/15—of no significance

1/45—of questionable significance

1/135 and higher—of diagnostic significance.

Since an elevated titer may persist long after clinical recovery, a high titer may indicate past brucella infection not necessarily the cause of patient's present symptoms. Repeat test after a week as a rising titer is of diagnostic significance.

In differential diagnosis, infectious mononucleosis should be considered. A sample of 5 cc. of blood can be sent to the Bacteriological Laboratory, 281 South Street, Jamaica Plain, for heterophile antibody titration.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

No practical method of active and passive immunization available. Most infections in Massachusetts are contracted from raw milk. The use of pasteurized milk is the best single method of protection.

VENEREAL DISEASES

REPORTING

(All of the following reports may be made on the same form.)

1. All forms and all stages of *gonorrhoea*, *syphilis*, *chancroid*

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ABSTRACT OF REGULATIONS (Regulations in Detail, see Report)																													
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Form for reporting cases of venereal disease to the Massachusetts Department of Public Health.

lymphogranuloma venereum and granuloma inguinale shall be reported directly (and only) to the Massachusetts Department of Public Health, 546 State House, Boston, on forms provided by the Department for that purpose. Business reply envelopes are provided for mailing the reports to the Department. *These envelopes are to be used for no other purpose.*

Every case is to be reported, whether or not it may have been reported by, or is to be referred for treatment to some other physician, clinic, or hospital. The name of the patient is not to be reported except as hereinafter provided (see pages 3 and 4).

2. If the patient was in consultation previously with another physician over the same infection, the present physician shall notify the other of the patient's change of medical advisor. Otherwise the previous physician will be expected to *report the patient* to the Department as a delinquent in treatment.

3. Patients who discontinue treatment prematurely and who are not known to be under treatment elsewhere, shall be reported by name and address to the Department *within one week* of the missed appointment in cases of primary or secondary syphilis, congenital syphilis with active lesions, syphilis in pregnant women, and acute gonorrhoea; and within two weeks of the missed appointment in all other cases.

4. Patients with lesions of primary or secondary syphilis on exposed parts of the body or in the mouth, who are employed in any occupation requiring direct contact with other persons (barber, hairdresser, manicurist, waiter, waitress, nursemaid, domestic, etc.), shall be reported by name, address, and occupation to the Department, unless the attending physician will assume the responsibility for seeing that the patient discontinues such occupation until the lesions are healed.

5. The attending physician shall attempt to identify and bring to medical observation all of the patient's sexual contacts, including members of the patient's family, from whom the patient may have acquired and to whom he (or she) may have transmitted the infection. If any contact, other than a family contact, has not come to medical attention within two weeks of such identification, the contact's name and address shall be reported to the Massachusetts Department of Public Health. Any patient who refuses to cooperate in the identification of contacts or in arranging for examination of family contacts shall be reported to the Department by name and address as uncooperative.

SYPHILIS

DIAGNOSIS (Literature available from the Department on request.)

1. **Darkfield examination:** The diagnosis of primary syphilis frequently depends upon darkfield examination of serum from the lesion for the spirochete, as blood tests are negative at the beginning of the primary stage. Prompt diagnosis of primary syphilis is of paramount importance to the patient and to others. *Seronegative primary syphilis is practically 100% curable.* Most of the cooperating clinics in the State and a considerable number of physicians are prepared to make darkfield examinations. A list of the physicians who have indicated that they are "equipped, competent, and willing" to make darkfield examinations for syphilis has been sent to every physician in the State, and additional copies of this list are available upon request. The patient must be sent to the examiner's laboratory. Every suspicious lesion should be examined by darkfield technique. Seropositive primary syphilis and secondary syphilis are from 80% to 90% curable. Generally speaking, cure is progressively more difficult and prognosis less favorable with lapse of time.

2. **Blood tests:** Serological examinations (Hinton tests) are made at the State Wassermann Laboratory, 281 South Street, Jamaica Plain. (See p. 10.) *There is no charge.* At least 5 cc. of blood should be withdrawn from the patient's vein, into a clean, dry, sterile syringe and transferred to a clean, dry, glass tube. Tubes and mailing containers may be obtained from local boards of health or their authorized distributing stations or directly from the Wassermann Laboratory. The most common cause of unsatisfactory results is due to transportation. Specimens not transmitted by messenger should be sent by special delivery mail. Physicians using this type of mail service have largely eliminated unsatisfactory reports. Unless all apparatus which comes into contact with the blood is clean and dry, hemolysis or contamination may make the specimen useless.

The blood tests are reported as *positive, negative, doubtful or unsatisfactory*, with the following interpretations:

Positive suggests that the patient may have or may have had syphilis. Even if there is clinical evidence of this infection it is well to have the first report checked by repeated tests without, however, delaying treatment. In the absence of definite signs or symptoms or history of syphilis a diagnosis of syphilis should not be made or treatment begun without repeated tests over a period of 16 weeks if necessary, and consultation by a syphilologist. In presumably infectious cases, the first

treatment should be administered as soon as confirmatory laboratory evidence is reported. A positive blood in a syphilitic is not necessarily evidence of infectiousness.

Doubtful: A doubtful test cannot be taken in itself as evidence either of the presence or absence of syphilis. It merely indicates the necessity for further serological tests and careful clinical examination.

Negative does not exclude syphilis, despite the high sensitivity of the test used at the State laboratory. It does, however, make it unlikely except in the earliest stage of primary cases. In treated patients, particularly those whose treatment is begun in the primary and secondary stages, a single negative test should not be taken, by itself, as reliable evidence of cure. In adequately treated cases, persistently negative serological reactions may be taken as evidence of satisfactory progress.

Unsatisfactory means that the test was unsuccessful because of the condition of the specimen when received (hemolysis, bacterial contamination, etc.).

The Boston Health Department and the Brockton City Laboratory perform Wassermann tests for physicians in those cities. Containers for specimens which are to be sent to those laboratories should be obtained from them.

3. Spinal fluid examination: The State Wassermann Laboratory performs the Wassermann tests on spinal fluids. Colloidal gold tests are done only for private physicians. At least 5 cc. of fluid should be sent to the Wassermann Laboratory for the Wassermann and gold tests. The regular blood specimen outfit may be used, but the tube should first be boiled and a sterile rubber stopper inserted in place of the usual cork stopper.

Spinal fluid protein determinations are *not* made at the State laboratories, nor are cell counts, both of which should be done within two hours after the fluid is withdrawn.

TREATMENT (Literature available from the Department on request.)

1. Arsenicals: The Department provides mapharsen, neoarsphenamine, and sulpharsphenamine free of charge for the treatment of syphilis. Mail requests to the Antitoxin and Vaccine Laboratory, 375 South Street, Jamaica Plain. The Department reserves the right to withhold arsenicals from physicians who neglect to report their cases of syphilis.

Neoarsphenamine (914) becomes very toxic after exposure to air for more than 15 or 20 minutes. Should be used at once after opening ampoule.

Sulpharsphenamine is prone to cause arsenical dermatitis if used intravenously, and should be given intramuscularly (in the buttocks).

The arsenicals are supplied by the Department in the following sizes:

Mapharsen (For intravenous use only) 0.04 gm., 0.06 gm.

Neoarsphenamine (For intravenous use only) 0.3 gm., 0.45 gm., 0.6 gm., 0.9 gm.

Sulpharsphenamine (For intramuscular use) 0.3 gm., 0.6 gm., 3.0 gm.

Double distilled water (not supplied by the Department) should be used in making solutions of the arsenicals. Apparatus must be both clean and sterile or avoidable reactions may occur.

2. **Bismuth:** Bismuth subsalicylate is supplied by the Department, free of charge, for the treatment of syphilis. Mail requests to the Antitoxin and Vaccine Laboratory, 375 South Street, Jamaica Plain. It is supplied in the following sizes:

For physicians: vials of 12 cc.

For clinics and institutions and physicians with large numbers of patients under treatment: vials of 60 cc.

3. **Malaria** and other fever therapy is available for the treatment of neuro-syphilis at the Boston Psychopathic Hospital and several of the State mental disease hospitals (see section on Mental Diseases, p. 101). Commitment may be voluntary or by court order. Blanks for either may be obtained from the superintendents of the mental disease hospitals or from the Department of Mental Health.

GONORRHEA

DIAGNOSIS (Literature available from the Department on request.)

1. **Smears:** Smears for microscopic examination for organisms resembling the gonococcus may be sent to local board of health laboratories or to the Bacteriological Laboratory, 281 South Street, Jamaica Plain. Outfits, consisting of glass slides, swabs, and mailing containers, may be obtained from local boards of health. (See p. 9.) Smears should be taken from the male urethral meatus and, when indicated, of the prostatic secretion. In the adult female, smears should be taken from *Skene's glands* (after thorough massage) and from within the cervical canal (after thorough cleansing of the cervix with cotton or gauze). (The pamphlet *Diagnosis of Gonorrhoea in Women* should be requested.) In the female

child, smears should be taken in the small cul-de-sac just in front of the hymen. Smears should be made thin and even by rolling the swab upon the slide. *If organisms resembling the gonococcus (G-intracellular diplococci) are found in smears from the eye, the report is made by the State laboratory by telephone.*

2. Cultures: Recommended procedures for obtaining material for gonococcus cultures:

To use the outfit, grasp cork end of swab and remove from tube. After culture is taken, place swab in a tube containing the blood-dye mixture, closing the tube with the cork to which swab is attached. Satisfactory results depend on extremely careful technique to avoid contaminants—which readily overgrow the gonococcus.

MALE PATIENTS WHO ARE SYMPTOM FREE

1. Retract prepuce.
2. Massage prostate and urethra.
3. Wipe away first drop of exudate with sterile gauze.
4. Insert swab between lips of meatus; place swab in blood-dye solution.

FEMALES

1. Vigorously massage lower end of urethra against the symphysis pubis.
2. Insert swab between lips of meatus using care not to contaminate swab through contact with adjacent tissues; place swab in blood-dye solution.
3. Insert bivalve vaginal speculum without lubricant. (Wet speculum with water.)
4. Cleanse cervix and vault with cotton.
5. Remove cervical plug, if present, with cotton.
6. Squeeze cervix with blades of speculum.
7. Grasp cork end of swab with dressing forceps and remove from tube.
8. Insert swab well into cervical canal using extreme care not to contaminate swab against the walls of the vagina; place swab in blood-dye solution.

TREATMENT (Literature available from the Department on request.)

The Department supplies therapeutic preparations for the treatment of gonorrhea which will be forwarded on request to the Antitoxin and Vaccine Laboratory, 375 South Street, Jamaica Plain.

PROPHYLAXIS OF GONOCOCCAL OPHTHALMIA NEONATORUM

The General Laws, Tercentenary Edition, Chapter 111, Section 109A, require that: "The physician, or hospital medical officer registered under section nine of chapter one hundred and twelve, if any, personally attending the birth of a child shall treat his eyes within two hours after birth with a prophylactic remedy furnished or approved by the Department of Public Health and shall record on the birth certificate the use of such prophylactic." The Department has approved one per cent silver nitrate in individual doses in wax ampoules, and no other prophylactic may be used.

Silver nitrate (1% solution), in individual ampoules, is provided by the Department of Public Health, free of charge. Supplies may be obtained from local boards of health or their authorized distributing stations. There is accumulating evidence that sole dependence upon prophylaxis at birth is dangerous and that gonorrhoea should be diagnosed in the mother and so treated that exposure of the baby's eyes will not occur.

LITERATURE

Literature is available on request for the more detailed information of the physician as to the diagnosis, treatment and control of gonorrhoea and syphilis, reactions to treatment, significance of blood tests, etc.; and for the information and instruction of the patient.

CLINICS IN MASSACHUSETTS FOR THE TREATMENT OF GONORRHEA AND SYPHILIS

Private physicians may refer patients for diagnostic services and for penicillin therapy of syphilis and gonorrhoea to the clinics (starred) designated by the Massachusetts Department of Public Health as Cooperating Clinics under the General Laws, Chapter 111, Section 117.

Patients with chancroid, lymphogranuloma venereum and granuloma inguinale may also be referred to these clinics.

SYPHILIS

GONORRHEA

Beverly

*Beverly Hospital, Herrick and Heather Streets

Men, Women & Children Wed., 1-3 P.M. and
6-7 P.M.

Wed., 1-3 P.M., and 6-7 P.M.

SYPHILIS

GONORRHEA

Boston

- *Beth Israel Hospital, 330 Brookline Avenue
 Men & Women Mon., Fri., 8:30-10:30 A.M. Tues., Thurs., Sat., 8:30-10:30 A.M.
- *Boston Dispensary, 25 Bennet Street
 Men Mon., Wed., Thurs., Sat., 8:30-10:30 A.M. Mon., Wed., Fri., 8:30-10:30 A.M.
 Mon., Fri., 5:30-8 P.M. Mon., Fri., 5:30-8 P.M.
 Women Mon., Wed., Thurs., Sat., 8:30-10:30 A.M. Daily 8:30-10:30 A.M.
 Mon., Fri., 5:30-8 P.M. Mon., Fri., 5:30-8 P.M.
- Boston Psychopathic Hospital, 74 Fenwood Road
 Men, Women Tues., Sat., 8:30-10 A.M. None
 & Children (Neurosyphilis only)
- *Children's Hospital, 300 Longwood Avenue
 Children Monday 2-3:30 P.M. None
- *City Hospital, 818 Harrison Avenue
 Men Daily 8:30-10:30 A.M. Daily 8:30-10:30 A.M.
 Women Daily 8:30-10:30 A.M. Tues., Thurs., Sat., 8:30-10:30 A.M.
- *Massachusetts General Hospital, Fruit Street
 Men Mon., Tues., Wed., Thurs., 1-3 P.M. Tues., Thurs., Sat., 8-10 A.M.
 Thurs., 6-7:30 P.M.
 Sat., 8-10 A.M.
 Women Mon., Tues., Wed., Thurs., 1-3 P.M. Mon., Tues., Wed., Fri., 1-3 P.M.
 Thurs., 6-7:30 P.M.
 Sat., 8-10 A.M.
- *Massachusetts Memorial Hospitals, 88 East Concord Street
 Men & Women Tues., Wed., Fri., 9 A.M.-5 P.M. Tues., Wed., Fri., 9 A.M.-5 P.M.
 Mon., Thurs., 9 A.M.-7 P.M. Mon., Thurs., 9 A.M.-7 P.M.
 Sat., 9 A.M.-12 M. Sat., 9 A.M.-12 M.
- N. E. Hospital for Women & Children, Dimock Street (Roxbury)
 Women & Children Wed., 8:30-10 A.M. Tues., 1-2 P.M.
- *Peter Bent Brigham Hospital, 721 Huntington Avenue
 Men Wed., 6-8 P.M. Tues., Wed., Fri., Sat., 8:30-11 A.M.
 Thurs., 1-3:30 P.M.
 Women Wed., 6-8 P.M. Mon., Thurs., 8:30-11 A.M.
 Thurs., 1-3:30 P.M. Mon., Fri., 1-3 P.M. (Gyn. Clinic)

SYPHILIS

GONORRHEA

Brockton

*Brockton Hospital, 680 Center Street		
Men	Fri., 4:30-7 P.M.	Fri., 4:30-7 P.M.
Women	Tues., 4:30-7 P.M.	Tues., 4:30-7 P.M.

Cambridge

Cambridge City Hospital, 1493 Cambridge Street		
Men & Women	Fri., 9-10 A.M.	Mon., Wed., Sat., 9-10 A.M.
*Cambridge Hospital (Out-Patient Dept.), 330 Mt. Auburn Street		
Men & Women	Thurs., 9-10 A.M. & 5:30-6:30 P.M.	None

Fall River

*Board of Health Clinic, City Hall Annex, Third Street		
Men & Women	Mon., Wed., Fri., 6:30-8 P.M.	Mon., Wed., Fri., 6:30-8 P.M.
	Thurs., 8:30-9:30 A.M.	Thurs., 8:30-9:30 A.M.
Children	Thurs., 8:30-9:30 A.M.	Thurs., 8:30-9:30 A.M.

Fitchburg

*Burbank Hospital, Hospital Road		
Men & Women	Tues., 10-11:30 A.M. and 6-7:30 P.M.	Tues., 10-11:30 A.M., and 6-7:30 P.M.

Great Barrington

*Fairview Hospital, Lewis Avenue		
Men & Women	Tues., 5-6 P.M.	Tues., 5-6 P.M.

Haverhill

*Board of Health Clinic, Gale Building, 471 Main Street		
Men & Women	Thurs., 10 A.M.-12 M. and 6-7 P.M.	Tues., 10 A.M.-12 M., and 6-7 P.M.

Holyoke

*Holyoke Hospital, Beech Street		
Men	Mon., 5-7 P.M.	Mon., 5-7 P.M.
Women	Thurs., 4:30-6 P.M.	Thurs., 4:30-6 P.M.

Lawrence

Board of Health Clinic, 130 Oak Street		
Men	Thurs., 11 A.M.-1 P.M. and 7-9 P.M.	Thurs., 11 A.M.-1 P.M. and 7-9 P.M.
Women	Mon., 11 A.M.-1 P.M. and 7-9:30 P.M.	Mon., 11 A.M.-1 P.M. and 7-9 P.M.

SYPHILIS

GONORRHEA

Laurence — Continued

*Lawrence Clinic, 133 Methuen Street

Men	Mon., Sat., 8:30-10 A.M. Fri., 6:30-8 P.M.	Wed., Fri., Sat., 8:30-10 A.M. Fri., 6:30-8 P.M.
Women	Mon., Sat., 8:30-10 A.M. Fri., 6:30-8 P.M.	Tues., Sat., 8:30-10 A.M. Fri., 6:30-8 P.M.

Lowell

*Board of Health Clinic, Corner Kirk & Paige Streets

Men	Thurs., 8:15-8:45 A.M. Fri., 6-7 P.M.	Thurs., 8:15-8:45 A.M. Fri., 6-7 P.M.
Women	Tues., 6-7 P.M. Thurs., 8:15-8:45 A.M.	Tues., 6-7 P.M. Thurs., 8:15-8:45 A.M.

Lynn

*Lynn Hospital, 212 Boston Street

Men & Women	Wed., 4:30-6:30 P.M. Fri., 7:30-8:30 A.M.	Wed., 4-5 P.M.
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New Bedford

*Board of Health Clinic, 519 Olympia Building

Men	Mon., 4-5:30 P.M.	Mon., 4-5:30 P.M.
Men & Women	Tues., 10-11 A.M. Thurs., 4-5:30 P.M.	Fri., 10-11 A.M.
Women & Children	Tues., 4-5:30 P.M.	Tues., 4-5:30 P.M.

Newton

*Newton-Wellesley Hospital, 2014 Washington Street (Newton Lower Falls)

Men & Women	Wed., 9-10 A.M.	Tues., 9-10 A.M.
Women		Thurs., 9-10 A.M.

Pittsfield

*House of Mercy Hospital 741 North Street

Men & Women	Wed., 4:30-6 P.M.	Wed., 4:30-6 P.M.
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Quincy

Board of Health Clinic, Quincy Dispensary, High School Avenue

Men	Fri. 4-5 P.M.	Fri., 4-5 P.M.
Women	Thurs., 4-5 P.M.	Thurs., 4-5 P.M.

Springfield

*Springfield Hospital 759 Chestnut Street

Men	Tues. 4:30-6 P.M.	Tues., 4:30-6 P.M.
Women & Children	Thurs., 4:30-6 P.M.	Thurs., 4:30-6 P.M.

SYPHILIS**GONORRHEA****Waltham**

*Waltham Hospital, Hope Avenue

Men & Women Fri., 8:30-10 A.M.,
5:30-6:30 P.M.

None

Worcester

*Memorial Hospital, 119 Belmont Street

Men Mon., Thurs., 9-10 A.M.

Women Mon., Thurs., 9-10 A.M.

Tues., 10:30 A.M.-12 M.

Mon., Fri., 10-11 A.M.

*Worcester City Hospital (Out-Patient Dept.) 162 Chandler Street

Men & Women Tues., 6:30-7:30 P.M.

Wed., 8:30-10:30 A.M.

Tues., 6:30-7:30 P.M.

Wed., 8:30-10:30 A.M.

CONSULTATION

The Division of Venereal Diseases of the Department of Public Health welcomes requests for information concerning any phase of the management of gonorrhea or syphilis. A considerable number of physicians who have had wide experience in this field are always ready to assist the Department in its consultation service. Physicians are urged, also, to make use of the consultation facilities which are available in the various clinics throughout the State.

The Department is prepared to send speakers on the management of gonorrhea and syphilis to any medical society meeting at any time.

CONFIDENTIAL FOLLOW-UP SERVICE

The Division has trained nurse epidemiologists whose services are available to physicians for the follow-up of patients who have prematurely discontinued treatment and for the follow-up of contacts and sources of infection. The service of these nurses is entirely confidential. Patients and contacts are visited in the names of the physicians for whom the nurses may be working and their relationship to this Department is in no way disclosed to such patients or contacts. The nurses report the results of their investigations directly to the physician concerned, and any further action will be taken only at the direction of the physician. The names and addresses of patients or contacts followed for private physicians are not disclosed to any other person or agency, including the Department of Public Health, except at the direction of the physician for whom the follow-up work is being done. The services of these nurses may be had upon request without cost to the physician.

PATIENTS UNABLE TO PAY FOR MEDICAL CARE

Under the law (General Laws, Tercentenary Edition, Chapter 111, Section 117, as amended by Chapter 391, of the Acts of 1937) the Massachusetts Department of Public Health is required to provide clinics (which it may do with the cooperation of local agencies) for the treatment of those who have gonorrhoea or syphilis and who cannot pay for private medical care.

RECORDS AND REPORTS OF GONORRHEA AND SYPHILIS TO BE CONFIDENTIAL

Section 119, Chapter 111, of the General Laws provides that, "hospital, dispensary, laboratory and morbidity reports and records pertaining to gonorrhoea or syphilis shall not be public records, and the contents thereof shall not be divulged by any person having charge of or access to the same, except upon proper judicial order or to a person whose official duties, in the opinion of the Commissioner, entitle him to receive information contained therein. Violations of this section shall for the first offense be punished by a fine of not more than one hundred dollars."

DISCLOSURE OF CERTAIN INFORMATION NOT SLANDER OR LIBEL

Section 12, Chapter 112, of the General Laws specifies that, "Any registered physician or surgeon who knows or has reason to believe that any person is infected with gonorrhoea or syphilis may disclose such information to any person from whom the infected person has received a promise of marriage or to the parent or guardian of such person if a minor. Such information given in good faith by a registered physician or surgeon shall not constitute a slander or libel."

WEIL'S DISEASE (Hemorrhagic Jaundice)

DIAGNOSIS

Based on clinical symptoms; serologic examination and animal inoculation.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

No method of immunization available. Avoid contaminated food or water. Rat control.

WHOOPING COUGH (Pertussis)

DIAGNOSIS

Based on clinical findings. White blood counts and differential counts are also used as aids to diagnosis. Such tests are not performed in State or local boards of health laboratories.

TREATMENT

Hyperimmune sera available but value not thoroughly established.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

Passive Immunization: Hyperimmune sera. Use of human or animal immune sera effective in over 2-3 of exposed. Not furnished by the Department of Public Health.

Active Immunization: Favorable results in preventing or reducing severity of subsequent infection have been reported through use of vaccines prepared according to methods of Sauer or Kendrick and Eldering. Will be furnished by the Department of Public Health in 1947.

YELLOW FEVER

DIAGNOSIS

Based on clinical findings and serologic tests.

TREATMENT

No specific treatment.

ISOLATION AND QUARANTINE

(See p. 8.)

PREVENTION

Passive Immunization: None available.

Active Immunization: Effective vaccine for foreign travellers, available only at principal ports of embarkation through the U. S. Public Health Service.

ARTHRITIS

Under the provisions of Chapter 393 of the Acts of 1937 arrangements have been made by the Department of Public Health with the Massachusetts General Hospital for the hospitalization of patients with chronic rheumatism for the purpose of diagnosis and treatment of the disease. As the Act provides for the care and treatment of not more than 25 patients at any one time, and further that no person shall be hospitalized for a period exceeding six months, preference will be given in the selection of cases to those patients whose condition requires further study, and to whom some form of therapy can be offered. Preference will also be given to indigent persons, and no patient will be admitted for treatment who has not regularly resided in the Commonwealth at least two out of the preceding three years.

Applications for admission must be made by a licensed physician, upon forms provided by the Department of Public Health, and returned to the Department at Room 546, State House, Boston.

Upon discharge of the patient a written summary of the findings in the case, with diagnosis and recommendations for further care, will be sent to the physician who signed the application for the patient's admission.

CANCER

The facilities for the diagnosis, treatment and care of patients suffering from cancer, which are offered by the Department of Public Health through its Division of Cancer and Other Chronic Diseases, 100 Nashua Street, Boston, are as follows:

CLINICS

Diagnosis and Treatment: Eighteen State-aided Cancer Clinics offering group diagnosis are conducted at various centers. Patients sent to these clinics by a physician for consultation are referred back to him, and a letter is forwarded giving the diagnosis and recommendations of the clinic staff. If, however, the physician indicates that he wishes the clinic to take charge of the patient and to arrange for appropriate treatment, it will do so.

State clinics are maintained at the Pondville Hospital at Norfolk (P. O. Box 111, Walpole), and at the Westfield State Sanatorium at Westfield.

CANCER CLINICS

Beverly	Beverly Hospital
Boston	Beth Israel Hospital
	Boston Dispensary
Brockton	Brockton Hospital
Fall River	Union Hospital
Fitchburg	Burbank Hospital
Gardner	Henry Heywood Memorial Hospital
Greenfield	Franklin County Hospital
Hyannis	(Temporarily inactive)
Lawrence	Lawrence General Hospital
Lowell	Lowell General Hospital
Lynn	Lynn Hospital
New Bedford	St. Luke's Hospital
Newburyport	(Temporarily transferred to Beverly)
North Adams	North Adams Hospital
Salem	Salem Hospital
Springfield	Springfield Hospital
Walpole	Pondville Hospital
Westfield	Westfield State Sanatorium
Worcester	Memorial Hospital

In addition to the Cancer Clinics under State auspices similar clinics are maintained in the following institutions:

Boston	City Hospital
	Lahey Clinic
	Massachusetts General Hospital
	Massachusetts Memorial Hospitals
	Palmer Memorial Hospital
	Peter Bent Brigham Hospital
Brookline	Free Hospital For Women
Fall River	Truesdale Hospital
Worcester	Memorial Hospital
	Worcester City Hospital

CANCER PREVENTION CLINICS:

Clinics of this character have been established in several cities throughout the country. They offer complete physical examinations with special emphasis on cancer, and are essentially periodic health examinations. A

clinic of this character sponsored by the Department of Public Health has recently been opened at the Union Hospital in Fall River. Patients examined at the clinic must be referred by a physician, who is sent a written report of the findings of the clinic, the patient being told to consult him relative to treatment.

TUMOR DIAGNOSIS SERVICE:

Free pathological examination of specimens of cancer, or suspected cancer, is offered to all physicians in Massachusetts. Specimens should be sent to the Tumor Diagnosis Service, 25 Shattuck Street, Boston 15, Mass.

Containers for the shipment of specimens may be obtained from the local boards of health, or from the Department of Public Health, 527 State House, Boston. Pathological specimens, other than tumors suspected of being cancer, should not be sent to this laboratory.

CANCER HOSPITALS:

State Hospitals: The State maintains two hospitals for the treatment and care of patients with cancer; the Pondville Hospital at Walpole, with a capacity of 145 beds, and another at Westfield, situated in a wing of the Westfield State Sanatorium, with a capacity of 50 beds. These hospitals are equipped to treat all forms of cancer by modern methods. One gram of radium is held at the Pondville Hospital and both institutions have high voltage X-ray treatment machines. Specialists competent to treat cancer of the genito-urinary organs, nose and throat, brain, and lungs are represented on the staffs. Both hospitals maintain a medical social service and an out-patient department. The out-patient clinic at Pondville is held at 1:00 P.M. on Thursdays, and that at Westfield at 11:00 A.M. on Wednesdays. All residents of Massachusetts who have lived in the Commonwealth for two out of the preceding three years are eligible for admission regardless of their financial status. However, if they are in a position to pay, a charge of \$1.50 is made for an out-patient consultation, and a charge at the rate of \$10.50 per week for ward accommodations. If the patient is unable to meet these costs, the board of public welfare of the town in which he has residence may assume responsibility for his care. No extra charge is made for X-ray films or for laboratory examinations.

Patients are admitted to the hospitals on the recommendation of a physician. Required application forms for admission are obtainable from the Department of Public Health, the local boards of health, or the boards of public welfare.

The Tewksbury State Hospital & Infirmary offers terminal care for a certain number of patients with incurable cancer.

Other Hospitals: The following institutions make some special provision for the care and treatment of patients with cancer.

Boston —

LONG ISLAND HOSPITAL. This is the city hospital, and a few beds are available for treatment and terminal care. Residents of Boston only are admitted.

PALMER MEMORIAL HOSPITAL. This hospital maintains an out-patient consultation clinic. It has two grams of radium, and a 400,000 volt X-ray treatment machine. A few beds are available for the care of terminal cases.

Cambridge —

HOLY GHOST HOSPITAL FOR INCURABLES. A few beds are available for the care of patients with incurable cancer.

Fall River —

ROSE HAWTHORNE LATHROP FREE HOME. Only patients with incurable cancer are admitted. No treatment, other than nursing care, dressings, and drugs for relief of pain, is given at this institution.

Springfield —

SPRINGFIELD HOSPITAL. One wing of this hospital containing 51 beds is devoted to the care of patients with chronic conditions.

INFORMATION FURNISHED PHYSICIANS:

In 1941 the Department of Public Health undertook the distribution free of charge, to registered physicians in Massachusetts of a two-hundred page book entitled *Cancer, A Manual For Practitioners*.

A *Cancer Bulletin* is published by the Department four times a year and sent to all physicians who request it. This is a pamphlet containing abstracts of recent articles dealing with various phases of the cancer problem.

Popular pamphlets on cancer are obtainable from the Department.

Teaching Clinics on cancer are held from time to time at the clinics under state auspices. Notices inviting them to attend are sent to all physicians practicing in the vicinity.

Statistical information on certain aspects of the cancer problem may

be obtained by writing to the Department of Public Health, Division of Cancer and Other Chronic Diseases, 100 Nashua Street, Boston 14.

A list of operations and special clinics to be held at the Boston hospitals, and notices of medical meetings are posted daily at the Boston Medical Library, 8 The Fenway. At some of these, aspects of the cancer problem may be discussed.

CHRONIC DISEASE HOSPITAL

Chapter 732, Acts of 1945 provided an appropriation of \$200,000 for the preparations of plans for a chronic hospital by the Department of Public Health. A site for the hospital has been selected by the Governor at Spot Pond, Stoneham, and a contract has been signed for the preparation of plans. Chapter 511, Acts of 1946, authorized a bond issue of \$7,000,000 for the construction of the hospital.

This hospital is designed to supply complete modern diagnosis and treatment for citizens of the Commonwealth suffering from chronic diseases who are unable to obtain it for themselves. The so-called degenerative diseases, such as cancer, chronic rheumatism, heart disease, nephritis, diabetes, and diseases of the nervous system will be provided for. Facilities for physical medicine, occupational therapy and rehabilitation will be furnished. Patients will be accepted on application of a licensed physician. Upon completion of treatment they will be discharged to their homes or, if in need of custodial care, will be transferred to other institutions. An out-patient department will be available for patients who require follow-up treatment.

DENTAL HEALTH

Because the health of the teeth has such an important bearing on the general health, the Department of Public Health has been interested for some time in the problems relating to their care and preservation. In recent years one or more dentists have been employed in the Division of Maternal and Child Health or in the Division of Local Health Administration to assist local agencies in attacking these problems.

On July 1, 1946, a Division of Dental Health was created. This division will keep itself informed concerning new developments in programs for dental care, the prevention of dental caries and other pressing problems. It will carry on an educational program, utilizing various methods of spreading information in order to provide assistance to the public in the use of all of the scientific knowledge available.

The Division will also plan and carry on field studies such as the Fluorine Study authorized by Chapter 38 of the Resolves of 1945.

It is planned to have dentists and dental hygienists assigned to the District Health Offices to act as consultants to the local agencies.

MATERNAL AND CHILD HEALTH

The activities of the Massachusetts Department of Public Health in the field of maternal and child health are carried on by the Division of Maternal and Child Health with headquarters at 73 Tremont Street, Boston.

PRENATAL CARE

Advisory service is furnished on the organization, equipment and conduct of prenatal clinics.

Baby and You, a recently revised booklet is available to parents directly or through physicians, hospital clinics, nursing organizations and Well Child Conferences. Additional leaflets giving advice on breast feeding, the mother's diet and maternal hygiene in general, are also obtainable for distribution as needed.

During the Emergency Maternity and Infant Care Program it has been necessary to discontinue the prenatal letters but it is hoped that they may be resumed in the future.

PREMATURE INFANT CARE

Section 67A, of Chapter III, of the General Laws (see p. 133) provides for the reporting to the local board of health of a premature infant born outside the hospital, as soon as practicable by telephone, and confirmation in writing within twenty-four hours. Upon written request of either the parent or the attending physician the board of health will provide for its transportation to a hospital equipped for the care of premature infants (Section 67B, see p. 134). The reasonable charge for hospital care of such infants of indigent parents shall be paid by the local boards of welfare without altering the status of the settlement of the parents (Sections 67C and D).

Forty-eight hospital centers adequately equipped for the care of premature infants have been established throughout the State. All hospitals caring for premature infants must have the facilities required for premature nurseries under *Hospital Rules and Regulations*.

Your Premature Baby, a leaflet describing the care of the premature baby after he is taken home from the hospital may be obtained by physicians, hospitals and nursing organizations for distribution, as needed. It is also included with each copy of *Baby and You* sent out by the Department.

CHILD HEALTH

The Infant and Preschool Child

Well Child Conferences are conducted in communities as requested by boards of health and sponsoring organizations. Infants and preschool children are examined by the conference physician and inspected by a dental hygienist. The services of the nutritionists and medical social workers attached to the District Health Office of the area are available at each conference. State supervisory nurses advise and assist the local nurses who participate in the organization of State Well Child Conferences, and do the follow-up work for the correction of defects.

Advisory service for local Well Child Conferences is also furnished by the Division. In the case of communities unable to finance a local Well Child Conference the Division may pay for the temporary services of a qualified physician, if requested to do so by the District Health Officer and the local board of health.

The School Child: Consultation regarding school health services is available through the District Health Offices and the Division of Maternal and Child Health. Advisory service for school lunches may also be obtained through the District Health Offices.

Educational material relative to maternal and child health may be procured from the Bureau of Health Information, State House, Boston.

VISION AND HEARING TESTS:

Vision: The recommended method for screening visual defects in children is the Massachusetts Vision Test. A limited number are available at the District Health Offices for loan to schools. Illiterate E charts for testing visual acuity are provided by the Division for schools which do not use the Massachusetts Vision Test.

Hearing: The recommended method for screening hearing defects in children is through use of the group audiometer. At present, this test can be used successfully only in the third grade and above. However, the Division is working on a satisfactory method for testing younger children with the group audiometer. A limited number of group audiometers are available at District Health Offices for loan to schools.

District Health Officers cooperate in initiating vision and hearing testing programs in all areas of the State. The Division of Maternal and Child Health supplements these services by providing additional consultative service whenever necessary.

SERVICES FOR CRIPPLED CHILDREN

Clinics for Crippled Children are conducted as follow:

Brockton	Brockton Hospital
Fall River	Fall River General Hospital
Gardner (Worcester Sub-clinic)	Henry Heywood Memorial Hospital
Greenfield	Franklin County Public Hospital
Haverhill	Hale Hospital
Hyannis	Cape Cod Hospital
Lowell	St. John's Hospital
Pittsfield	St. Luke's Hospital
Salem	Salem Hospital
Springfield	Wesson Memorial Hospital
Worcester	Worcester City Hospital

The schedule of these clinics is published monthly in the New England Journal of Medicine. Printed postcards giving the schedule may also be obtained upon request from the District Health Offices.

The above clinics are administered by the District Health Offices and applications for admission should be forwarded by the referring physician to the Health Officer of the District in which the patient resides. Clinics are run on an appointment basis. Appointments are made by the District Health Officer on receipt of the application of the referring physician.

The term "crippled children" is understood to include those children under twenty-one years of age who are suffering from residual paralysis of poliomyelitis, cerebro-spastic palsy, bone and joint tuberculosis, rheumatic disease, arthritis, congenital defects, and such other conditions as may lead to or have produced crippling and which may be treated advantageously. It also includes children who require operations because of burns and accidents leading to crippling or because of congenital defects such as hare lip, cleft palate, and so forth. Other chronic conditions which are crippling in nature will be included as facilities permit. Information regarding such conditions may be obtained by communicating with the office of Services for Crippled Children, State House, Boston.

It is not planned to include children who are the victims of "acute" disease or accidents or who require operations for hernia or for removal of tonsils or adenoids, nor is it planned to provide custodial care.

Only patients whose families are unable to secure or to pay for the services indicated are accepted for care. Physiotherapy service, hospitalization, and appliances recommended by the consultant in charge of the

clinics are provided by the Department. Diagnostic data and recommendations are reported by the Department to the referring physicians.

MASSACHUSETTS RHEUMATIC DISEASE PROGRAM

A plan to provide diagnostic and treatment services for children in Massachusetts with rheumatic disease has been approved by the Children's Bureau. The program will be administered by *Services for Crippled Children*. Rheumatic disease clinics will be established for diagnosis and treatment of rheumatic fever, chorea and rheumatic heart disease in children, and for care during the inactive phases of rheumatic disease as a preventive measure against recurrences. Hospitalization of children with rheumatic fever, chorea and rheumatic heart disease will be provided at North Reading State Sanatorium and at certain other hospitals not operated by the Department of Public Health, to the extent that facilities and funds permit. This program represents a new activity on the part of *Services for Crippled Children*, which must of necessity be limited in scope. Information regarding the program may be obtained by communicating with the Massachusetts Rheumatic Disease Program, Services for Crippled Children, State House, Boston.

LOCAL HEALTH ADMINISTRATION

The field programs of the Massachusetts Department of Public Health, Room 545 State House, are integrated and coordinated by the Division of Local Health Administration which includes the Bureaus of Medical Social Services, Nutrition, Public Health Nursing and Sanitation. The District Health Offices are located as follows:

Northeastern District, 367 Main St., Wakefield. (Crystal 1118.)

Southeastern District, 105 William St., New Bedford. (New Bedford 3-7081.)

North Metropolitan District, 100 Nashua St., Boston. (Capitol 5850.)

South Metropolitan District, 1245 Hancock St., Quincy. (Granite 5006.)

North Central District, Central Ave., Ayer. (Ayer 2305.)

South Central District, 476 Main St., Worcester. (Worcester 2-8805.)

Connecticut Valley District, 278 Main St., Greenfield. (Greenfield 3061.)

Berkshire District, 184 North St., Pittsfield. (Pittsfield 2-1929.)

The District Health Officer acts as the medical director of his staff and is responsible for the effective and economical administration of the health program of the Department in his district. He is assisted by one or several public health nurses, medical social workers, a sanitary officer, a nutritionist, a physiotherapist, a health education worker and clerks.

Each District staff not only formulates programs to meet the health needs of their constituent communities, utilizing and coordinating existent health facilities, but is ready to act in the capacity of consultants to individuals and to communities within their respective areas. Trained professional assistance in program planning and in dealing with specific problems is available in the central office of the Division and its member Bureaus.

MEDICAL SOCIAL SERVICES:

The Medical Social Work Supervisors, attached to each District Health Office, may be consulted by physicians, local health and social agencies and others on general medical social problems or for information regarding community resources such as facilities for convalescent or chronic care; services for the handicapped; available clinics; provisions for handling special educational problems with a medical background, etc. These Supervisors work in close cooperation with public and private community health and social agencies.

Through the Bureau located at the State House, medical social service is provided for patients in the medical care programs of the Department; tuberculosis, maternal and child care, crippled children, venereal diseases and cancer; either through consultation service to local agencies or through direct case work in the absence of other resources. Medical social workers also serve on the staffs of the State tuberculosis sanatoria and cancer hospitals.

NUTRITION:

Consultation service is available to lay and professional groups from the nutritionists of the Department through the central office of the Bureau at the State House and through the District Health Offices. Assistance is provided in organizing nutrition programs in communities, schools, industry and institutions. Advice regarding new developments in nutrition and food research, the planning and cooking of meals, special diets and budget guidance is furnished on request. The nutritionists of the Department work in close cooperation with those employed in other agencies such as the local boards of health, boards of public welfare, Visiting Nurse Associations, Community Councils, Extension Services of the Department of Agriculture, and the Red Cross.

PUBLIC HEALTH NURSING:

The Bureau of Public Health Nursing, located in the Ford Building, 15 Ashburton Place, serves in an advisory capacity to local agencies throughout the state employing public health nurses. Assistance is given in the selection of qualified personnel and in planning community nursing programs, and provision is made for in-service training for community public health nurses through the assistance of its staff. The Public Health Nursing Supervisors, as members of the staffs of the eight District Health Offices, coordinate the work of State and local nurses in the District, assist local nurses on an advisory and educational basis and work with nursing committees to improve the administrative practices of public health nursing.

SANITATION:

The Bureau of Sanitation and the sanitary officers in the District Health Offices furnish advice and assistance, when requested, to local boards of health on matters of environmental sanitation. Service is rendered to the local communities in the form of restaurant surveys, assistance in the conduct of courses for milk and food handlers and aid in the preparation of rules and regulations. Private water supplies are examined

at the request of physicians or local boards of health. Assistance in inspection of recreational camps, trailer parks and overnight camps is given and complaints regarding them investigated. The Bureau is also prepared to advise local communities on mosquito control projects, refuse collection and disposal, rodent control and housing sanitation.

ENVIRONMENTAL SANITARY CONTROL

SANITARY ENGINEERING

The activities of longest standing with the Department of Public Health are probably those relating to environmental sanitation. Under existing laws, the Department of Public Health through its Division of Sanitary Engineering has oversight over all inland and tidal waters including public water supplies. No public water supply or works for the disposal of sewage or industrial waste can be installed without approval of the Department. Also under rules and regulations adopted under law, persons responsible for pollution of inland and tidal waters may be prosecuted. In connection with the advice of the Department, research work is carried on at its Lawrence Experiment Station in the purification of water, sewerage, industrial wastes and shellfish.

All public water supplies in the State must meet with the standards of the U. S. Public Health Service for water used on common carriers. To meet these standards, most of the water supplied for drinking purposes in Massachusetts is chlorinated or otherwise treated. Many of the water supplies are filtered or treated for the removal of odor or taste or are given corrective treatment to prevent corrosion which might result in lead poisoning or unsatisfactory water supply conditions.

Close supervision is given by the Division of Sanitary Engineering concerning piping connections between public water supply systems and secondary water supplies or other piping conditions which might result in pollution of water used for drinking.

Mandatory laws are available in matters of shellfish control and under these laws no area can be used for the taking of shellfish without approval of the Department of Public Health. The conduct of shellfish treatment plants and shellfish handling plants is also subject to the approval of the Department.

Under Massachusetts law no camp can be given a permit to operate by a local board of health until the water supply and works for the disposal of sewage meet with the approval of the Department of Public Health.

The Department has representation on the State Reclamation Board, which Board has the authority to advise and assist in mosquito control and other drainage problems, and the Division of Sanitary Engineering assists the Department in advising regarding the operation of swimming pools, bathing beaches, collection and disposal of garbage and rubbish,

smoke and dust nuisances, housing, ventilation, plumbing, insect and rodent control, ice sanitation and offensive trades. Action may be taken by the Department after a hearing to restrain any offensive trade.

In connection with disasters, the Division of Sanitary Engineering is recognized throughout the State as providing assistance under all conditions relating to environmental sanitation, excepting those regarding the administration of the laws relating to food and drugs.

FOOD AND DRUGS

The Food and Drug Division of the Massachusetts Department of Public Health supervises the licensing of the cold storage warehouses, the extra-State soft drink bottling plants, and the extra-State frozen dessert factories selling goods in Massachusetts. It makes inspections in the eight hundred pasteurizing plants in the State as well as in the numerous carbonated bottling plants and ice cream factories. It supervises the work of the local slaughtering inspectors employed in the many slaughterhouses operated under local inspection and duly licensed by the town, and passes upon the qualifications of persons nominated annually by local boards of health for the position of inspector of slaughtering for the following year.

The Department has authority to close local slaughterhouses, pasteurization establishments, ice cream factories, and soft drink factories for failure to conform with the sanitary requirements of the departmental regulations, and the Department quite frequently is obliged to exercise this power. The Department can remove a local slaughtering inspector who does not perform his work correctly.

Each local slaughtering inspector furnishes the Division with a monthly report of the number of animals killed under his inspection, the number of animals he has passed for food, the number he has confiscated and the reason for the confiscation. The inspectors of the Division are occasionally called upon to investigate the accuracy of these reports.

In connection with the routine work, the inspectors collect samples of milk, foods, and drugs for chemical and bacteriological analysis. Each year the Division examines about five thousand samples of milk chemically and about six thousand samples bacteriologically. The inspectors collect and the chemists analyze about two thousand samples of foods and about seven hundred samples of drugs per annum. The character of these samples varies from time to time.

Food which was grossly adulterated thirty years ago is now rarely adulterated, and therefore does not need much attention. New forms of adulteration arise with changing conditions.

During the course of a normal year, the Division prosecutes from two hundred to three hundred cases involving watered milk, improperly pasteurized milk sold as "pasteurized," decomposed food, adulterated and misbranded drugs, adulterated olive oil, adulterated carbonated beverages, and violations of the sanitary food law as pertaining to restaurants, bakeries, and carbonated beverage plants as well as violations of the law pertaining to articles of bedding and upholstered furniture. These latter violations usually consist of using secondhand material and calling it "new." The increased number of violations of the slaughtering laws, mostly for slaughtering in unlicensed slaughterhouses without inspection are tied up with the so-called "black market" business.

Records as to the amounts of certain foods held in cold storage are maintained by the Division. Figures for the seventy warehouses are compiled monthly and mailed to all the warehouses and to certain banks and citizens to whom the statistics are of value.

The Division investigates numerous complaints received from citizens, of which at least three-fourths are found to be without foundation. The balance result in finding violations of the law and in prosecution of the offenders.

When evidence of value to the Federal Food and Drug Administration is obtained it is turned over to the United States authorities for action. The United States authorities reciprocate whenever they find violations of the State law in which the articles involved are not subject to interstate commerce.

The Food and Drug Division maintains two food and drug laboratories, one at the State House and the other in Westfield, and also a vitamin laboratory at Westfield. Biological assays of vitamins A and D upon foods and drugs are made in the vitamin laboratory.

HEALTH DISTRICT SANITARY OFFICERS

(See Local Health Administration, pages 86 and 87.)

INDUSTRIAL ACCIDENTS AND DISEASES

INDUSTRIAL DISEASES

The Division of Occupational Hygiene of the Department of Labor and Industries, having offices and laboratory at 286 Congress St., was established by legislative enactment in 1934. It is the duty of the Division to investigate conditions of occupation with reference to hazards to health and to determine the degree of such hazards; to investigate and evaluate methods for the control of such hazards; to assist in the preparation of rules and regulations in the prevention of occupational accidents and diseases and, in cooperation with the Department of Public Health or otherwise, to promote occupational health and safety education.

The Division is essentially a service organization and is prepared to furnish advice to all interested persons and organizations with regard to problems concerning the health of workers. The staff of the Division includes a physician, a nurse, chemists and engineers. The library has an extensive collection of books and articles relating to occupational disease and allied subjects.

The laws of the Commonwealth provide that ". . . every physician treating a patient whom he believes to be suffering from any ailment or disease contracted as a result of the nature, circumstances or condition of the patient's employment . . ." shall report the same to the State Department of Labor and Industries. (See p. 151.) Blanks for reporting the same may be obtained from the Division of Industrial Safety, 473 State House, Boston. The law also provides that a person so reporting shall not be subject to summons nor shall the contents of the report be made public.

Common industrial diseases which should be reported are:

- a. Occupational disease from infection, including anthrax,* brucellosis, tetanus,* Weil's disease.
- b. Occupational pulmonary disease due to dust, including silicosis, asbestosis, pneumoconiosis of uncertain origin.
- c. Occupational illness due to excessive heat effects, including heat stroke, heat exhaustion, heat cramps.
- d. Occupational diseases due to poisons, including
 1. Aniline
 2. Arsenic
 3. Benzol
 4. Beryllium
 16. Hydrogen sulphide
 17. Lead
 18. Manganese
 19. Mercury

*Anthrax and tetanus are also reportable to the local boards of health.

- | | |
|------------------------------|------------------------|
| 5. Cadmium | 20. Methanol |
| 6. Carbon disulphide | 21. Methyl bromide |
| 7. Carbon monoxide | 22. Methyl chloride |
| 8. Carbon tetrachloride | 23. Methylene chloride |
| 9. Chlorinated hydrocarbons | 24. Nitrobenzene |
| 10. Chlorinated naphthalenes | 25. Nitroglycerin |
| 11. Chromium compounds | 26. Nitrous fumes |
| 12. Cyanogen compounds | 27. Selenium compounds |
| 13. Dichloroethyl ether | 28. Tetrachlorethane |
| 14. Fluorine | 29. Tetrachlorethylene |
| 15. Gasoline | 30. Trichlorethylene |

e. Poisoning from radioactive substances.

f. Occupational dermatoses.

g. Occupational deafness.

WORKMEN'S COMPENSATION

The Workmen's Compensation law provides for the payment of compensation to those employees who receive personal injuries arising out of and in the course of their employment.

A "personal injury" is not limited to injury caused by external violence, or physical force, or as the result of accidents in the sense in which that word is commonly used or understood. A personal injury must be the result of the employment and flow from it as the inducing proximate cause.

A disease is a personal injury when there is a direct causal connection between the exertion of the employment and the injury. The distinction between personal injury and germ disease must be drawn for the purpose of the Workmen's Compensation Act. Personal injury and disease are not synonymous. They are different in meaning.

G. L., Ch. 152, Sec. 1 (7A), provides, " 'Personal injury' includes infectious or contagious disease if the nature of the employment is such that the hazard of contracting such diseases by an employee is inherent in the employment."

Sec. 30 of said Chapter 152 (see p. 153) further provides "The insurer shall furnish adequate and reasonable medical and hospital services, and medicines if needed, together with the expenses necessarily incidental to such services. The employee may select a physician other than the one provided by the insurer; and in case he shall be treated by a physician of his own selection, the reasonable cost of the physician's services shall be

paid by the insurer, subject to the approval of the department. Such approval shall be granted only if the department finds that such services were necessary and the charges therefor were reasonable. In any case where the department is of the opinion that the fitting of the employee with an artificial eye or limb, or other mechanical appliance, will promote his restoration to or continue him in industry, it may order that he be provided with such an artificial eye, limb or appliance, at the expense of the insurer."

Sec. 9 of said Chapter 152 (see p. 152) provides, "The department or any member thereof, may appoint a duly qualified impartial physician to examine the injured employee and to report . . . The report of the physician shall be admissible as evidence in any proceeding before the department or a member thereof; provided that the employee and the insurer have seasonably been furnished with copies thereof."

Further information may be obtained from the Massachusetts Industrial Accident Board, Room 272, State House.

VOCATIONAL REHABILITATION FOR PERSONS DISABLED IN INDUSTRY OR OTHERWISE

The Massachusetts Department of Education, through the Division of Vocational Rehabilitation, provides part or all of the following services for residents of Massachusetts of legal employable age, who by reason of a physical or mental defect or infirmity, whether congenital or acquired by accident, injury or disease are totally or partially incapacitated for remunerative occupations:

1. Medical and vocational diagnosis as the basis for determining an appropriate plan for the individual.
2. Vocational counseling to select suitable fields of work.
3. Vocational training to furnish new skills for suitable occupations.
4. Recommended medical and surgical treatment in cases of financial need to afford physical restoration; hospitalization, physical and occupational therapy and psychiatric treatment.
5. Financial assistance to provide maintenance and transportation during training.
6. Advice and assistance in securing artificial limbs and other prosthetic appliances.
7. Placement in employment in accordance with the individual's physical condition with due regard to safeguarding against further injuries.

MENTAL DISEASES

DIAGNOSIS:

General Out-Patient Clinics: Conducted by staffs of State mental health hospitals. Appointments to be made in advance through respective hospitals. Clinics are held as follows:

GENERAL OUT-PATIENT CLINICS

<i>City or Town</i>	<i>Institution or Other Agency</i>	<i>Time</i>	<i>Auspices</i>
* Boston	Massachusetts Memorial Hospitals	Tues. 9 A.M.-4:30 P.M., Wed. 1-4:30 P.M.	Westborough State Hospital
Boston	Southard Clinic, 76 Fenwood Road	Daily except Sun. and Holidays, 9 A.M.- 5 P.M., Sat. 9 A.M.- 12 M.	Hospital Staff
Danvers	Danvers State Hospital	(By appointment)	Hospital Staff
Fitchburg	Academy Street School	Tues. and Thurs. 1:30-4 P.M.	Gardner State Hospital
Foxborough	Foxborough State Hospital	(By appointment)	Hospital Staff
* Framingham	Municipal Building	3rd Mon. of Month 6:30 P.M.	Westborough State Hospital
Gardner	Gardner State Hospital	(By appointment)	Hospital Staff
Grafton	Grafton State Hospital	Sat. 9 A.M.-12 M. other days by ap- pointment	Hospital Staff
Monson	Monson State Hospital	(By appointment)	Hospital Staff
Newton	Newton-Wellesley Hospital	2nd and 4th Mon. and 1st Wed. 6:30 P.M.	Westborough State Hospital
Northampton	Northampton State Hospital	Daily 9:30-11 A.M. 1:30-4:30 P.M.	Hospital Staff
Westborough	Westborough State Hospital	Daily except Sat. and Sun. 2-5 P.M., 1st Sun. in month at 9 A.M.-5 P.M.	Westborough State Hospital
Worcester	Worcester State Hospital	(By appointment)	Hospital Staff

* Closed for duration of war emergency.

Child Guidance Clinics: Conducted in various communities by staffs of State mental health hospitals. Appointments to be made in advance through respective hospitals. Clinics are held as follows:

CHILD GUIDANCE CLINICS

<i>City or Town</i>	<i>Institution or Other Agency</i>	<i>Time</i>	<i>Auspices</i>
Athol.....	Office of Supt. of Schools, Memorial Building	1st Wed. of month 9 A.M.	Gardner State Hospital
Attleboro.....	Sturdy Memorial Hospital, 211 Park Street	Last Mon. of month 1-4 P.M.	Taunton State Hospital
Barnstable.....	Ianough School	2nd and 4th Fri. 9:30 A.M.-4 P.M.	Div. of Mental Hygiene Rm. 704 100 Nashua St. Boston
Boston.....	The Southard Clinic, 76 Fenwood Road	Daily 9 A.M.-5 P.M. Sat. 9 A.M.-12 M.	Boston Psycho- pathic Hospital
Boston.....	West End Health Unit, 25 Blossom Street	Wed. 1-5 P.M.	Div. of Mental Hygiene — Rm. 704, 100 Nashua St., Boston
Brockton.....	School Department, 129 Warren Avenue	Tues. and Fri. 10 A.M.-5 P.M.	Div. of Mental Hy- giene — Rm. 704 100 Nashua St. Boston
Fall River.....	Health Center, City Hall Annex, Third Street	Tues. 1-4 P.M.	Taunton State Hospital
Fitchburg.....	Academy Street School	Tues. and Thurs. 1:30-4 P.M.	Gardner State Hospital
Gardner.....	West Street School West Street	Wed. 1:30-4 P.M.	Gardner State Hospital
Greenfield.....	Domestic Science Bldg., Rear of Junior High School, Federal St.	2nd and 4th Wed. 1:30-5 P.M.	Northampton State Hospital
Lawrence.....	International Insti- tute, 19 Orchard St.	1st and 3rd Fri. 9 A.M.-12 M	Danvers State Hospital
Lowell.....	Lowell General Hospital, 249 Varnum Ave.	Tues. 9 A.M.-12 M.	Div. of Mental Hy- giene — Rm. 704 100 Nashua St. Boston
Lynn.....	Child Welfare House, 15 Church Street	Tues. 9:30-12 M.	Danvers State Hospital

CHILD GUIDANCE CLINICS

<i>City or Town</i>	<i>Institution or Other Agency</i>	<i>Time</i>	<i>Auspices</i>
New Bedford . . .	Health Center, Olympia Building, Purchase Street	Wed. 1-4 P.M.	Taunton State Hospital
Newburyport . . .	Community Health Center, Harris St.	2nd and 4th Fri. 9 A.M.-12 M.	Danvers State Hospital
Northampton . . .	The People's Institute 42 Gothic Street	Wed. 9 A.M.-12 M.	Northampton State Hospital
North Reading . .	North Reading Sana- torium, North Wil- mington	Upon request	Div. of Mental Hy- giene, Rm. 704 100 Nashua St. Boston
Quincy	Child Health Center, 25 Spear Street	Mon. and Thurs. 9:30 A.M.	Div. of Mental Hy- giene, Rm. 704 100 Nashua St. Boston
Salem	Pinkham Memorial Bldg., Hawthorne Boulevard	Mon. 9-11 A.M.	Danvers State Hospital
Springfield	School Administra- tion Building, 32 Spring Street	Daily 9 A.M.-5 P.M. Sat. 9 A.M.-12 M.	Div. of Mental Hy- giene, Rm. 704 100 Nashua St. Boston
Taunton	Taunton State Hos- pital, Hodges Ave.	Thurs. 9 A.M.-12 M.	Taunton State Hospital
Worcester	Child Guidance Clinic Building, 21 Catherine Street	Daily 9 A.M.-5 P.M. Sat. 9 A.M.-12 M.	Div. of Mental Hygiene, Rm. 704 100 Nashua St. Boston

Mental Hygiene Clinics: Conducted in several communities by the staffs of State mental health hospitals. Appointments to be made in advance through respective hospitals. Clinics are held as follows:

MENTAL HYGIENE CLINICS

<i>City or Town</i>	<i>Institution or Other Agency</i>	<i>Time</i>	<i>Auspices</i>
Athol	Office of Supt. of Schools, Memorial Building	1st Wed. of Month 9 A.M.	Gardner State Hospital
Attleboro	Sturdy Memorial Hos- pital, 211 Park Street	Last Mon. of Month 1-4 P.M.	Taunton State Hospital
Boston	The Southard Clinic, 76 Fenwood Road	Daily 9 A.M.-5 P.M. Sat. 9 A.M.-12 M.	Boston Psycho- pathic Hospital
Brockton	Brockton Hospital, 680 Center Street	Wed. 1:30-4 P.M.	Foxborough State Hospital

MENTAL HYGIENE CLINICS

<i>City or Town</i>	<i>Institution or Other Agency</i>	<i>Time</i>	<i>Auspices</i>
Fall River	Health Center, City Hall Annex Third Street	Tues. 9-11:30 A.M.	Taunton State Hospital
Fitchburg	Academy Street School	Tues. and Thurs. 1:30-4 P.M.	Gardner State Hospital
Foxborough	Foxborough State Hospital	Daily 10 A.M.-12 M. 2-4 P.M.	Foxborough State Hospital
Gardner	West Street School, West Street	Wed. 1:30-4 P.M.	Gardner State Hospital
Greenfield	Franklin County Hospital, High Street	1st Wed. 1:30-3:30 P.M.	Northampton State Hospital
New Bedford	Health Center, Olympia Building Purchase Street	Wed. 9-11:30 A.M.	Taunton State Hospital
North Adams	Board of Health Rooms, 14 Summer Street	2nd Fri. 10 A.M.-12 M.	Northampton State Hospital
Pittsfield	House of Mercy Hospital, 741 North Street	3rd Fri. 1-3 P.M.	Northampton State Hospital
Salem	Salem Hospital, Highland Avenue	Wed. 7-9 P.M.	Danvers State Hospital
Springfield	Municipal Building, Board of Health Rooms	1st Thurs. 2-4 P.M.	Northampton State Hospital
Taunton	Taunton State Hospital Hodges Avenue	Thurs. 9 A.M.-12 M.	Taunton State Hospital
Worcester	City Hall, 71 Jaques Street	Fri. 2-5 P.M.	Worcester State Hospital

Clinics for Feebleminded*: Conducted at State schools for the feebleminded. Appointments to be made in advance through school. Clinics are held as follows:

CLINICS CONDUCTED BY STATE SCHOOLS FOR THE FEEBLEMINDED

<i>City or Town</i>	<i>Institution</i>	<i>Time</i>	<i>Auspices</i>
Belchertown	Belchertown State School	Wed. 1-5 P.M.	Hospital Staff
Waltham (Waverley)	Walter E. Fernald State School	Wed. 8:30 A.M.-1 P.M.	Hospital Staff
Wrentham	Wrentham State School	Wed. 8:30 A.M.-12. M.	Hospital Staff

* Mentally deficient

Juvenile Court Clinics

Quincy

DISTRICT COURT, COURT HOUSE, Coddington Street. Hours: Tuesday 2:15-4 P.M. upon request. Requirements for admission: age limit, 21 years. Auspices of Medfield State Hospital, Harding.

Springfield

MUNICIPAL COURT BUILDING. Hours: Thursday 9 A.M.-4 P.M. by appointment only. Requirements for admission: age limit, 21 years. Auspices of Northampton State Hospital, Northampton.

Neurological Clinic

Palmer

MONSON STATE HOSPITAL, Hours: 9 A.M.-5 P.M. daily, by appointment. Referred only by physicians for diagnostic service. Auspices of Monson State Hospital, Palmer.

TREATMENT:

All hospitalization of mentally ill patients is under the supervision of the Massachusetts Department of Mental Health, 100 Nashua Street, Boston. (Telephone Capitol 7320.)

Insane Persons. (See pages 143 to 145, 147 to 148, 149.)

EMERGENCY HOSPITALIZATION — In emergencies, the superintendent of any institution for the insane (see p. 101) may receive without an order of commitment for a period of not more than five days persons certified by two legally qualified physicians to be dangerously insane (see p. 100 for definition of "legally qualified physician"). Application blanks for emergency hospitalization are obtainable from the Department of Mental Health, or from the hospital in question.

VOLUNTARY APPLICATION — Any person whose mental condition is such as to render him competent to make voluntary application may be received by the superintendent of any institution for the insane (see p. 101), and detained as a boarder and patient until after three days' written notice of his intention or desire to leave. Application blanks for voluntary application may be obtained from hospitals for the insane or from the Department of Mental Health, 100 Nashua Street, Boston.

TEMPORARY CARE — The superintendent of any institution for the insane (see p. 101) may, upon written request of a

1. Licensed physician
2. Sheriff or deputy sheriff
3. Local or State police officer
4. Agent of Boston Institutions Department

receive and care for any person needing immediate care and treatment because of mental derangement other than drunkenness for a period not exceeding ten days. Any such patient found by the superintendent of the institution to be not suitable for such care must be removed from the institution immediately by the person requesting his reception. Application blanks for temporary care may be obtained from hospitals for the insane, or from the Department of Mental Health, 100 Nashua Street, Boston.

TEMPORARY COMMITMENT FOR OBSERVATION — If a person is found by two qualified physicians to be in such mental condition that commitment is necessary for his proper care or observation, (see p. 147), he may be committed for a period of forty days in order to determine his mental condition. Commitment for observation is through the same legal procedure as for regular commitment, (see next paragraph). Application blanks may be obtained from hospitals for the insane, from clerks of courts, or from the Department of Mental Health, 100 Nashua Street, Boston.

COMMITMENT — Except in emergencies, for observation, or temporary care, or on voluntary application, no person may be received at any insane hospital, public or private, except upon an order of commitment from one of the following:

1. Justice of the superior court
2. Judge of probate for Suffolk County
3. Judge of probate for Nantucket County
4. Justice or special justice of a district court
(except municipal court of City of Boston)

REQUIREMENTS FOR COMMITMENT:

I. Filing with one of above-mentioned judges a certificate signed by two properly qualified physicians certifying as to the insanity of said individual. Blank forms for such certificate may be obtained from the clerk of courts, the State mental hospitals, or from the Department of Mental Health, 100 Nashua Street, Boston. Only those physicians are "properly qualified" to sign certificates of insanity who:

- a. Are graduates of a legally chartered medical school or college,
- b. Have been in actual practice of medicine for three years since graduation,
- c. Have been in actual practice of medicine for the three years immediately preceding the signing of said certificate,
- d. Are registered in Massachusetts to practice medicine, and
- e. Satisfy the judge as to standing, character and professional knowledge of insanity.

II. Issuance of an order signed by one of above-mentioned judges stating that:

- a. Person committed is insane
- b. Person committed is a proper subject for treatment in a hospital for the insane
- c.
 1. Person has been an inhabitant of the Commonwealth for the six months immediately preceding commitment, or
 2. Provision satisfactory to the Department of Mental Health has been made for person's maintenance, or
 3. Person would, by reason of insanity, be dangerous if at large.

HOSPITALS ACCEPTING MENTAL PATIENTS

STATE HOSPITALS

<i>City or Town</i>	<i>Institution</i>	<i>Superintendent</i>	<i>Post Office Address</i>
Boston	Boston Psychopathic Hospital	Harry C. Solomon, M.D. Medical Director	74 Fenwood Rd.
Boston	Boston State Hospital	Walter E. Barton, M.D.	Dorchester Center
Danvers	Danvers State Hospital	Clarence A. Bonner, M.D.	Hawthorne
Foxborough	Foxborough State Hospital	Roderick B. Dexter, M.D.	Foxborough
Gardner	Gardner State Hospital	Charles E. Thompson, M.D.	East Gardner
Grafton	Grafton State Hospital	Harlan L. Paine, M.D.	North Grafton
Medfield	Medfield State Hospital	Earl K. Holt, M.D.	Harding
Northampton	Northampton State Hospital	Arthur N. Ball, M.D.	Northampton
Taunton	Taunton State Hospital	Ralph M. Chambers, M.D.	Taunton
Waltham	Metropolitan State Hospital	William C. Gaebler, M.D.	Waltham
Westborough	Westborough State Hospital	Walter E. Lang, M.D.	Westborough
Worcester	Worcester State Hospital	Bardwell H. Flower, M.D.	Worcester

FEDERAL HOSPITALS

(For Insane Veterans)

<i>City or Town</i>	<i>Institution</i>	<i>Manager</i>	<i>Post Office Address</i>
Bedford	Veterans' Hospital	Walter P. Burrier, M.D.	Bedford
Northampton	Veterans' Hospital	William M. Dobson, M.D.	Northampton

In addition to regular forms of application as above listed, special application must be made to Veterans' Administration, 17 Court Street, Boston.

PRIVATE HOSPITALS

<i>City or Town</i>	<i>Institution</i>	<i>Superintendent</i>	<i>Post Office Address</i>
Arlington	Ring Sanatorium and Hospital, Inc.	Volta R. Hall, M.D.	Arlington Heights
Belmont	McLean Hospital	W. Franklin Wood, M.D., Director	Waverley
Boston	Glenside Hospital	Mabel D. Ordway, M.D.	6 Parley Vale, Jamaica Plain
Brookline	Bosworth Hospital	Alfred Hauptmann, M.D.	166 Lancaster Terr. Brookline
Brookline	Bournewood Hospital	Solomon Gagnon, M.D.	300 South Street, Brookline
Georgetown	Baldpate, Inc.	George M. Schlomer, M.D.	Georgetown
Wellesley	Channing Sanitarium	Jackson M. Thomas, M.D.	Wellesley Avenue, Wellesley
Wellesley	Wiswall Sanatorium	Edward H. Wiswall, M.D.	203 Grove Street, Wellesley
Westwood	Westwood Lodge	Sidney M. Bunker, M.D.	Westwood

Financial responsibility for patients admitted to private hospitals is, in all cases, a personal matter between the patient or his relatives and the hospital. There is no State or local subsidy for such cases.

Epileptics. (See pages 146, 149.)

SANE EPILEPTICS — VOLUNTARY APPLICATION — Any person who is certified to be subject to epilepsy by a properly qualified physician (see p. 100 for definition of "properly qualified physician") and who desires to submit himself to treatment, who makes written application therefor, and whose mental condition is such as to render him competent to make such application (or for whom application is made by parent or guardian) may be received at the Monson State Hospital or a private hospital licensed to receive such patients. (See below.) No such patient may be detained more than ten days after having given written notice of his intention or desire to leave the hospital. Blanks for voluntary application may be obtained from the hospitals or from the Department of Mental Health, 100 Nashua Street, Boston.

INSANE EPILEPTICS — Any insane person who is subject to epilepsy, and is not a criminal, inebriate or violently insane, may be committed to the Monson State Hospital. Commitment through same procedure as for insane persons, (see p. 100). Application blanks obtainable from clerks of courts, hospitals, or the Department of Mental Health, 100 Nashua Street, Boston.

DANGEROUS EPILEPTICS — Epileptics who are dangerous to themselves or to others by reason of epilepsy may be committed to the Monson State Hospital in the same manner as provided for commitment of dipsomaniacs and inebriates (see p. 104). Application blanks obtainable from clerks of courts, hospitals, or Department of Mental Health, 100 Nashua Street, Boston.

HOSPITALS RECEIVING EPILEPTICS

STATE HOSPITAL

Monson State Hospital **Palmer, Mass.**

PRIVATE HOSPITALS

Financial responsibility for patients admitted to private hospitals is, in all cases, a personal matter between the hospital and the patient or his relatives. There is no State or local subsidy for such cases.

In addition to the private hospitals listed on p. 102, the Lila Sanatorium receives epileptic and feeble-minded children under twelve years of age.

Lila Sanatorium, Richard C. Eley, M.D., Director, 732 Main Street, Woburn.

Dipsomaniacs, Inebriates, and Persons Addicted to the Intemperate Use of Narcotics or Stimulants: (See pages 145, 148, 149.)

ADMISSION — VOLUNTARY APPLICATION — The trustees, superintendent or manager of any institution to which a dipsomaniac, an inebriate, or one addicted to the intemperate use of narcotics or stimulants may be committed, may receive and detain therein as a boarder and patient any person who is desirous of submitting himself to treatment, and who makes written application therefor and is mentally competent to make the application. No such person may be detained more than three days after having given written notice of his intention or desire to leave the institution. Application blanks obtainable at institution, or from the Department of Mental Health, 100 Nashua Street, Boston. (Voluntary patients are received only at private institutions authorized under the Department of Mental Health.)

TEMPORARY CARE — The superintendent or manager of any institution to which a dipsomaniac, an inebriate, or one addicted to the intemperate use of narcotics or stimulants may be committed, may receive and care for in such institution, as a patient for a period not exceeding fifteen days, any person needing immediate care and treatment

because he has become so addicted to the intemperate use of narcotics or stimulants that he has lost the power of self-control. Application blanks obtainable at institution, or at the Department of Mental Health, 100 Nashua Street, Boston. (Temporary care patients are received only at private hospitals authorized therefor, under the Department of Mental Health.)

COMMITMENT — Is made in the same manner as above under *Insane Persons* (see p. 99). In addition to judges there listed as empowered to commit persons subject to dipsomania, or inebriety, or those persons who are so addicted to the intemperate use of narcotics, habit-forming stimulants or sedatives as to have lost the power of self-control, — commitment may be made by a judge of the municipal court of Boston. Commitment may be to the State Farm at Bridgewater, to the Massachusetts Reformatory for Women, to the McLean Hospital, or to any private institution licensed by the Department of Mental Health for the care of insane, inebriates and persons addicted to the intemperate use of narcotics or stimulants. Certificate signed by two properly qualified physicians (see p. 100 for definition of “properly qualified physician”) must accompany application for commitment. Application blanks obtainable from police departments, clerks of courts or from the institution.

HOSPITALS RECEIVING DIPSOMANIACS, INEBRIATES AND PERSONS ADDICTED TO THE INTEMPERATE USE OF NARCOTICS OR STIMULANTS

STATE INSTITUTIONS

<i>City or Town</i>	<i>Institution</i>	<i>Superintendent</i>	<i>Post Office Address</i>
Bridgewater . . .	State Farm	Abraham Schwartz, M.D., Acting Medical Director	Bridgewater
Framingham . . .	Mass. Reformatory for Women	Miriam Van Water, Ph.D., Superintendent	Framingham

PRIVATE HOSPITALS

Financial responsibility for patients admitted to private hospitals is, in all cases, a personal matter between the hospital and the patient or his relatives. There is no State or local subsidy for such cases. In addition to the private hospitals listed on p. 102, the following hospitals are licensed

to receive inebriates and persons addicted to the intemperate use of narcotics or stimulants.

<i>City or Town</i>	<i>Institution</i>	<i>Superintendent</i>	<i>Post Office Address</i>
Boston	Eliot Square Hospital	Fred M. Meyer, M.D.	45 Center St., Roxbury
Boston	Washingtonian Hospital	Joseph Thimann, M.D.	41 Waltham Street, Boston

Feeble-minded: (See pages 143, 145, 146.)

Admission to State Schools

VOLUNTARY APPLICATION — Application to be made by parent or guardian of feeble-minded person; application to be accompanied by certificate of properly qualified physician (see p. 100 for definition of “properly qualified physician”) stating under oath that he has examined said person within five days of signing certificate and that, in his opinion, the person is a fit subject for such school. Application blanks obtainable from superintendents of schools for the feeble-minded, or from the Department of Mental Health, 100 Nashua Street, Boston.

OBSERVATION — Application to be made by parent or guardian. Patient to be detained for observation for a period not exceeding thirty days to determine whether or not feeble-minded. Application blanks obtainable from superintendents of schools for the feeble-minded, or from the Department of Mental Health, 100 Nashua Street, Boston.

COURT COMMITMENT — May be made by any judge of probate within his county. Application to be made directly to court, forms obtainable from clerks of courts, superintendents of schools for feeble-minded, or from the Department of Mental Health, 100 Nashua Street, Boston. Application should be recommended by physician’s certificate, certifying as to examination made within *ten* days of signing certificate,

COMMITMENT TO DEPARTMENT OF MENTAL HEALTH — If an alleged feeble-minded person is found, upon examination by a properly qualified physician (see p. 100 for definition of “properly qualified physician”) to be a proper subject for commitment, the judge of probate for the county in which such a person resides or is found may, upon application, commit him to the custody or supervision of the Department; but no person shall be so committed unless the approval of the Department shall be filed with the application for his commitment. Such patients are not hospitalized but are supervised in the community by the Department of Mental Health.

SCHOOLS ACCEPTING FEEBLEMINDED PATIENTS

STATE SCHOOLS

<i>City or Town</i>	<i>School</i>	<i>Superintendent</i>	<i>Post Office Address</i>
Belchertown	Belchertown State School	Henry A. Tadgell, M.D.	Belchertown
Waltham	Walter E. Fernald State School	Malcolm J. Farrell, M.D.	Waverley
Wrentham	Wrentham State School	C. Stanley Raymond, M.D.	Wrentham

PRIVATE SCHOOLS

Financial responsibility for patients admitted to private schools is, in all cases, a personal matter between the school and the patient or his relatives. There is no state or local subsidy for such cases. In addition to the private hospitals listed on p. 102, the following schools are licensed to receive feeble-minded patients:

<i>City or Town</i>	<i>School</i>	<i>Superintendent</i>	<i>Post Office Address</i>
Arlington	The Freer School	Miss Cora E. Morse	31 Park Circle, Arlington Heights
Barre	Elm Hill Private School and Home for the Feeble-minded	G. Percy Brown, M.D.	Barre
Brookline	The Pollock School, Inc.	Morris P. Pollock	28 Alton Place, Brookline
Lancaster	The Perkins School	Franklin H. Perkins, M.D.	Lancaster
Milton	Smith School for The Development of the Individual Child	Mark A. Laurie	68 Smith Road, Milton
Newton	Clarke School	Miss Edith G. Clarke	16 Summit Street, Newton
Woburn	Lila Sanatorium for care of epileptic and feeble-minded children under 12 years.	Richard C. Eley, M.D.	732 Main Street, Woburn

DIVISION OF MENTAL DEFICIENCY:

The functions of the Division of Mental Deficiency, 100 Nashua Street, include:

1. Supervision of the non-delinquent and potentially employable mentally deficient persons in the community in accordance with the General Laws, Sec. 66A, Chap. 123.

2. Demonstration programs for children of low mental levels not eligible for instruction in "special classes" in a public school system.
3. Consultant service for social agencies and others relative to problems which arise in the community in the care and supervision of the non-institutionalized mental defective.
4. Information relative to procedure for admissions to State schools for the mentally deficient.

PUBLIC WELFARE

The Massachusetts Department of Public Welfare reimburses cities and towns through local boards of public welfare for medical care, given in the homes to recipients of Old Age Assistance and Aid to Dependent Children and to persons receiving General Relief who are without settlement, and for hospital care at a rate of not more than \$5.00 a day.

The following institutions are under the supervision of the Department:

TEWKSBURY STATE HOSPITAL AND INFIRMARY

A general hospital, primarily for care and treatment of poor and indigent persons having no legal settlement and suffering from acute and chronic diseases. Special wards for pre-natal, and maternity service and for physically and mentally abnormal infants.

The Department through its Division of Aid and Relief has the authority over admission and discharge of patients. Certificates of admission are issued by local boards of public welfare and, in Boston, by the City Institutions Department, 5 City Hall. Medical and social records should accompany the patients.

Minors are admitted only with the approval of the Sub-Division of Social Service of the Division of Aid and Relief. Persons infected with diseases dangerous to the public health are not admitted; insane persons are not admitted, except those already in the custody of the Department of Mental Health and transferred by said Department.

MASSACHUSETTS HOSPITAL SCHOOL

Massachusetts Hospital School, Canton, provides care and schooling for crippled and deformed children of Massachusetts between five and fifteen years of age who are mentally competent to attend public schools; girls taught cooking, sewing, general housework, laundering and in a few cases, assigned to office work, telephone desks, typewriting, etc.; older boys taught farming, gardening, care of poultry, work in dairy, baking, engineering, carpentry, painting, shoemaking and automobile driving. Expenses borne by pupils when able; by those bound by law to maintain them, by city or town of their settlement whose boards of public welfare request their admission; or by the Commonwealth.

REGISTRATION IN MEDICINE

Applications for registration are received only when made upon blanks furnished by the Board of Registration in Medicine, Room 413, State House, Boston, signed by the applicant, and accompanied by a fee of twenty-five dollars.

Under the provisions of Section 1 of Chapter 340 of the Acts of 1922, applicants are required to file with their application for registration as a practitioner in medicine a sworn statement, by the master or principal of a public high school, that they possess the educational qualifications required for graduation from such school. In lieu of such certified statement of public high school education, an applicant must present a certified copy of a diploma granting the degree of A.M., A.B., B.S. or their equivalent. Any applicant who, on April 27, 1922, was a student in a legally chartered medical school, as described in Section 2 of Chapter 112, General Laws, is not required to file a statement as to high school education. For candidates who were in medical school on March 10, 1917, the only conditions of eligibility as graduates of a medical school are that the school be legally chartered and empowered to confer degrees in medicine. Each candidate is also required to file a copy of his or her birth certificate.

Candidates for registration may be registered by written examination, by means of National Board certificates and by endorsement, without written examination, if the candidate has been registered in another state by written examination and is a graduate of a medical school approved by the Approving Authority.

The regular meetings of the Board for conducting examinations, usually open on the second Tuesday of March, July and November, beginning at 9:30 A.M., and closing on the following Friday noon. The correct date will be found on the card of admission.

Examinations are conducted in the English language only, and are intended to be "sufficiently thorough to test the applicant's fitness to practice medicine."

The subjects on which the examinations are principally conducted are: surgery, physiology and hygiene, pathology and bacteriology, obstetrics and gynecology, diagnosis and therapeutics, anatomy and histology, pediatrics and toxicology.

In addition to the above stated subjects, each applicant (unless enrolled as a medical student in a legally chartered medical school, on April 27, 1922), will also be examined in chemistry, biology, physics, and psychiatry. Practical examinations may also be conducted.

Applicants refused registration by failure to pass a satisfactory examination are entitled to two re-examinations within one year thereafter, upon payment of three dollars for each re-examination, without filing new applications.

No applicant will be admitted to examination without verification of educational credentials. Applications must, therefore, be filed fourteen days before the date of the examination. As the signatures of verifying authorities for all foreign medical schools should be certified by the American Consul nearest the medical school, which verification, however, may be waived by vote of the Board, graduates of these schools should secure applications in time for such certification.

An alien must present to the Board, from the court in which he has filed his Declaration of Intention to become a citizen of the United States, or from the Immigration and Naturalization Service of the United States, a certificate showing that he has declared his intention to become such a citizen or a copy of such declaration of intention certified by the clerk of such court.

The signature and seal of a notary outside of Massachusetts shall be accompanied by a certificate of his authorization by the county clerk or other proper authority.

The signature of a physician, registered outside of Massachusetts who certifies as to the moral and professional character of an applicant for registration, shall be accompanied by the number of the certificate of registration of said physician.

Candidates who matriculate in a medical school after January 1, 1941, will have to meet additional qualifications for admission to examination. (See pages 135 to 138.)

SERVICES FOR THE BLIND

The Division of the Blind in the Department of Education is the State agency administering services for the blind in Massachusetts. It maintains the register required by law of all blind persons in the Commonwealth.

In 1943 reporting of blindness to the Division was made mandatory by the passage of an amendment to Section 19, Chapter 69 of the General Laws. Section 19A now provides that whenever upon examination by a physician or optometrist, the visual acuity of any person is found to be, with correction, 20/200 or less in the better eye or the peripheral field of vision to have contracted to the 10° radius or less, regardless of visual acuity, the physician or optometrist conducting the examination shall report within thirty days to the Director of the Division the result of the examination and that blindness of the person examined shall have been established. Forms on which to report cases of blindness may be obtained from the Director, Division of the Blind, 110 Tremont Street, Boston.

SERVICES AND FACILITIES:

Applications for the following services or facilities may be made to the Director of the Division of the Blind:

Home Teaching: Seven totally blind home teachers assist newly blinded adults to adjust to their blindness and instruct them in handicrafts and in the reading and writing of Braille.

Talking Book Machines: These machines which are the property of the Federal Government are loaned to blind persons. The Division of the Blind is the distributing agency in Massachusetts.

Workshops: Six sheltered workshops, five for men and one for women, are maintained in various cities throughout the State.

Salesrooms: Salesrooms for the sale of articles made by the blind are maintained in Boston and in Pittsfield.

Employment: Industrial placement for employable blind persons is arranged.

Rehabilitation: The Vocational Rehabilitation Program for legally blind persons authorized under Public Law 113 is administered by the Division of the Blind.

Financial Assistance: Financial assistance to legally blind persons over twenty-one years of age is available when needed. The Division administers this program with Federal participation. Aid is granted on

an individual basis, the amount given being determined by the need of the applicant.

WORK WITH CHILDREN:

Sight Saving Classes: Children with defective vision or progressive eye conditions should be reported to the Division. In order to enable children to progress normally in school, Sight Saving Classes are maintained by local school departments with subsidies from the Division. Large type text books are loaned by the Division to children living in cities or town where Sight Saving Classes are not available.

Perkins Institution and Massachusetts School for the Blind: Arrangements are made by the Division for the education of blind children at Perkins Institution and Massachusetts School for the Blind located at 175 North Beacon Street, Watertown. Legally blind children of normal mentality, five years of age and over, are accepted. Application should be made to the Director.

Boston Nursery for Blind Babies: A private institution, at 147 South Huntington Avenue, Boston, which accepts blind infants and children up to five years of age. Application may be made directly to the Superintendent of the Nursery.

PREVENTION OF BLINDNESS AND CONSERVATION OF VISION:

The Director with the advice and recommendations of an ophthalmological advisory committee initiates measures to prevent blindness and conserve vision and cooperates with public and private agencies in this field.

SERVICES FOR THE DEAF AND HARD OF HEARING

SCHOOLS FOR THE DEAF

BEVERLY SCHOOL FOR THE DEAF, 6 Echo Avenue, Beverly, Mass. Private, resident. Subsidized in part by the State.

BOSTON SCHOOL FOR THE DEAF, Randolph, Mass. Private, resident. Subsidized in part by the State.

CLARKE SCHOOL FOR THE DEAF, Northampton, Mass. Private, resident. Subsidized in part by the State.

HORACE MANN SCHOOL FOR THE DEAF, Kearsarge Avenue, Roxbury, Mass. A public day school for any Massachusetts child living near enough to attend. Supported in whole by the Commonwealth of Massachusetts.

ASSISTANCE TO THE HARD OF HEARING

BOSTON GUILD FOR THE HARD OF HEARING

Formerly Speech Readers Guild of Boston, 283 Commonwealth Avenue, Boston. A social welfare agency dealing with all phases of deafness. The Guild's *free* consultation service is the focal point to which many agencies, medical centres and physicians of Boston and vicinity refer their problems in regard to those who have deafness. It urges the study of lip reading, the use of hearing aids and offers social and educational advantages.

VOCATIONAL TRAINING FOR THE DEAF AND HARD OF HEARING

The Massachusetts Department of Education through its Division of Vocational Rehabilitation offers specialized programs of training to the deaf and hard of hearing of employable age who can profit by such instruction and who are interested in eventually obtaining employment. Information regarding this service is sent to the graduates of all schools for the deaf, (as well as drop-outs) 16 years of age or over, at the time they leave school. Each program is developed on an individual basis and training may be in a public, private, or technical school or under employment conditions as best serves a chosen objective. All tuition costs are paid by the Division without reference to the financial need of the applicant. Other expenses in connection with training, such as transportation,

books and supplies, may be paid if the applicant is unable to meet them. Training in lip reading is also available when recommended.

A medical examination is required before any training program is initiated and recommendations for medical care may be followed through under the supervision of the Division. Surgery may be furnished in some instances, if it renders an individual more readily employable. For any hard-of-hearing person needing a hearing aid, help in careful selection of the correct instrument is secured. The cost of the aid, either in whole or in part, may be paid by the Division if financial need is shown. Contacts are made with employers to assist in placing the deaf and hard of hearing when their training is completed. Any deaf or hard-of-hearing person, whether employed or not, who has a problem in regard to his or her work is welcome to consult the Division which will gladly attempt to make special adjustments with an employer or to work out a program of job improvement.

VETERANS' SERVICES

VETERANS ADMINISTRATION

The Veterans Administration provides free out-patient treatment for service-connected disabilities at their regional offices and authorizes payment to designated physicians for treatment of service-connected disabilities at the office of the physician or at the home of the veteran. Full information as to the procedure in handling such medical care is given to the designated physicians by the Chief Medical Officer at each Regional Office of the Veterans Administration.

Physicians desiring to be authorized as "designated physicians" should make application to the Regional Office covering their city or town of residence.

The Regional Office for Massachusetts is located at 17 Court Street, Boston. This embraces all of the State except certain areas which come under the Regional Office, Post Office Building, Providence, Rhode Island. These are the cities and towns in Bristol County, not including the towns of Mansfield and Easton; Dukes, Barnstable and Nantucket Counties; and the towns of Lakeville, Middleboro, Carver, Rochester, Massachusetts, Marion and Wareham in Plymouth County.

The Veterans Administration assumes no financial responsibility for veterans' disabilities which are not service connected.

Hospitalization in Federal hospitals or domiciliary care of veterans may be obtained only by prior authorization from the Regional Office or from the nearest hospital of the Veterans Administration which renders the service desired.

The Veterans Administration will authorize the payment of hospitalization expenses of female veterans in a private hospital, for any condition except pregnancy, if prior authorization has been obtained from the Regional Office.

Emergency hospitalization in a private hospital or treatment by other than a designated physician for a service-connected disability, may be authorized and payment made, if the Regional Office of the Veterans Administration is notified within five days.

SOLDIERS' HOME AND HOSPITAL

The Soldiers' Home and Hospital, Crest Avenue, Chelsea, provides hospitalization and domiciliary care of male veterans whose service is credited to Massachusetts. Prior authorization for in-patient treatment

should be obtained from Lawrence F. Quigley, Commandant, Soldiers' Home. Free out-patient treatment is available at this hospital every week-day morning from 9 to 11 A.M.

SOLDIERS' RELIEF

Veterans with disabilities which are not service-connected who are wholly or partially unable to maintain themselves financially, may obtain payment for medical expenses if prior approval is given by the official in their city or town who is responsible for disbursing Soldiers' Relief.

VITAL STATISTICS

REPORTING BIRTHS AND DEATHS

The pertinent facts which the physician or hospital medical officer needs to know about reporting of births and deaths are outlined here. Increased cooperation in procuring medical, statistical and legal information in regard to births and deaths is much needed. It is hoped that this summary will stimulate interest in these matters.

REPORTING BIRTHS:

Birth registration has been compulsory by law since 1840 and it is one of the most valuable personal records used by the individual. Present day conditions have greatly increased the value and use of birth records as a means for the citizen to prove legally the date of his birth for school entrance, the right to vote, and to provide other facts of birth such as parentage, identity, and so on, as listed below. Birth certificates play an equally important role of statistical purposes in the field of public health, social welfare, and government.

Some of the reasons why births should be recorded accurately are given below:

- To establish identity
- To prove nationality
- To prove legitimacy
- To show when the child has the right to enter school
- To show when the child has the right to seek employment under the child labor law
- To establish the right of inheritance to property
- To establish liability to military duty, as well as exemption therefrom
- To establish age and citizenship in order to vote
- To qualify to hold title to, and to buy or sell real estate
- To establish the right to hold public office
- To prove the age at which the marriage contract may be entered into
- To prove age to determine validity of a contract entered into by an alleged minor
- To prove age for Old Age Assistance
- To prove age for Social Security requirements
- To prove age for commercial (railroad, etc.) and public office retirement
- To prove age so as to have right to take Civil Service Examinations

Each physician or hospital medical officer is required to make a complete report within fifteen days of every birth of which he has been in charge to the clerk of the city or town in which the birth occurred, or if in Boston to the city registrar. If within forty-eight hours after the birth the physician has not already made a complete report, he is then required to render a preliminary notice to the clerk, stating the place and date of birth, the street and number (if any), the ward number (if in a city), and the family name. It is important that every physician be careful, vigilant, and conscientious in this matter and that he supply all the required facts for record. Blanks for making returns are obtainable from city and town clerks, the registrars of the city of Boston, or from the State Division of Vital Statistics, Room 334, State House.

In the case of an illegitimate birth, the facts concerning the father are not to be returned except upon the written request of both father and mother, but in such cases the child will still retain the mother's surname. Every birth occurring in wedlock must be reported as legitimate regardless of any claim to the contrary.

According to Chapter 46, Sec. 3, the General Laws, as amended by the Acts of 1939 (see p. 123) require that "within sixty days after the date of the birth of any child born in the Commonwealth with visible congenital deformities, or any condition apparently acquired at birth which may lead to crippling, the physician in attendance upon said births shall prepare upon a form provided by the state department of public health and file with the clerk of the town where such birth occurred a report setting forth such visible congenital deformity, or any condition apparently acquired at birth which may lead to crippling. Said clerk shall transmit forthwith to said department such supplementary report of such birth. The contents of such report shall be solely for the use of said department in connection with its functions relative to crippled children, and such report shall not be open to public inspection or constitute a public record."

Birth certificates should be filed in the community where the child is born, but since 1936, births have been allocated by the office of the State Secretary to the place of residence of the parent. This should insure as true a rate as is possible. Previously, municipalities which are large hospital centers, were credited with high birth rates and small communities without hospitals, with low rates.

The records on file in the Division of Vital Statistics are attested copies of the originals filed with the local officials.

In all cases of stillbirth, a birth and a death certificate should be filed.

Prior to 1936 much confusion existed, as there was no statute defining a stillbirth. For purposes of vital statistics, the legislature in 1936, (see p. 124) defines it as follows: "A stillborn child shall be deemed to be a foetus born after a period of gestation of not less than twenty weeks, in which foetus there is no attempt at respiration, no action of heart, and no movements of voluntary muscle."

The statute now clearly defines a stillbirth and precludes any misunderstanding as to what returns should be made.

Further information regarding the reporting of births can be secured from local city and town clerks or the registrar of the city of Boston, or by writing to the State Division of Vital Statistics, Office of the Secretary, State House, Boston, Telephone, Capital 7360.

Laws: General Laws, Chapter 46, Sections 3 and 6. (See p. 123.)

REPORTING DEATHS:

The registration of deaths is essential to the progress of medical and sanitary science in preventing and restricting disease and in devising and applying remedial measures. It serves as evidence in the inheritance of property and in the settlement of life insurance claims. It is useful in preventing crime through the restriction placed upon the disposal of dead bodies, and insures a permanent and uniform record of the death of each individual for innumerable other purposes. In general, mortality statistics are useful in showing the extent and rate of change in the population produced by deaths, the average duration of life, and the relative frequency with which the several causes produce death. Moreover, this information is vitally important in creating an interest in public health administration and in securing support for sanitary measures. By comparing death records with the birth statistics valuable information is obtained regarding the increase or decrease in the population.

Certification of death is required as follows:

1. Attending physicians will certify only to deaths of those persons whom they have attended during their last illness stating the name of the deceased, supposed age, the disease of which he died, where contracted, duration of last illness, when last seen alive and date of death.

2. Board of Health physicians will certify only to such deaths as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attention, or whose physician is absent when the certificate of death is needed.

3. Medical examiners are required to investigate and certify to all deaths from violence or by action of chemical, thermal or electrical

agents. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead who had no recent medical attention. Medical examiners are also required to certify that they have viewed bodies to be cremated, and to make personal inquiry into the cause and manner of death.

The usefulness of mortality statistics depends upon how accurate a picture they give of why people are dying. Those tabulating returns have great difficulty in classifying deaths by the International List of Causes of Death when statements of physicians are vague or when the terms are general instead of specific. Below are listed some of the items which most frequently cause confusion in analysing these returns. Careful observance of the suggestions made will result in increasing greatly the reliability of the information obtained from these certificates. Advice and aid will be given by health departments or by the Division of Vital Statistics.

1. Do not use indefinite and non-descriptive terms. Among these are *Cardio-renal Disease, Nervousness, Indigestion, Pleurisy, Rheumatism, Bronchitis, Urinary trouble, Colic*, and many others which arouse conjecture but give no information. Thousands of queries and investigations are made annually requesting more specific statements regarding causes of death. This entails extra work and causes unnecessary expense due to the necessary corrections and changes, as well as dissatisfaction on the part of the people who may be obliged to look at these reports in future years.

2. Do not fail to state if an operation preceded death and name the operation.

3. Record the part of the body affected.

4. Avoid using some remote long-standing illness as a cause of death.

5. Try to state the primary location in all cancer cases.

6. State by what means death occurred by accident; i.e., by fall, fire, drowning, automobile, etc.

7. State if pregnancy or childbirth is associated with any cause of death.

8. Specify if a tumor is benign or malignant.

9. In case of hemorrhage state the location and cause.

Report Blanks.

"Standard Certificate of Death" Form R-301AA. A supply of these

is obtainable from your local board of health, from the City or Town Clerk, or from the State Division of Vital Statistics, Office of the Secretary, State House, Boston. The funeral director usually fills in the personal statistical side of the certificate with the exception of age, while the physician inserts the age and fills in and signs the medical side. The funeral director then presents it to the local board of health for a removal or burial permit. Extracts of laws are printed on the reverse side of the standard form.

Laws: General Laws, Chapter 38, Sec. 6, 7; Chapter 46, Sec. 9; Chapter 114, Sec. 45, 46 as amended. (See pages 122 to 124, and page 142.)

The Physician's Handbook on Birth and Death Registrations and *Reference to the International List of Causes of Death* may be procured by writing or calling the Division of Vital Statistics, Room 334, State House, Boston.

GENERAL LAWS OF INTEREST TO PHYSICIANS

All of the laws relating to public health are printed in a MANUAL which is available in libraries and in the offices of boards of health. The laws printed below include a few of them as well as other laws of interest to physicians.

COUNTIES AND COUNTY OFFICERS

Chapter 38. Medical Examiners

Section 6. Duties of Examiners. Autopsy, When authorized. As amended by Sec. 4, Chap. 632, Acts of 1915.

When any person in the commonwealth is supposed to have died by violence or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead, it shall be the **duty of any person having knowledge** of such death immediately to notify the medical examiner of the district of the county wherein the body lies of the known facts concerning the time, place, manner, circumstances, and cause of such death. A **physician, who, having knowledge of such a death,** fails to notify the medical examiner shall be punished by a fine of not more than one hundred dollars. Immediately upon receipt of such notification, the medical examiner shall carefully inquire into the cause and circumstances of the death and if, as a result of such inquiry, he is of the opinion that death may have resulted from violence or unnatural causes, he shall go to the dead body and take charge of the same. Upon taking charge of the dead body and before moving the same the medical examiner shall carefully note the appearance, the condition and position of the body and record every fact and circumstance tending to show the cause and manner of death with the names and addresses of all known witnesses and subscribe the same and make such record a part of his report, as provided in section seven. If on view of the dead body and after personal inquiry into the cause and manner of death, the medical examiner considers a further examination necessary in the public interest, he shall immediately notify the district attorney of the district and county within whose jurisdiction the body lies of his intention to make such further examination. The body shall not be moved from the place where it lies until it has been viewed by the district attorney or his representative if, at the time he is notified of its existence by the medical examiner, the district attorney gives notice of his desire to view the same. After the district attorney or his representative has viewed the body or has given notice that he does not desire to do so, the medical examiner on his own authority may and, if he be so requested by the district attorney or the attorney general, shall, make or cause to be made in his presence, an autopsy on the aforesaid body. Such an autopsy shall be performed in the presence of two or more discreet persons whose attendance the medical examiner may compel by subpoena. If a medical examiner considers it necessary to have a **physician present as a witness at an autopsy,** such *physician* shall receive a fee of five dollars. Other witnesses, except officers named in section fifty or chapter two hundred and sixty-two, shall be allowed two dollars each. A clerk may be employed to record the results of such a view or autopsy and shall receive not more than five dollars per day therefor. Upon written order of the district attorney of the district where the body lies, or of the attorney general, a medical examiner shall also make, or cause to be

made in his presence, an autopsy under like conditions of any dead body within his county. The medical examiner may on his own authority, and shall if so requested by the district attorney of the county where the body lies, employ the services of a pathologist, a chemist or other expert to aid in the examination of the body or of substances supposed to have caused or contributed to death, and if the aforesaid pathologist, chemist or other expert is not already employed by the commonwealth or by the city or county where the body lies for the discharge of such services he shall, upon written authorization of the medical examiner and of the district attorney, if such employment and services were requested by him, be allowed reasonable compensation, payable by the county in the manner provided in section nineteen. The medical examiner shall, at the time of the autopsy, record or cause to be recorded each fact and circumstance tending to show the condition of the body and the cause and manner of death, with the names and addresses of said witnesses, which record he shall subscribe. The medical examiner may allow reasonable compensation, payable by the county in the manner provided in section nineteen, for the transportation of such bodies as need to be moved to a place where they can be more satisfactorily examined, and for the use of such quarters as may be needed for the performance of an autopsy.

Section 7. Report to district attorney, court and department of industrial accidents in certain cases. As amended by Sec. 5, Chap. 632, Acts of 1945.

He shall forthwith file with the district attorney for his district a report of each autopsy and view and of his personal inquiries, with a certificate that, in his judgment, the manner and cause of death could not be ascertained by view and inquiry and that an autopsy was necessary. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died, and to the department of industrial accidents in cases where death, in his opinion, was caused by or related to the occupation of the deceased, his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

BIRTHS AND DEATHS

Chapter 46. Return and Registry of Births, Marriages and Deaths.

Section 3. Physician or officer to record and make report of births. Fee.

Penalty. Daily list to Board of Health. Report of congenital deformities and other crippling conditions. As amended by Sec. 1, Chap. 326, Acts of 1939.

Every *physician*, or hospital medical officer registered under section nine of chapter one hundred and twelve, in this chapter called officer, shall keep a record of the birth of every child in cases of which he was in charge, showing date and place of birth, the name, if any, of the child, its sex and color, the name, age, birthplace, occupation and residence (including the street number, if any, and the ward number, if in a city) of each parent, the maiden name of the mother and the name of the *physician* or officer, if any, personally attending the birth. If the child is illegitimate, the name of and other facts relating to the father shall not be set forth except upon written request of both the father and mother; provided, that if an illegitimate child shall have become legitimate by the intermarriage of his parents and the acknowledgment of his father, as provided in section seven of chapter one hundred and ninety, prior to the mailing or delivery of any report herein required, such report shall read, in all respects, as as if such child had been born to such parents in lawful wedlock. Said *physician* or officer shall, within fifteen days after such birth, mail or deliver to the clerk or

registrar of the town where such birth occurred, a report stating the facts hereinabove required to be shown on said record and also the said written request, if any; provided, that if said report is not so made within forty-eight hours after such birth, said *physician* or officer shall, within said **forty-eight hours**, mail or deliver to said clerk or registrar a notice stating the date and place of the birth, the street number, if any, the ward number, if in a city, and the family name. Upon presentation to him of a certificate of the town clerk stating that any such birth has been duly reported, the town treasurer shall pay to such *physician* or officer a fee of twenty-five cents for each birth so reported. Any *physician* or any such officer violating any provision of this section shall forfeit not more than twenty-five dollars.

The said town clerk or registrar shall file daily with the local board of health a list of all births reported to him, showing, as to each, the date of birth, sex, color, family name, residence, ward and *physician* or officer in charge.

Within sixty days after the date of the birth of any child born in the commonwealth with visible congenital deformities, or any condition apparently acquired at birth which may lead to crippling, the physician in attendance upon said birth shall prepare upon a form provided by the State Department of Public Health and file with the clerk of the town where such birth occurred a report setting forth such visible congenital deformity, or any condition apparently acquired at birth which may lead to crippling. Said clerk shall transmit forthwith to said department such supplementary report of such birth. The contents of such report shall be solely for the use of said department in connection with its functions relative to crippled children, and such report shall not be open to public inspection or constitute a public record.

Section 9. Physician or officer to give death certificate. Penalty. As amended by Chap. 113, Acts of 1945.

A *physician* or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the *physician* or officer and the date of his death. A *physician* or officer attending at the birth of a child dying immediately thereafter, or a *physician* or officer attending at the birth of a child born dead, shall forthwith furnish for registration a certificate, stating that to the best of his knowledge and belief such child either died immediately after birth or was born dead. Both the birth and death of such child shall be recorded and, if it was born dead, the word "stillborn," shall be entered in both the record of birth and death. A stillborn child shall be deemed to be a foetus born after a period of gestation of not less than *twenty weeks*, in which foetus there is no attempt at respiration, no action of heart and no movement of voluntary muscle. A *physician* or any such officer neglecting or refusing to make such certificate or making a false statement therein shall forfeit not more than fifty dollars.

Section 10. Physician or officer to state causes of death of soldier or sailor. Penalty.

A *physician* or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen shall, if the

deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such *physician* or officer shall forfeit ten dollars. For the purpose of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen.

PUBLIC SCHOOLS

Chapter 71. Physical Examination of Pupils, Teachers, Janitors, etc.

Section 54. Public Schools. (As amended by Chap. 543, Acts of 1945.)

Every *school physician* shall make a prompt examination of all children referred to him as provided in this chapter, and such further examination of teachers, janitors, and school buildings as in his opinion the protection of the health of the pupils may require. Each such *physician* who is assigned to perform the duty of examining children who apply for health certificates shall make a prompt examination of every child who wishes to obtain an employment permit, as provided in Section eighty-seven of Chapter One Hundred and Forty-nine, and who presents to said *physician* the pledge or promise of the employer, as provided in said section; and the *physician* shall certify in writing whether or not in his opinion such child is in sufficiently sound health and physically able to perform the work described in said pledge or promise.

Section 55. A child infected, or in a household where a person is infected, with a disease dangerous to the public health as defined in accordance with Section Six of Chapter One Hundred and Eleven, or in a household exposed to contagion from any such disease in another household, shall not attend any public school while he is so infected or remains in a household where such infection or exposure exists. A child returning to school after having been absent on account of such infection or exposure shall present a certificate from the Board of Health or its duly appointed agent that the danger of conveying such disease by such child has passed, provided, that if such child returns to school without such certificate, after having been absent on account of such infection or exposure, he shall immediately be referred to a *school physician* for examination and, if it is found by such *physician* upon such examination that such danger has passed, he may remain at school.

Section 55A. Procedure Where Child Shows Signs of Ill Health, etc.

A child showing signs of ill health or of being infected with a disease dangerous to the public health as defined in accordance with Section Six of Chapter One Hundred and Eleven shall be sent home immediately, or as soon as safe and proper conveyance can be found, or shall be referred to a *school physician*, who may direct that such child be sent home. In the case of schools remotely situated, such other steps may be taken as will best effectuate the purpose of this section and ensure the safety of such child and of other pupils. The Superintendent of Schools shall immediately cause the Board of Health to be notified of all children excluded under this section by reason of any disease dangerous to public health.

Section 56. Parent or Guardian to be Notified of Disease, etc.

If any child is found to be suffering from any disease or defect, or if any child is found to have any defect or disability requiring treatment, the school committee shall forthwith notify the parent or guardian of such child.

Section 57. Testing as to Defective Sight, etc.

The committee shall cause every child in the public schools to be separately and carefully tested and examined at least once in every school year to ascertain defects in *sight* or *hearing*, and other physical defects tending to prevent his receiving the full benefit of his school work, or requiring a modification of the same in order to prevent injury to the child or to secure the best educational results, and to ascertain defects of the *feet* which might unfavorably influence the child's health or physical efficiency, or both, during childhood, adolescence and adult years, and shall require a physical record of each child to be kept in such form as the department may prescribe. The tests of sight and hearing shall be made by the teachers, directions for which shall be prescribed by the Department of Public Health, and the examination of feet shall be made by the *school physicians*.

Chapter 76. School Attendance.

Section 15. Vaccination.

An unvaccinated child shall not be admitted to a public school except upon presentation of a physician's certificate like the physician's certificate referred to in Section One Hundred and Eighty of Chapter One Hundred and Eleven.

REGULATION OF TRADE

Chapter 94. Inspection and Sale of Food, Drugs and Various Articles.

Section 197. Definitions. As amended by Chap. 305, Acts of 1943.

The following words as used in sections one hundred and ninety-seven to two hundred and thirteen, inclusive, and in section thirty-eight of chapter two hundred and seventy-seven and schedule of forms at end of said chapter, unless the context otherwise requires, shall have the following meanings:

"Druggist," "apothecary" or "pharmacist," a person duly registered under chapter one hundred and twelve, and actively engaged as a practitioner, or employed in an established and fixed place of business for the sale, compounding and dispensing of drugs.

"Narcotic drug," coca leaves, cocaine, alpha or beta eucaine, or any synthetic substitute for them or any salts, compound or derivative thereof except decocainized coca leaves and preparations thereof, opium, morphine, heroin, codeine, or any preparation thereof of any salt, compound or derivative of the same; and, subject to section two hundred and six, cannabis (sometimes called marihuana or marijuana), including (a) the dried flowering or fruiting tops of the pistillate plant *cannabis sativa* L., from which the resin has not been extracted, (b) the resin extracted from such tops, and (c) every compound, manufacture, salt derivative, mixture, or preparation of such resin, or of such tops from which the resin has not been extracted.

"Opium," "morphine," "heroin," "codeine," "cocaine," and "cannabis" (sometimes called marihuana or marijuana), as used in statutes or in complaints or indictments, include any synthetic substitute for such drugs or any salts, compounds, derivatives or preparations thereof, except decocainized coca leaves and preparations thereof.

"Physician," or "practitioner of medicine," "veterinarian" and "dentist," a person duly registered and authorized to practice medicine, veterinary medicine and dentistry, respectively.

Section 198. Sale and distribution of certain narcotic drugs regulated. As amended by Sec. 2, Chap. 412, Acts of 1935.

Except as otherwise provided in sections one hundred and ninety-seven to two hundred and six, inclusive, no person shall sell, furnish, give or deliver any narcotic drug except upon the written order of a licensee under sections one hundred and ninety-eight A and one hundred and ninety-eight B, registered pharmacist actively engaged in business as such, *physician*, dentist or veterinarian registered under the laws of the state where he resides, or an incorporated hospital, college or scientific institution through its superintendent or official in immediate charge, or upon the written prescription of a *physician*, dentist or veterinarian registered as above provided, such order bearing his legal signature, the date of the signature, his office address, the registry number given him under the act of congress approved December seventeenth, nineteen hundred and fourteen, and the name, age and address of the patient for whom it is prescribed. The prescription, when filled, shall show the date of filling and the legal signature of the person filling it, written across the face of the prescription, and the prescription shall be retained on file for at least two years by the druggist filling it. No prescription shall be filled except in the manner indicated therein and at the time when it is received, and the full quantity of each substance prescribed shall be given. No order or prescription shall be either received for filling or filled more than five days after its date of issue as indicated thereon. Each pharmacist who fills a prescription for a narcotic drug shall securely attach to the container thereof a label giving the name and address of the store where the prescription is filled, the date of filling, the name of the person for whom it is prescribed, the name of the *physician*, dentist or veterinarian who issued it; and the narcotic drug so delivered shall always be kept in its container until used. No prescription shall be refilled, nor shall a copy of the same be made except for the purpose of record by the druggist filling the same, such record to be open at all times to inspection by the officers of the department of public health, the board of registration in pharmacy, the board of registration in medicine, authorized agents of said department and boards, and by the police authorities and police officers of towns; provided, that sections one hundred and ninety-seven to two hundred and thirteen, inclusive, shall not apply to prescriptions, nor to the sale, distribution, giving, dispensing or possession of preparations or remedies, if such prescriptions do not call for, or such preparations and remedies do not contain, more than two grains of opium or more than one quarter of a grain of morphine, or more than one eighth of a grain of heroin or more than one grain of codeine, in one fluid ounce, or, if a solid or semi-solid preparation, in the avoirdupois ounce; nor shall they apply to liniments, ointments or other preparations which are prepared for external use only, except liniments, ointments and other preparations containing cocaine, or alpha or beta eucaine; provided that such preparations, remedies or prescriptions are sold, distributed, given, dispensed or held in possession in good faith as medicines and not for the purpose of evading any provision of the last named sections, and provided that the possession of any narcotic drug, except in the form of prescriptions and preparations or remedies especially exempted in this section, by any one not being a licensee under sections one hundred

and ninety-eight A and one hundred and ninety-eight B, registered pharmacist actively engaged in business as such, or a *physician*, dentist or veterinarian registered as above provided, or superintendent or official in charge of an incorporated hospital, college or scientific institution shall, except as provided in section two hundred and five, be presumptive evidence of an intent to violate sections one hundred and ninety-eight to two hundred and ten, inclusive. This section shall not apply to a person having in his possession any of the above mentioned articles by virtue of a legal prescription legally issued under any provision of sections one hundred and ninety-eight to two hundred and ten, inclusive, and not obtained by any false representation made to the *physician*, dentist or veterinarian issuing it; or to the pharmacist who filled it; nor shall such sections apply to decocainized coca leaves or preparations made therefrom or to other preparations of coca leaves which do not contain cocaine.

Section 200. Physician may personally administer narcotic drug, when.

A *physician* may personally administer any narcotic drug at such time and under such circumstances as he, in good faith and in the legitimate practice of medicine, believes to be necessary for the alleviation of pain and suffering or for the treatment or alleviation of disease.

Section 201. Sales to certain persons and institutions regulated. As amended by Sec. 4, Chap. 412, Acts of 1935.

Subject to section two hundred and sixteen, any licensee under sections one hundred and ninety-eight A and one hundred and ninety-eight B, registered pharmacist actively engaged in business as such, and any *physician*, dentist or veterinarian registered under the laws of the state where he resides may sell a narcotic drug to any of the persons aforesaid or to any incorporated hospital, college or scientific institution, but such substances or preparations, excepting such preparations as are included within the exemptions set forth in section one hundred and ninety-eight, shall be sold only upon the written order of such hospital, college or institution, duly signed by its superintendent or official in immediate charge, or upon a written order duly signed by any licensee under sections one hundred and ninety-eight A and one hundred and ninety-eight B, registered pharmacist actively engaged in business as such, or *physician*, dentist or veterinarian registered as above provided, and the order shall state the articles ordered, the quantity ordered and the date. Said orders shall be kept on file in the laboratory, warehouse, pharmacy or store in which they are filled, by the proprietor thereof or his successor, for not less than two years after delivery, and shall at all times be open to inspection by the department of public health, the board of registration in pharmacy, the board of registration in medicine, authorized agents of said department and boards, and by the police authorities and police officers of towns.

Section 205. Common carriers and certain officials, etc., exempt.

Sections one hundred and ninety-eight to two hundred and thirteen inclusive, shall not apply to common carriers engaged in transporting narcotic drugs or to any employee, acting within the scope of his employment, of any person who is lawfully in possession, for the purpose of delivery, of any such drug, or to any person who delivers any such drug, which has been prescribed or dispensed by a *physician*, dentist or veterinarian registered under the laws of the state where he resides who has been employed to prescribe for the particular patient receiving such drug, or to a nurse under the supervision of a *physician*, dentist or veterinarian having possession

or control by virtue of his employment or occupation and not on his own account, or to the possession of any of the aforesaid drugs which have been prescribed in good faith by a *physician*, dentist or veterinarian, or to any United States, state, county, municipal, district, territorial or insular officer or official who has possession of any of said drugs by reason of his official duties, or to a person who, as an officer or duly appointed agent of any incorporated society for the suppression of vice, has the same in his possession for the purpose of assisting in the prosecution of violations of sections one hundred and ninety-eight to two hundred and thirteen, inclusive.




Section 206. Cannabis indica and cannabis sativa. As amended by Sec. 6, Chap. 412, Acts of 1935. (See Federal Statutes.)

The provisions of sections one hundred and ninety-eight to two hundred and thirteen, inclusive, except such as require the ordering of narcotic drugs on an official order blank and the keeping of the same on file, and the keeping of the record relative thereto, shall apply to cannabis, except that such provisions shall not apply to prescriptions, preparations or remedies which do not contain more than one-half grain of extract of cannabis in one fluid ounce, or, if a solid or semi-solid preparation, in the avoirdupois ounce, nor to liniments, ointments or other preparations containing cannabis which are prepared for external use only.

Section 209. Possession of certain instruments regulated. Record of sales kept. Penalty. As amended by Chap. 509, Acts of 1945.

No person, not being a *physician*, dentist, nurse or veterinarian registered under the laws of this commonwealth or of the state where he resides, or a registered embalmer, manufacturer or dealer in embalming supplies, wholesale druggist, manufacturing pharmacist, registered pharmacist, manufacturer of surgical instruments, official of any government having possession of the articles hereinafter mentioned by reason of his official duties, nurse acting under the direction of a *physician* or dentist, employee of an incorporated hospital acting under the direction of its superintendent or officer in immediate charge, or a carrier or messenger engaged in the transportation of such articles, or the holder of a permit issued under section two hundred and nine A, or a chiropodist or podiatrist who has received from the board of registration in chiropody (podiatry) a certificate stating that upon examination by said board he has been determined to be competent to use hypodermic needles, shall have in his possession a hypodermic syringe, hypodermic needle, or any instrument adapted for the use of narcotic drugs by subcutaneous injection. No such syringe, needle or instrument shall be delivered or sold to, or exchanged with, any person except a registered pharmacist, *physician*, dentist, veterinarian, registered embalmer, manufacturer or dealer in embalming supplies, wholesale druggist, manufacturing pharmacist, a nurse upon the written order of a *physician* or dentist, the holder of a permit issued under section two hundred and nine A, a chiropodist or podiatrist who holds a certificate issued by the board of registration in chiropody (podiatry) as aforesaid, or an employee of an incorporated hospital upon the written order of its superintendent or officer in immediate charge. A record shall be kept by the person selling such syringe, needle or instrument, which shall give the date of the sale, the name and address of the purchaser and a description of the instrument. This record shall at all times be open to inspection by the department of public health, the boards of registration in medicine, veterinary medicine, chiropody (podiatry), and pharmacy and the board of dental examiners, authorized agents of said department and boards, and the police

authorities and police officers of towns. Whoever violates any provision of this section shall be punished by a fine of not more than one hundred dollars or by imprisonment in a jail or house of correction for not more than two years or both.

<p>4410 Physician's Record</p> <p>DATE _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">This is to be retained by the physician</p>	<p>4410 Physician's Permit Issued by the Board of Registration in Medicine in accordance with Chapter 239 of the Acts of 1924</p> <p>Name of holder of Permit _____</p> <p>Address _____ suffering from _____</p> <p>is granted the right to purchase _____ hypodermic syringe and _____ needles for subcutaneous use as provided under Sections 209 and 209A of Chapter 94 of the General Laws (Tercentenary Edition), and prescribed by _____</p> <p style="text-align: center;"></p> <p>_____ Name of physician</p> <p>_____ Date _____ Address _____</p>
<p>Permit to purchase Hypodermic Instruments 4410 </p> <p>Date _____ Void after 5 days from date of issuance</p> <p>EX. QUANTITY OF HYPODERMIC SYRINGES _____</p> <p>QUANTITY OF NEEDLES _____</p> <p>Name _____</p> <p>Address _____</p> <p>Name of physician issuing the permit _____</p> <p>Signature of purchaser _____</p> <p>Not good if detached Not to be refilled</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">This is to be retained by the druggist</p>	<p>4410 Permit to Possess Hypodermic Instruments</p> <p>The holder of this permit _____</p> <p>Address _____ Name of purchaser suffering from _____</p> <p>is granted the right to possess _____ hypodermic syringe and _____ needles for subcutaneous use as provided under Sections 209 and 209A of Chapter 94 of the General Laws (Tercentenary Edition).</p> <p>_____ Purchaser's signature </p> <p>_____ Name of physician</p> <p>_____ Date of purchase _____ Address _____</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">This is to be retained by the possessor</p>

Section 209A. Permits by physicians for possession of such instruments.

A registered *physician* may, subject to the rules and regulations of the board of registration in medicine, issue to a patient under his immediate charge a permit to have in possession any of the instruments specified in the preceding section. *Such permits shall be issued upon blanks to be furnished by said board and any permit so issued may be revoked at any time by it.*

PERMITS TO POSSESS HYPODERMIC INSTRUMENTS

Permits to possess hypodermic instruments as provided by Chapter 94, Sec. 209A, of the General Laws, should be obtained from the Board of Registration in Medicine, State House, Boston.

The instructions for issuing permits are as follows:

1. Sufficient data should be entered on the physician's record stub so that a permit can be traced if necessary. Where case records are numbered, the number will be sufficient.
2. Physicians are required to file the physician's permit (this is the one in the upper right-hand corner) filled out completely, and dated, with the Board of Registration in Medicine, Room 413, State House, Boston, Massachusetts, within *five* days of its issuance to the patient.
3. The physicians are to fill in the lower half of the blank, which includes both the druggist's prescription and the possessor's permit, except the *purchaser's* signature on the possessor's permit (which must be written by the purchaser in the presence of the physician).
4. The druggist must keep the prescription stub (which cannot be refilled) on file, and detach and return the possessor's permit to the purchaser. The

druggist must obtain the signature of the purchaser on the druggist's prescription, which should correspond to the signature on the possessor's permit.

5. The possessor of the hypodermic instruments must retain the permit to possess in order to have evidence of the right to possess the instruments.
6. Each physician is charged in our records with the numbers on the permits issued to him. When the duplicate permit is returned, it is credited to him.
7. A new supply of permits will not be issued by the Board until full returns have been made for the permits previously obtained. Great care should be exercised by the physician that his series be kept intact. If one is defaced, it should be returned to this office and it will be properly credited.
8. Physicians, to whom these permits are issued, must not make use of them for any other purpose than therapeutic requirements. The Board has power to recall permits, or refuse to issue them to physicians who in any way aid in drug addiction.
9. Blanks are issued in multiples of ten. A request for more blanks should be made in writing.

Note:— A physician may write for several needles on the same permit. The pharmacist may sell but one at a time if the patient so desires. The pharmacist records the number purchased on the back of the "Permit To Purchase." The patient has the right to make subsequent purchases until the number indicated on the permit issued by the physician is exhausted.

Section 211. Penalty for unlawful possession of narcotic drugs. As amended by Sec. 1, Chap. 321, Acts of 1933.

Whoever, not being a licensee under sections one hundred and ninety-eight A and one hundred and ninety-eight B, registered pharmacist, registered *physician*, registered veterinarian, registered dentist, nurse acting under the direction of a *physician*, or employee of an incorporated hospital acting under the direction of its superintendent or official in immediate charge, or a common carrier or messenger when transporting any narcotic drug between persons mentioned in this section in the same package in which the drug was delivered to him for transportation, is found in possession thereof except by reason of a *physician's* prescription lawfully and properly issued shall be punished by a fine of not more than one thousand dollars or by imprisonment in the state prison for not more than three and one half years, or in a jail or house of correction for not more than two and one-half years.

Section 214. Issue of search warrants. Penalty for being present, etc. As amended by Chap. 357, Acts of 1943.

If a person makes complaint under oath to a district court, or to a trial justice or justice of the peace authorized to issue warrants in criminal cases, that he has reason to believe that opium, morphine, heroin, codeine, cannabis, peyote or any other narcotic drug, or any salt, compound or preparation of said substances, or any cocaine, alpha or beta eucaine, or any synthetic substitute for them, or any preparation containing the same, or any salts or compounds thereof, is kept or deposited by a person named therein in a store, shop, warehouse, building, vehicle, steamboat, vessel or any place whatever, such person being other than a licensee under sections one hundred and ninety-eight A and one hundred and ninety-eight B, registered pharmacist, registered *physician*, registered veterinarian, registered dentist, registered

nurse, employee of an incorporated hospital, or a common carrier or messenger when transporting any drug mentioned herein between parties hereinbefore mentioned, such court or justice, if it appears that there is probable cause to believe that said complaint is true, shall issue a search warrant to a sheriff, deputy sheriff, city marshal, chief of police deputy marshal, police officer or constable, commanding him to search the premises where it is alleged that any of the above mentioned drugs is kept or deposited, and to seize and securely keep the same until final action, and to arrest the person in whose possession such drug is found, together with all persons present where such drug is found, and to return forthwith the warrant with his doings thereon, to a court or trial justice having jurisdiction in the town where said drug is alleged to be kept or deposited. Whoever is so present where any of the aforesaid drugs is found shall be punished by a fine of not more than one thousand dollars or by imprisonment in the house of correction for one year, or both.

Note: Federal Harrison Narcotic Law

The practicing *physician* must also be familiar with what constitutes a legal narcotic prescription, what drugs are considered exempt and to what amount, how narcotics may be legally obtained for office and *physician*-bag use, what records must be kept of the same; the necessity of displaying the special tax stamp (Narcotic Certificate) in a conspicuous place in the doctor's office; the importance of not confusing the state registration number of the *physician* with his Federal Harrison Narcotic number (which must appear on all narcotic prescriptions); the necessity of informing the local Federal authorities within thirty days of a change in office locus; the use of the wording "Refill Prescription Number . . ." is forbidden by Federal law, a complete new prescription being required; the advisability of informing the local Federal Narcotic Authorities of cases where the continued use of a narcotic is necessary, the law forbidding telephone prescriptions for narcotics and the exception, and finally, the necessity for compliance with the annual registration.

These matters are all controlled by the Federal Government. Information and a copy of the Law will be gladly supplied by contacting the Narcotic Division, Office of Collector of Internal Revenue, Room 805, Federal Building, Boston, Massachusetts.

PUBLIC HEALTH

Chapter III. Public Health

Section 14. To Furnish Remedies for Ophthalmia Neonatorum.

It shall furnish, free of cost, to registered physicians such prophylactic remedies as it may deem best for the prevention of ophthalmia neonatorum.

Section 65A. Treatment of extra-pulmonary tuberculosis and poliomyelitis at Lakeville state sanatorium. As amended by Sec. 1 of Chap. 506, Acts of 1941.

The department may admit to the Lakeville state sanatorium persons suffering from extra-pulmonary tuberculosis, and persons crippled by poliomyelitis (infantile paralysis), and, subject to the established regulations of the department, persons suffering from spastic paralysis; provided, that no person shall be admitted who has not been a resident of the commonwealth for at least twelve months preceding the date of his application for admission, and that preference shall be given to citizens of the commonwealth.

Section 65B. Admission of children suffering from rheumatic heart disease to the North Reading state sanatorium. Chap. 453, Acts of 1945.

Upon written application of a registered *physician*, the department may admit to the North Reading state sanatorium children suffering from rheumatic heart disease; provided, that no child shall be so admitted who has not been a resident of the commonwealth for at least twelve months preceding the date of such application and that preference shall be given to citizens of the commonwealth.

Section 65C. Treatment of cancer at Westfield state sanatorium. Chap. 496, Acts of 1935.

The department of public health is hereby authorized to establish and maintain at the Westfield state sanatorium a division for the care and treatment of persons suffering from cancer.

Patients may be admitted to said division in the same manner and upon the same terms as to the Pondville hospital under sections sixty-nine A to sixty-nine D, inclusive, of chapter one hundred and eleven of the General Laws, as appearing in the Tercentenary Edition thereof, and the provisions of said sections shall, so far as apt, apply to said division.

Section 66A. Admission to state sanatoria, etc., of patients with diseases of the lungs (other than recognizable tuberculosis). Chap. 392, Acts of 1937.

Upon written application of a registered *physician*, any state sanatorium or county tuberculosis hospital may admit for diagnosis and observation, subject to such rules and regulations as the department may prescribe, such persons with lung diseases other than recognizable tuberculosis, who have resided in the commonwealth for at least two years within the period of three years immediately prior to the date of such application. Any such patient may be discharged from such sanatorium or hospital, prior to the expiration of sixty days after admission, either upon his own request or upon determination of the department or the board of health of the city or town in which such patient resides, or, in any event, upon the expiration of sixty days after admission; and the provisions of sections sixty-six and eighty-eight relative to the support of inmates in state sanatoria and patients in county tuberculosis hospitals, respectively, shall apply in the case of patients admitted under this section.

Chapter 351, Acts of 1946. Admission of patients to Middlesex Sanatorium for treatment of disease of lungs other than pulmonary tuberculosis.

Whenever accommodations are available at the Middlesex County Sanatorium residents of the hospital district of said sanatorium may be admitted for treatment of any disease of the lungs other than pulmonary tuberculosis. Such patients shall be admitted through applications of the boards of health or departments of public welfare of the towns served by said sanatorium under rates, rules and regulations established by the trustees of said sanatorium.

Section 67A. Care of certain infants prematurely born. Infants prematurely born outside of hospitals. Notice of birth to board. As amended by Sec. 1, Chap. 245, Acts of 1939.

If an infant is born prematurely in a place other than a hospital equipped to care for prematurely born infants and weighs five pounds or less at birth, the *physician*

having charge of the birth of such infant shall forthwith give notification thereof to the board of health and board of public welfare of the town wherein the infant was born stating the name of the mother of such infant and the street address where the infant is at the time of such notification. Such notification shall be given as soon as is practicable after such birth occurs, by telephone if possible, and in addition thereto such *physician* shall, within twenty-four hours after such birth, file a written report with such board of health in such form and giving such information as such board shall prescribe. In the case of such an infant prematurely born in a hospital equipped to care for prematurely born infants, the superintendent or other person in charge of such hospital shall forthwith file with the board of public welfare of the town wherein the infant was born a written report in the form and giving the information required by the board of health hereunder as to premature births reported to said board.

Section 67B. Care of certain infants prematurely born. Transportation of infant to hospital. Chap. 332, Acts of 1937.

Upon the written request of either parent of such infant and of the attending *physician*, such board of health or its duly authorized representative, upon receiving the notification referred to in the preceding section, shall forthwith provide for the transportation of such infant to a hospital equipped to care for prematurely born infants, unless other provision for such transportation shall have been made.

Section 69A. Admissions for treatment of cancer patients. Sec. 1, Chap. 337, Acts of 1936.

Upon written application of a *registered physician*, the department may admit as a patient to the Pondville hospital or to the cancer division of Westfield state sanatorium, for treatment for cancer, subject to such rules and regulations as the department may prescribe, any person residing in the commonwealth for at least two years within the period of three years immediately prior to the date of such application. Any such patient may be discharged from said hospital or division either upon his own request or upon determination of the department, but not otherwise.

Section 109A. Recording the treatment of infants at birth. Eyes of infants to be treated. As amended by Chap. 46, Acts of 1943.

The *physician*, or *hospital medical officer* registered under section nine of chapter one hundred and twelve, if any, personally attending the birth of a child shall treat his eyes within two hours after birth with a prophylactic remedy furnished or approved by the department, and he shall record on the birth certificate the use of such prophylactic. Whoever violates this section shall be punished by a fine of not more than one hundred dollars.

Section 110. Diseases of the eyes of infants to be reported. Penalty.

If either eye of an infant becomes inflamed, swollen and red, or shows an unnatural discharge within two weeks after birth, the nurse, relative or other attendant having charge of such infant shall report in writing, within six hours thereafter, to the board of health of the town where the infant is, the fact that such inflammation, swelling and redness of the eyes or unnatural discharge exist. On receipt of such report, or notice of the same symptoms given by a *physician*, or a hospital medical officer registered under section nine of chapter one hundred and twelve, as provided by the following section, the board of health shall take such immediate action as it may deem

necessary, including, so far as may be possible, consultation with an oculist and the employment of a trained nurse, in order that blindness may be prevented. Whoever violates this section shall be punished by a fine of not more than one hundred dollars.

Section 111. Physicians to report names of persons infected with certain diseases. Penalty. As amended by Sec. 14, Chap. 265, Acts of 1938.

If a *physician* knows or has cause to believe that a person whom he visits is infected with a disease dangerous to the public health, or if either eye of an infant whom or whose mother a *physician*, or a *hospital medical officer* registered under section nine of chapter one hundred and twelve, visits, becomes inflamed, swollen and red, or shows an unnatural discharge within two weeks after birth he shall immediately give written notice thereof, signed by him, to the board of health of the town where the patient is being attended by him. If the board of health which receives such written notice is the board of health of a town other than that wherein the patient dwells, it shall, immediately upon receipt of such notice send a copy thereof to the board of health of the town wherein the patient dwells; and, in addition thereto, the board of health which receives such written notice, whether or not it is the board of health of the town wherein the patient dwells, shall send a copy thereof to the board of health of the town in which the patient is known to have contracted such disease and to the board of health of each town in which he is known to have exposed any person to such disease. If a *physician* or such a *hospital medical officer* refuses or neglects to give the notice required by this section he shall be punished by a fine of not less than fifty nor more than two hundred dollars.

The foregoing provisions of this section and the provisions of section one hundred and nine shall not apply to gonorrhoea and syphilis, except in the case of eye infections in infants under two weeks of age. Any person having either of said diseases shall be reported to local boards of health, either directly or through the department, in accordance with such special rules and regulations as the department may make, having due regard for the best interests of the public.

Section 183. Vaccination. Exemptions.

Any person over twenty-one presenting a certificate, signed by the register of a probate court that he is under guardianship shall not be subject to section one hundred and eighty-one (requiring vaccination); and any child presenting a certificate, signed by a registered *physician* designated by the parent or guardian, that the *physician* has at the time of giving the certificate personally examined the child and that he is of the opinion that the physical condition of the child is such that his health will be endangered by vaccination, shall not, while such condition continues, be subject to the two preceding sections.

REGISTRATION OF CERTAIN PROFESSIONS AND OCCUPATIONS

Chapter 112. Registration of Certain Professions and Occupations

Section 2. Examination and registration of physicians. As amended by Chap. 396, Acts of 1945, and Chap. 230, Acts of 1946.

Applications for registration as qualified *physicians*, signed and sworn to by the applicants, shall be made upon blanks furnished by the board of registration in medicine, herein and in sections three to twenty-three, inclusive, called the board. Each applicant who shall furnish the board with satisfactory proof that he is twenty-

one or over and of good moral character, that he possesses the educational qualifications required for graduation from a public high school, that he has completed two years of pre-medical collegiate work, including physics, chemistry and biology, in a college or university approved by a body constituted as provided in this section and herein referred to as the approving authority, that he has attended courses of instruction for four years of not less than thirty-two school weeks in each year, or courses which in the opinion of the board are equivalent thereto, in one or more legally chartered medical schools, and that he has received the degree of doctor of medicine, or its equivalent, from a legally chartered medical school having the power to confer degrees in medicine and approved by the approving authority, shall, upon payment of twenty-five dollars, be examined, and if found qualified by the board, be registered as a qualified *physician* and entitled to a certificate in testimony thereof, signed by the chairman and secretary. Said body shall consist of the secretary of the board, the commissioner of education, the commissioner of public health, an osteopathic member of the board or, if there be none on the board, then a qualified osteopathic *physician* who shall be a graduate of a school approved by the American Osteopathic Association and by the approving authority, and a layman. If at any time there is no osteopathic member of the board the governor, with the advice and consent of the council, shall appoint to said approving authority an osteopathic *physician* qualified as aforesaid, who shall serve until such time as there is an osteopathic member of the board, but not in any event for more than three years. The layman member of the board shall be appointed by the governor, with the advice and consent of the council, for the term of three years. An applicant aggrieved by the refusal of the approving authority to approve a medical school under this section shall be entitled to have the reasonableness of such refusal reviewed by a justice of the superior court, whose decision shall be final. An applicant failing to pass an examination satisfactory to the board shall be entitled within one year thereafter to a re-examination at a meeting of the board called for the examination of applicants, upon payment of a further fee of three dollars; but two such re-examinations shall exhaust his privilege under his original application. The board after due notice and hearing, may revoke any certificate issued by it to, and cancel the registration of, any *physician* convicted of a felony, and may, at any time after the expiration of one year thereafter, reissue any certificate so revoked, and register anew any *physician* whose registration was so canceled. The board, after due notice and hearing, may suspend, for a period not exceeding one year, any certificate issued by it to, and cancel the registration of, any *physician* who has been shown at such hearing to have been guilty of gross and confirmed use of alcohol in any of its forms while engaged in the practice of his profession, or of the use of narcotic drugs in any way other than for therapeutic purposes; or of abuse of the authority granted in section two hundred and nine A of chapter ninety-four (hypodermic syringes and needles); or of publishing or causing to be published, or of distributing or causing to be distributed, any literature contrary to section twenty-nine of chapter two hundred and seventy-two; or of acting as principal or assistant in the carrying on of the practice of medicine by an unregistered person or by any person convicted of the illegal practice of medicine or by any *physician* whose registration has been canceled, and whose certificate has been revoked or suspended, by the board; or of aiding and abetting in any attempt to secure registration, either for himself or for another, by fraud; or, in connection with his practice, of defrauding or attempting to defraud any person. Except as otherwise

provided herein, the board may, at any time, reissue any certificate so revoked and register anew any *physician* whose registration was canceled.

The approving authority shall, upon the request of any college, university or medical school in this commonwealth, inspect said college, university or medical school and notify its trustees or other governing body in writing if said college, university or medical school is approved by the approving authority for the purposes of this section, or if not, what steps said college, university or medical school must take in order to gain the approval of the approving authority.

Any college, university or medical school desiring to be approved for the purposes of this section may file with the approving authority a written request for the approval of such college, university or medical school, and thereupon a public hearing shall be seasonably granted by the approving authority and a written decision made by it within twenty days after the termination of such hearing. The applicant for such approval shall be notified in writing of such decision and, if such college, university or medical school is not approved by the approving authority for the purposes of this section, it shall forthwith be notified in writing what steps it must take in order to gain the approval of the approving authority. A written decision of the approving authority refusing to approve any college, university or medical school shall not become effective until thirty days after written notice of such decision is given to the college, university or medical school seeking such approval. Every such college, university or medical school aggrieved by such refusal shall have the right to file a petition in the superior court for Suffolk county to revise or reverse the decision of the approving authority. Notice of the entry of such petition shall be given to the secretary of the board of registration in medicine and all proceedings connected therewith shall be according to rules regulating the trial of civil causes without juries. The court shall hear the case and finally determine whether or not such approval shall be granted or revised.

Upon the filing of such a petition within the aforesaid period of thirty days, then the said decision of the approving authority shall not become effective until a final decree affirming said decision is entered upon the aforesaid petition.

The board shall examine an applicant who is an alien only if he presents to it a certificate from the court in which he shall have filed his declaration of intention to become a citizen of the United States, or from the Immigration and Naturalization Service of the United States, showing that he has declared his intention to become such a citizen, or a copy of such declaration of intention, certified by the clerk of such court. In case the applicant is subsequently registered, unless he shall present to the board, within five years following the filing of the certificate or certified copy hereinbefore referred to, his completed naturalization papers showing that he is a citizen of the United States his certificate of registration shall be revoked and his registration canceled. The foregoing provisions of this paragraph shall not apply to limited registration under section nine or section nine A or to any alien *physician* of distinguished merit and ability duly licensed to practice his profession in any foreign country wherein the requirements for the issuance of such a license are not substantially lower than those of this commonwealth, while he is temporarily teaching in this commonwealth in a medical school approved by the approving authority.

The board may, without examination, grant certificates of registration as qualified *physicians* to such persons as shall furnish with their applications satisfactory proof that they have the qualifications required in the commonwealth to entitle

them to be examined and have been licensed or registered upon a written examination in another state whose standards, in the opinion of the board, are equivalent to those in the commonwealth; provided, that no person shall be so registered without an examination if he has attempted unsuccessfully to secure registration in the commonwealth or if he is a graduate of a medical school not approved by the approving authority. The fee for such registration without examination shall be fifty dollars.

Chap. 259, Acts of 1938

The provisions of said section two of said chapter one hundred and twelve as existing immediately prior to January first, nineteen hundred and forty-one, shall continue to govern as to the eligibility of any applicant for registration as a qualified *physician* who shall have matriculated prior to said date in any legally chartered medical school having power to confer degrees in medicine, but subject, however, to the provisions of section two of chapter one hundred and seventy-one of the acts of nineteen hundred and thirty-three.

The provisions of this act providing new eligibility requirements for applicants for registration as qualified *physicians* shall become effective January first, nineteen hundred and forty-one.

Section 2A. Board may accept certificate in lieu of examination. Fee. As amended by Chap. 396, Acts of 1945.

In determining the qualifications necessary for registration as a qualified *physician*, the board may at its discretion accept the certificate of the National Board of Medical Examiners of the United States, chartered under the laws of the District of Columbia, or the certificate of the National Board of Examiners for Osteopathic Physicians and Surgeons of the American Osteopathic Association, in place of and as equivalent to its own professional examination; but before registration in pursuance of this section the applicant therefor shall pay a fee of twenty-five dollars.

Section 3. Examinations.

Examinations shall be in whole or in part in writing, in English, shall be of a scientific and practical character, shall include the subjects of anatomy, surgery, chemistry, biology, physics, physiology, pathology, obstetrics, gynecology, psychiatry, practice of medicine and hygiene and shall be sufficiently thorough to test the applicants' fitness to practice medicine. The board may employ expert assistance in conducting hospital and laboratory tests.

Section 4. Records. Annual reports.

The board shall keep a record of the names of all persons registered by it and of all money received and disbursed by it, and a duplicate thereof shall be open to inspection in the office of the state secretary. The board shall make an annual report, including a statement of the condition of medicine and surgery in the commonwealth.

Section 5. Investigation of complaints. As amended by Sec. 12, Chap. 425, Acts of 1937.

The board shall investigate all complaints of the violation of any provision of sections two to twelve A, inclusive, or of section sixty-five, so far as it relates to medicine, and report the same to the proper prosecuting officers.

Section 6. Penalties.

Except as provided in section sixty-five, whoever, not being lawfully authorized to practice medicine within the commonwealth and registered under section two, or corresponding provisions of earlier laws, or under section one or two of chapter five hundred and twenty-six of the acts of nineteen hundred and nine, holds himself out as a *practitioner of medicine* or practices or attempts to practice medicine in any of its branches, or whoever practices medicine under a false or assumed name or under a name other than that by which he is registered, or whoever personates another practitioner, or whoever practices or attempts to practice any fraud in connection with the filing of an application, or whoever files an application under a false or assumed name or under a name other than his own, or whoever personates or attempts to personate another applicant for registration during an examination, shall be punished by a fine of not less than one hundred nor more than one thousand dollars or by imprisonment for not less than one month nor more than one year, or both. A person rendering medical service in violation of this section shall recover no compensation therefor.

Section 7. Application limited.

Sections two to six, inclusive, and section eight shall not be held to discriminate against any particular school or system of medicine, to prohibit medical or surgical service in a case of emergency, or to prohibit the domestic administration of family remedies. They shall not apply to a commissioned medical officer of the United States army, navy or marine hospital service in the performance of his official duty; to an interne or medical officer registered as provided in section nine, while engaged in the practice of medicine as authorized by said section; to an assistant in medicine registered as provided in section nine A, while engaged in the practice of medicine as authorized by said section; to a *physician* or surgeon resident in another state who is a legal practitioner therein, when in actual consultation with a legal practitioner of this commonwealth; to a *physician* authorized to practice medicine in another state, when he is called as the family *physician* to attend a person temporarily abiding in this commonwealth; nor to registered pharmacists in prescribing gratuitously, clairvoyants or persons practicing hypnotism, magnetic healing, mind cure, massage, Christian science or cosmopathic method of healing, if they do not violate any provision of the preceding section.

Section 8. Certificate of registration to be recorded (by city or town clerk) before practice.

No person shall enter upon, or continue in, the practice of medicine within the commonwealth until he has presented to the *clerk of the town where he has, or intends to have, an office* or his usual place of business, his certificate of registration as a *physician* in the commonwealth, or, if it is lost, a certified statement issued by the board, setting forth all the material facts in the original certificate, and a fee of twenty-five cents. Thereupon the clerk shall record the name of the owner of said certificate or certified statement, together with the date of record, upon blanks approved by the board, said blanks to be so arranged that a duplicate carbon copy shall be made at the time of the original record. He shall keep the original as a part of his official records and it shall be open to public inspection. He shall, within twenty-four hours after such

recording, forward the duplicate to the board. Whoever practices or attempts to practice medicine without complying with this section, or whoever submits to a town clerk a false or fraudulent certificate or certified statement, shall be punished by a fine of not less than five nor more than one hundred dollars; and any town clerk who refuses or neglects to comply with this section shall be punished by a fine of not less than five nor more than ten dollars.

Section 9. Limited registration of hospital internes, etc. As amended by Chap. 152, Acts of 1933.

An applicant for limited registration under this section who shall furnish the board with satisfactory proof that he is twenty-one or over and of good moral character, that he has creditably completed not less than three and one-half years of study in a legally chartered medical school having the power to grant degrees in medicine, and that he has been appointed an *interne* or *medical officer* in a hospital or other institution maintained by the commonwealth, or by a county or municipality thereof, or in a hospital incorporated under the laws of the commonwealth may, upon the payment of five dollars, be registered by the board as a *hospital medical officer* for such time as it may prescribe; but such limited registration shall entitle the said applicant to practice medicine only in the hospital or other institution designated on his certificate of limited registration, or outside such hospital or other institution for the treatment, under the supervision of one of its medical officers who is a duly registered *physician*, of persons accepted by it as patients, and in either case under the regulations established by such hospital or other institution. Limited registration under this section may be revoked at any time by the board.

Section 9A. Registration of students for limited practice of medicine.

An applicant for limited registration under this section as an *assistant in medicine* who shall furnish the board with satisfactory proof that he is twenty-one years of age or over and of good moral character, that he is enrolled in and has creditably completed not less than two years of study in a legally chartered medical school having the power to grant degrees in medicine, and that he has been assigned to the care and observation of persons requiring medical service by an instructor in said medical school, which instructor shall be a registered *physician*, may, upon the payment of one dollar, be registered by the board as an assistant in medicine for such time as it may prescribe. Such registered assistant in medicine may practice medicine as authorized by this section, but only under the supervision of such instructor; he may, however, be assigned by such instructor to a hospital, recognized and approved by such instructor, of not less than twenty-five beds, and may practice medicine as aforesaid in said hospital, but only under the supervision of a registered *physician* who has been duly appointed a staff *physician* in said hospital. Registration under this section shall not authorize the signing of certificates of births or deaths, or the use of any instruments whatsoever in the treatment of any cases, except instruments normally used for the purpose of diagnosis and then for such purpose only; nor shall it authorize the prescribing or dispensing of any narcotic drug as defined in section one hundred and ninety-seven of chapter ninety-four. Registration under this section may be revoked at any time by the board, and shall be revoked upon the request of the dean of the medical school in which such *assistant in medicine* is enrolled. Termination of such enrollment shall operate as a revocation of such registration.

Section 10. Medicine and its Practice to Apply to and Include Osteopathy and its Practice.

The provisions of this chapter with reference to medicine and its practice shall apply to and include osteopathy and its practice, when such construction is not inconsistent with the following section.

Section 11. Certain Acts by Certain Registered Osteopaths Prohibited. Penalties.

No person now registered as an osteopath under section one or two of chapter five hundred and twenty-six of the acts of nineteen hundred and nine shall prescribe or administer drugs for internal use, perform major operations in surgery, engage in the practice of obstetrics, or hold himself out, by virtue of such registration, as and for other than an osteopath. Violation hereof shall be punished by the penalty provided in section six.

Section 12. Disclosure of certain information by registered physician not slander or libel.

Any registered *physician* or surgeon who knows or has reason to believe that any person is infected with gonorrhoea or syphilis may disclose such information to any person from whom the infected person has received a promise of marriage or to the parent or guardian of such person if a minor. Such information given in good faith by a registered *physician* or surgeon shall not constitute a slander or libel.

Section 12A. Reports of treatment of certain wounds caused by BB guns, etc. Exceptions. Penalties. As amended by Chap. 41, Acts of 1943.

Every *physician* attending or treating a case of bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun, pistol, BB gun, or other air rifle, or other firearm, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the commissioner of public safety and to the police authorities of the town where such *physician*, hospital, sanatorium or institution is located. This section shall not apply to such wounds, burns or injuries received by any member of the armed forces of the United States or of the commonwealth while engaged in the actual performance of duty. Whoever violates any provision of this section shall be punished by a fine of not less than fifty nor more than one hundred dollars.

Section 61. Board of registration in medicine, etc., may suspend, etc., certificate, etc.

Except as otherwise provided by law, each board of registration in the division of registration of the department of civil service and registration, after a hearing, may, by a majority vote of the whole board, suspend, revoke or cancel any certificate, registration, license or authority issued by it, if it appears to the board that the holder of such certificate, registration, license or authority, is insane, or is guilty of deceit, malpractice, gross misconduct in the practice of his profession, or of any offence against the laws of the commonwealth relating thereto. Any person whose certificate, registration, license or authority is suspended or revoked hereunder shall also be liable to such other punishment as may be provided by law. The said boards may make such rules and regulations as they deem proper for the filing of such charges and the conduct of hearings.

Section 62. Hearings.

Any person against whom charges are filed shall be notified of the hearing thereof, and may appear with witnesses and be heard by counsel. If such person has left the commonwealth, or cannot be found by reasonable search, notice may be dispensed with. Said boards shall have the same powers to summon witnesses to attend such hearings, and to swear them as are conferred upon city councils and other bodies by section eight of chapter two hundred and thirty-three, and said section and sections nine and ten of said chapter shall apply to witnesses summoned as aforesaid.

Section 63. Pendency of action before criminal court no ground for delay, or vice versa.

Said boards shall not defer action upon any charge before them until the conviction of the person accused, nor shall the pendency of any charge before any of said boards act as a continuance or ground for delay in a criminal action.

Section 64. Revision of suspension, etc., of certificate, etc., by supreme judicial court.

The supreme judicial court, upon petition of a person whose certificate, registration, license or authority has been suspended, revoked or canceled, may enter a decree revising or reversing the decision of the board, if it appears that the decision was clearly wrong; but prior to the entry of such decree no order shall be made or entered by the court to stay or supersede any suspension, revocation or cancellation of any such certificate, registration, license or authority.

Section 65. Penalty for practicing while certificate, etc., suspended, etc.

Whoever continues to practice any profession or calling after his certificate, registration, license or authority authorizing him so to do has been suspended, revoked or canceled under authority of section sixty-one, and while such disability continues, shall be punished by a fine of not more than one hundred dollars or by imprisonment for not more than three months, or both.

CEMETERIES AND BURIALS

Chapter 114. Cemeteries and Burials

Section 45. Burial permits.

Except as provided in sections forty-four and forty-six, no undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a *satisfactory certificate of the attending physician, if any*, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough

for the purpose, or is insufficient, a *physician* who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending *physician*. *If death is caused by violence, the medical examiner shall make such certificate.* If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the *physician* certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.

MENTAL HEALTH

Chapter 123. Commitment and Care of the Insane and Other Mental Defectives

Section 47. Voluntary admission of certain feeble-minded persons. As amended by Sec. 19, Chap. 467, Acts of 1945.

The superintendent of any of the state schools mentioned in sections forty-five and forty-six may, at his discretion, receive any feeble-minded person from any part of the commonwealth upon application being made therefor by the parent or guardian of such person, which application shall be accompanied by the certificate of a *physician*, qualified as provided in section fifty-three that such person is deficient in mental ability and that in the opinion of the *physician* he is a fit subject for said school. The *physician* who makes the said certificate shall have examined the alleged feeble-minded person within ten days of his signing and making oath to the certificate. Such papers shall be void if such person shall not be received at the school within sixty days from the date of the signing of the medical certificate. The superintendent of any of said state schools may also, at his discretion, receive any person from any part of the commonwealth upon the written request of his parent or legal guardian, and may detain him for observation for a period not exceeding thirty days, to determine whether he is feeble-minded.

Section 50. Commitment of insane persons. Authority. As amended by Sec. 4, Chap. 314, Acts of 1935.

A justice of the superior court of any county, and any of the judges of probate for Suffolk county, the judge of probate for Nantucket county, or a justice or special justice of a district court, except the municipal court of the city of Boston, within his county, may commit to any institution for the insane, designated under or described in section ten, any insane person, then residing or being in said county, who in his opinion is a proper subject for its treatment or custody; but such special justice may

make such commitment only in case of the incapacity of the justice, his absence from the district, interest, or relationship to the applicant or to the person to be committed, or when specially authorized by the justice to act in the case, or when the justice is absent from the court building and the special justice is holding court in his place.

Section 51. Order of commitment.

No person shall be committed to any institution for the insane designated under or described in section ten, except the Walter E. Fernald state school, the Belchertown state school and the Wrentham state school, unless there has been filed with the judge a certificate in accordance with section fifty-three of the insanity of such person by *two properly qualified physicians*, nor without an order therefor, signed by a judge named in the preceding section stating that he finds that the person committed is insane and is a proper subject for treatment in a hospital for the insane, and either that he has been an inhabitant of the commonwealth for the six months immediately preceding such finding or that provision satisfactory to the department has been made for his maintenance or that by reason of insanity he would be dangerous if at large. The order of commitment shall also authorize the custody of the insane person either at the institution to which he shall first be committed or at some other institution to which he may be transferred. Said judge shall see and examine the alleged insane person, or state in his final order the reason why it was not considered necessary or advisable so to do. The hearing, unless a jury is summoned, shall be at such place as the judge shall appoint. In all cases he shall certify in what place the insane person resided or was at the time of his commitment; or, if the commitment is ordered by a court under section one hundred or one hundred and one the court shall certify in what place the insane person resided or was at the time of the arrest upon the charge for which he was held to answer before such court. Such certificate shall, for the purposes of the preceding section, be conclusive evidence of the residence of the person committed.

Section 52. Qualifications of the third physician appointed for additional medical testimony in certain proceedings for commitment of persons alleged to be insane. As amended by Chap. 85, Acts of 1932.

If in the opinion of the judge additional medical testimony as to the mental condition of the alleged insane person is desirable, he may appoint a *third physician* to examine and report thereon, who shall be a *physician* who has had practical training in psychiatry, if one is available. The fee for making such examination and report shall be four dollars, and twenty cents for each mile traveled one way.

Section 53. Qualifications of physicians certifying to insanity. As amended by Sec. 1, Chap. 645, Acts of 1941.

No *physician* shall make a certificate of insanity under section fifty-one unless he makes oath that he is a graduate of a legally chartered medical school or college, that he has been in the actual practice of medicine for three years since his graduation and for three years last preceding the making of said oath, and that he is registered as a *physician* in accordance with chapter one hundred and twelve, nor unless his standing, character and professional knowledge of insanity are satisfactory to the judge. Where, in the opinion of the judge, it is practicable within his jurisdiction, at least one of the *two physicians* required to make a certificate of insanity under section

fifty-one shall be a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Incorporated. The *physician* who makes such certificate shall have examined the alleged insane person within five days of his signing and making oath to the certificate, and shall state therein that in his opinion such person is insane and a proper subject for treatment in a hospital for the insane, and the facts upon which his opinion is based. A copy of the certificate, attested by the judge, shall be delivered with the insane person to the superintendent of the institution to which the person shall have been committed, to be kept on file with the order of commitment, and said superintendent shall forthwith transmit to the department copies of such certificate, of the statement required by section fifty-four and of the order of commitment. Any certificate bearing date more than ten days prior to the commitment of any person alleged to be insane shall be void, and no certificate shall be valid or received in evidence if signed by a *physician* holding any office or appointment, other than that of consulting or advisory *physician*, in an institution for the insane to which such person is committed.

Section 62. Commitment of dipsomaniacs, etc., regulated. Limit of detention. As amended by Sec. 1, Chap. 655, Acts of 1941.

Any of the judges named in section fifty, or a judge of the municipal court of the city of Boston, may commit to the state farm, or to any other institution under the department of correction that may be designated by the governor, to the McLean hospital, or to a private licensed institution, by an order of commitment, directed to the trustees, superintendent, or manager thereof, as the case may be, made in accordance with section fifty-one, and accompanied by a certificate, in accordance with section fifty-three, by *two physicians qualified as therein provided*, any male or female person, who is subject to dipsomania or inebriety either in public or private, or who is so addicted to the intemperate use of narcotics, habit forming stimulants or sedatives as to have lost the power of self-control. The judge receiving the application for such commitment shall examine on oath the applicant and all other witnesses, and shall reduce the application to writing and cause it to be subscribed and sworn to by the applicant. He shall cause a summons and copy of the application to be served upon such person in the manner provided by section twenty-five of chapter two hundred and seventy-six. Such person shall be entitled to a hearing unless after receiving said summons he shall in writing waive a hearing, in which case the judge may issue an order for his immediate commitment as aforesaid, without a hearing, if he is of opinion that the person is a proper subject for custody and treatment in the institution to which he is committed. The commitment may be made forthwith, if the examining *physicians* certify the case to be one of emergency. A person committed as aforesaid may be detained for two years after the date of his commitment, and no longer.

Section 66. Commitment to schools for the feeble-minded regulated. As amended by Sec. 6, Chap. 24, Acts of 1945.

Any judge of probate, within his county, upon written application, if he finds that a person residing or being within said county is a proper subject for the Walter E. Fernald state school, the Belchertown state school or the Wrentham state school, may commit him thereto by an order of commitment, directed to the superintendent thereof, made in accordance with section fifty-one, and accompanied by a certificate in accordance with section fifty-three by a *physician*, qualified as therein provided, that such person is a proper subject for said school, and all provisions of such section

shall apply to such certificate, except that the *physician's examination* of the alleged feeble-minded person shall have occurred within ten days of the signing and making oath to the certificate, which shall bear date not more than twenty days prior to the commitment of such person. The order of commitment shall also direct the sheriff, deputy sheriff, constable, police officer, or other person to apprehend and convey the said person to the school to which he has been committed. Such order shall be void if such person shall not be received at the school named therein within sixty days after the date of such order. Unless the person sought to be committed is present at the time of the hearing, or the application is made by someone legally entitled to his custody, notice of the application and of the time and place of hearing shall be given to the person sought to be committed, and the order of commitment shall state what notice was given or the finding of facts which made notice unnecessary, and shall authorize custody of the person until he shall be discharged by order of a court or otherwise in accordance with law. If a feeble-minded person is committed to such a school, the department shall thereafter have power, whenever advisable, to transfer him to the custody or supervision of the department; and thereafter the provisions of section sixty-six A, relative to removal, temporary release and discharge of feeble-minded persons, shall apply to such person.

Section 66A. Commitment of feeble-minded persons to department. Powers of department. As amended by Sec. 8, Chap. 194, Acts of 1941.

If an alleged feeble-minded person is found, upon examination by a *physician* qualified as provided by section fifty-three, to be a proper subject for commitment, the judge of probate for the county in which such person resides or is found may upon application commit him to the custody or supervision of the department; but no person shall be so committed unless the approval of the department shall be filed with the application for his commitment. If he is committed to the custody or supervision of the department, the department shall thereafter have power, whenever advisable, to transfer him to a state school for the feeble-minded, or may cause an application to be made for his removal to a department for defective delinquents, and such person may be so removed in the manner provided by section one hundred and sixteen. If the alleged feeble-minded person is committed to the custody or supervision of the department of mental health, the said department may temporarily release him in the manner provided by, and subject to, the provisions of section eighty-eight, or may discharge him under section eighty-nine.

Section 69. Commitment of insane epileptics regulated. As amended by Chap. 227, Acts of 1945.

A person who is subject to epilepsy, if he is not a criminal, an inebriate, or violently insane, may, if insane, be committed to the Monson state hospital, in accordance with the provisions of this chapter relative to the commitment of other insane persons, or, if dangerous to himself or others by reason of epilepsy, may be committed thereto in the manner provided for the commitment of dipsomaniacs and inebriates. Any person subject to epilepsy, committed to the Monson state hospital in the manner provided for the commitment of dipsomaniacs and inebriates, may be detained in the hospital until such time as he is deemed by the superintendent to be suitable for release or discharge in accordance with the provisions of sections eighty-eight, eighty-nine, and ninety to ninety-three, inclusive.

Section 77. Observation, commitment for. Proceedings thereafter. As amended by Sec. 5, Chap. 500, Acts of 1939.

If a person is found by two *physicians* qualified as provided in section fifty-three to be in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation, he may be committed by any judge mentioned in section fifty, to a state hospital, to the McLean hospital, or, in case such person is eligible for admission, to an institution established and maintained by the United States government, the person having charge of which is licensed under section thirty-four A, for a period of forty days pending the determination of his insanity. Within thirty days after such commitment the superintendent of the institution to which the person has been committed shall discharge him if he is not insane, and shall notify the judge who committed him, or, if he is insane he shall report the patient's mental condition to the judge, with the recommendation that he shall be committed as an insane person, or discharged to the care of his guardian, relatives or friends if he is harmless and can properly be cared for by them. Within the said forty days the committing judge may authorize a discharge as aforesaid, or he may commit the patient to any institution for the insane as an insane person if, in his opinion, such commitment is necessary. If, in the opinion of the judge, additional medical testimony as to the mental condition of the alleged insane person is desirable, he may appoint a *physician* to examine and report thereon.

In case of the death, resignation or removal of the judge committing a person for observation, his successor in office, or, in case of the absence or disability of the judge committing a person as aforesaid, any judge or special justice of the same court, shall receive the notice or report provided for by this section and carry out any subsequent proceedings hereunder.

Section 78. Temporary care of persons violently insane, etc., without order of court. As amended by Sec. 6, Chap. 314, Acts of 1935.

The superintendent or manager of any institution for the insane may without the order of a judge required by sections fifty and fifty-one, receive into his custody and detain in such institution for not more than five days any person whose case is certified to be one of violent and dangerous insanity or of other emergency by two *physicians* qualified as provided in section fifty-three by a certificate conforming in all respects to said section, which certificate may be filed with a judge, as the certificate required by section fifty-one. The officers mentioned in section ninety-five or any member of the state police shall, upon the request of the applicant or of one of the said *physicians*, cause the arrest and delivery of such person to such superintendent or manager. The person applying for such admission shall within five days cause the alleged insane person to be committed to or removed from the institution, and failing so to do shall be liable to the commonwealth, in the case of a state hospital, or to the person maintaining the institution, in the case of a private institution, for the expenses incurred and to a penalty of fifty dollars, which may be recovered in contract by the state treasurer, or the person maintaining the private institution, as the case may be.

Section 79. Temporary care of insane persons needing immediate care, etc. As amended by Sec. 2, Chap. 645, Acts of 1941.

The superintendent or manager of any institution for the insane may, when requested by a *physician*, sheriff, deputy sheriff, member of the state police, police

officer of a town, or by an agent of the institutions department of Boston, receive and care for in such institution as a patient, for a period not exceeding ten days, any person deemed by such superintendent or manager to be in need of immediate care and treatment because of mental derangement other than drunkenness. The *physician* shall be a graduate of a legally chartered medical school, shall be registered in accordance with chapter one hundred and twelve, or shall be a commissioned medical officer of the United States army, navy or public health service acting in the performance of his official duties, and personally shall have examined the patient within twenty-four hours of signing the request. Such request for admission of a patient shall be put in writing and be filed at the institution at the time of his reception, together with a statement in a form prescribed or approved by the department, giving such information as it deems appropriate. Any such patient deemed by the superintendent or manager not suitable for such care shall, upon the request of the superintendent or manager, be removed forthwith from the institution by the person requesting his reception, and, if he is not so removed, such person shall be liable to the commonwealth or to the person maintaining the private institution, as the case may be, for all reasonable expenses incurred under this section on account of the patient, which may be recovered in contract by the state treasurer or by such person, as the case may be. The superintendent or manager shall either cause every such patient to be examined by two *physicians*, qualified as provided in section fifty-three, and cause application to be made for his admission or commitment to such institution, or cause him to be removed therefrom before the expiration of said period of ten days, unless he signs a request to remain therein under section eighty-six. The officers mentioned in section ninety-five or any member of the state police may transport the patient, or cause him to be transported, to the institution. Reasonable expenses incurred for the examination of the patient and his transportation to the institution shall be allowed, certified and paid as provided by section seventy-four. In instances where an individual, deemed by the department to be entitled to care in this commonwealth, is being held in a mental hospital or other place of detention for mental patients in another state awaiting transfer to a state hospital in this commonwealth, and such transfer has been approved by the department, the commissioner or any other medical officer of the department may sign such a request, without personal examination of the patient, to authorize his immediate hospitalization upon arrival in this commonwealth.

Section 80. Temporary care of persons addicted to intemperate use of narcotics, etc. As amended by Sec. 3, Chap. 500, Acts of 1939.

The superintendent or manager of any institution to which commitments may be made under section sixty-two may, when requested by a *physician*, by a member of the board of health or a police officer of a town, by an agent of the institutions department of Boston, by a member of the state police, or by the wife, husband, guardian or, in the case of an unmarried person having no guardian, by the next of kin, receive and care for in such institution, as a patient for a period not exceeding fifteen days, any person deemed by such superintendent or manager to be in need of immediate care and treatment because he has become so addicted to the intemperate use of narcotics or stimulants that he has lost the power of self-control. Such request for the admission of a patient shall be made in writing and filed at the institution at the time of his reception, or within twenty-four hours thereafter, together with a

statement, in a form prescribed by the department having supervision of the institution, giving such information as it deems appropriate. The trustees, superintendent or manager of such institutions shall cause to be kept a record, in such form as the department having supervision of the institution requires of each case treated therein, which shall at all times be open to the inspection of such department and its agents. Such record shall not be a public record, nor shall the same be received as evidence in any legal proceeding. The superintendent or manager of such an institution shall not detain any person received as above for more than fifteen days, unless, before the expiration of that period, such person has been committed under section sixty-two, or has signed a request to remain at said institution under section eighty-six.

Section 86. Voluntary admissions. As amended by Sec. 10, Chap. 500, Acts of 1939.

The trustees, superintendent or manager of any institution to which an insane person, a dipsomaniac, an inebriate, or one addicted to the intemperate use of narcotics or stimulants, may be committed may receive and detain therein as a boarder and patient any person who is desirous of submitting himself to treatment, and who makes written application therefor and is mentally competent to make applications; and any such person who desires so to submit himself for treatment may make such written application. Except as otherwise hereinafter provided, no such person shall be detained more than three days after having given written notice of his intention or desire to leave the institution; provided, that if his condition is deemed by the trustees, superintendent or manager to be such that further hospital care is necessary and that he is no longer mentally competent to be detained therein as a voluntary patient, or that he could not be discharged from such institution with safety to himself and to others, said superintendent or manager shall forthwith cause application to be made for his commitment to an institution for the insane, and during the pendency of such application, may detain him under the written application hereinbefore referred to.

Section 87. Monson state hospital, admission to, etc., regulated. As amended by Sec. 11, Chap. 454, Acts of 1945.

The superintendent of the Monson state hospital may receive and detain therein as a patient any person who is certified to be subject to epilepsy by a *physician* qualified as provided in section fifty-three, and who desires to submit himself to treatment and makes written application therefor, and whose age and mental condition are such as to render him competent to make such application, or for whom application is made by a parent or guardian. No such patient shall be detained more than ten days after having given written notice of his intention or desire to leave the hospital. Upon the patient's reception at the hospital, the superintendent shall report the particulars of the case to the department, which may investigate the same. Such papers shall be void if said person shall not be received at the hospital within sixty days from the date of the signing of the medical certificate.

Section 110. Conspiracy to commit a sane person. Penalty. As amended by Chap. 136, Acts of 1937.

Whoever wilfully conspires with a person unlawfully or improperly to commit to an institution for the insane a person who is not insane or who wilfully assists in or connives at such a commitment shall be punished by fine or imprisonment, at the discretion of the court.

Section 115. Physician's certificate to be filed in certain cases. Fees. As amended by Sec. 3, Chap. 185, Acts of 1943.

No person shall be committed to a department for defective delinquents under section one hundred and thirteen or one hundred and fourteen or be removed thereto under section one hundred and sixteen unless the report of the department of mental health required under said section contains a certificate by the *two experts in insanity* who examined him that such a person is mentally defective. No person shall be committed to a department for the care and treatment of drug addicts under section one hundred and thirteen or one hundred and fourteen unless there has been filed with the judge a certificate by *two physicians* qualified as provided in section fifty-three that such person is addicted to the intemperate use of stimulants or narcotics. The fees of the experts or *physicians* issuing such certificate or issuing certificate under section one hundred and seventeen A shall be of the amount and paid in the manner provided for like service in sections three to one hundred and twelve inclusive.

PUBLIC SAFETY AND GOOD ORDER

Chapter 136. Observance of the Lord's Day.

Section 5. Keeping Open Shop, etc., and Doing Certain Work, etc., Prohibited.

Whoever on the Lord's day keeps open his shop, warehouse or workhouse, or does any manner of labor, business or work, except works of necessity and charity, shall be punished by a fine of not more than fifty dollars.

Section 6. Limit of Operation of Preceding Section.

The preceding section shall not prohibit . . . the manufacture and distribution of oxygen, hydrogen, nitrogen, acetylene and carbon dioxide; **the retail sale of drugs and medicines, or articles ordered by the prescription of a physician,** or mechanical appliance used by physicians or surgeons.

Chapter 138. Intoxicating Liquors and Certain Non-Intoxicating Beverages.

Section 29. Sales by druggists authorized. (As amended by Sec. 25, Chap. 440, Acts of 1935.)

A registered pharmacist in a city or town who holds a certificate of fitness under the following section, having complied with all provisions of law relative to the practice of pharmacy, irrespective of the vote of the city or town under section eleven, may use alcohol for the manufacture of United States pharmacopoeia or national formulary preparations and all medicinal preparations unfit for beverage purposes, and may sell alcohol, and, upon the prescription of a registered *physician*, (1) wines, (2) malt beverages, and (3) other alcoholic beverages. Each of the three foregoing classes shall be sold only on separate prescriptions and in quantity not exceeding one gallon of wines, one gallon of malt beverages and one quart of other alcoholic beverages. Every such prescription shall be dated and signed by the physician and shall contain the name of the person prescribed for.

All such **prescriptions** shall be retained and kept on file in a separate book by the pharmacist selling the same and shall not be refilled.

Sales of alcoholic beverages hereunder shall be made only in the original sealed packages, and such beverages shall not be permitted to be drunk on the premises.

Chapter 149. Labor and Industries

Section 11. Reports to department by physicians. Fees for, regulated. As amended by Chap. 328, Acts of 1935.

The department may require every *physician* treating a patient whom he believes to be suffering from any ailment or disease contracted as a result of the nature, circumstances or conditions of the patient's employment to report such information relating thereto as it may require, within such time as it may fix, and it may issue a list of such diseases which shall be regularly reported upon by *physicians*, and may add to or change such lists at any time. The department shall pay a fee of fifty cents for each such report. Copies of all such reports and all statistics and data compiled therefrom shall be kept by it and shall be furnished on request to the department of industrial accidents and the department of public health. No such report shall be subject to summons nor shall its contents be made public.

Section 87. Employment Permits.

An employment permit shall be issued only by the superintendent of schools or by a person authorized by him in writing, or, where there is no superintendent of schools, by a person authorized in writing by the school committee of the town where the child to whom it is issued resides during his employment, or, if the child resides outside the commonwealth, of the town where the child is to be employed; provided, that no member of a school committee or other person authorized as aforesaid shall have authority to issue such permit for any child then in or about to enter such person's own employment or the employment of a firm or corporation of which he is a member, officer or employee. If an employment permit is issued to a child under sixteen authorizing employment in a town other than that of his residence, a duplicate thereof shall be sent forthwith to the superintendent of schools of the town where the employment is authorized.

The person issuing an employment permit, shall, before issuing it, receive, examine, approve and file the following papers, duly executed:

(1) A pledge or promise, signed by the employer or by an authorized manager or superintendent, setting forth the character of the specific employment, the number of hours per day during which the child is to be regularly employed, and the name and address of the employer, in which pledge or promise the employer agrees to employ the child in accordance with this chapter, and to return the employment permit as provided in section eighty-six.

(2) The school record of such child, filled out and signed as provided in section eighty-eight, except when such record may be waived thereunder.

(3) A **certificate**, signed by a school or **family physician**, or by a physician appointed by the school committee, stating that the child has been thoroughly examined by said physician, and in his own opinion is in sufficiently sound health and physically able to perform the work which the child intends to do.

(4) Evidence of age, showing that the child is of the age required for the issuance of the permit, which shall consist of one of the following proofs of age:

(a) A birth certificate, or a duly attested transcript thereof, made by a registrar of vital statistics or other officer charged with the duty of recording births.

(b) A baptismal certificate, or a duly attested transcript thereof, showing the age and date of baptism of the child.

(c) If none of the aforesaid proofs of age is obtainable, and only in such case, the person issuing employment permits may accept in lieu thereof a passport or a duly attested immigration record, or transcript thereof, showing the age of the child, or other official or religious record of the child's age; provided, that it shall appear to the satisfaction of said person that the same is good and sufficient evidence of the child's age.

(d) If none of the aforesaid proofs of age is obtainable, and only in such case, the person issuing employment permits may accept in lieu thereof a record of age as given on the register of the school which the child first attended in the commonwealth; provided, that such record was kept for at least two years during the time when such child attended school.

(e) If one of the aforesaid proofs of age is objectionable and only in such case, the person issuing employment permits may receive the signed statement of the **school physician**, or of the physician appointed by the school committee, stating that after examination it is the opinion of such physician that the child is at least of the age required for the issuance of the permit. Such physician's statement shall be accompanied by a statement signed by the child's parent, guardian or custodian, or, if such child has no parent, guardian or custodian, by the signed statement of the next adult friend. Such signed statement shall contain the name, date and place of birth and residence of the child, and shall certify that the parent, guardian, custodian or next friend signing it is unable to produce any of the proofs of age specified in this section. Such statement shall be so signed in the presence of the person issuing the employment permit. The person issuing employment permits may, before issuing such a permit, require the parent, guardian, custodian, or next adult friend of the child to appear and approve in writing the issuance of such permit.

A certificate relating to the age or place of birth of any child or to any other fact sought to be established in relation to school attendance shall be issued, upon request, by a town clerk, and no fee shall be charged therefor by a town clerk or other official.

The superintendent of schools or a person authorized by him in writing may revoke for cause the permit for employment of any child employed in private domestic service, if not in the employ of a member of his immediate family, or service as a farm laborer in the employ of any person other than his parent or legal guardian. Whenever such a permit authorizing employment of a child elsewhere than in his place of residence is held by him the superintendent of schools of the town of his employment shall forthwith notify the superintendent of schools issuing the permit of the child's failure to comply with any pertinent provision of law.

WORKMEN'S COMPENSATION

Chapter 152. Workmen's Compensation

Section 9. Examination by impartial physician. Fee.

The department or any member thereof may appoint a duly qualified impartial *physician* to examine the injured employee and to report. The fee for this service shall be five dollars and traveling expenses, but the department may allow additional reasonable amounts in extraordinary cases, and the insurer shall reimburse the department for the amount so paid. The report of the *physician* shall be admissible as evidence in any proceeding before the department or a member thereof; provided, that the employee and the insurer have seasonably been furnished with copies thereof.

Section 9A. Fees for physicians appearing before department in behalf of injured employees. As amended by Chap. 331, Acts of 1933.

Whenever a medical question is in dispute in any case, and an impartial *physician* has not, prior to seven days before the date assigned for each hearing thereon, been appointed by the department or a member thereof, the employee may engage his own *physician*, and one additional *physician* if the single member of the department finds that justice and equity require the same, to appear and testify in his behalf, and, if the decision of the single member or of the department is in favor of the employee, a reasonable fee shall be allowed by the member or by the department for the services of each such *physician* and shall be added to the amount awarded to the employee and be paid by the insurer under the provisions of this chapter; provided, that, notwithstanding the foregoing, in every case wherein the decision of the single member or of the department is in favor of the employee, if more than one *physician* appeared and testified in behalf of the insurer a reasonable fee shall be allowed for the services of each of the *physicians*, up to a like number, who appeared and testified in behalf of the employee, which fees shall be added to the amount so awarded and be paid by the insurer under the provisions of this chapter.

Section 13. Fees of physicians, etc. Charges of certain hospitals for treating injured employees under workmen's compensation law. As amended by Chap. 68, Acts of 1933.

Fees of attorneys and *physicians* and charges of hospitals for services under this chapter shall be subject to the approval of the department. If the insurer and any *physician* or hospital, or the employee and any attorney, fail to agree as to the amount to be paid for such services, either party may notify the department, which may thereupon assign the case for hearing by a member thereof. The member shall report the facts to the department for decision, and the decision shall be enforceable under section eleven. Any hospital referred to in section seventy of chapter one hundred and eleven shall be precluded from recovering in any form of action any charges for services under this chapter in excess of the amount approved by the department.

Section 20. Hospital records admissible as evidence. As amended by Chap. 464, Acts of 1945.

Copies of hospital records kept in accordance with section seventy of chapter one hundred and eleven, certified by the persons in custody thereof to be true and complete, shall be admissible in evidence in proceedings before the department or any member thereof. The department or any member, before admitting any such copy in evidence, may require the party offering the same to produce the original record. All medical records and reports of hospitals, clinics and *physicians* of the insurer or of the employee shall be open to the inspection of the department so far as relevant to any matter before it. If such a report is on file with the department it shall be open to the inspection of any party.

Section 30. Payments for medical services under workmen's compensation law. As amended by Sec. 1 and Sec. 2, Chap. 233, Acts of 1946.

The insurer shall furnish to an injured employee adequate and reasonable medical and hospital services, and medicines if needed, together with the expenses necessarily incidental to such services. The employee may select a *physician* other than the one provided by the insurer; and in case he shall be treated by a *physician* of his own

selection, or where in case of emergency or for other justifiable cause a *physician* other than the one provided by the insurer is called in to treat the injured employee, the reasonable cost of the *physician's* services shall be paid by the insurer, subject to the approval of the department. Such approval shall be granted only if the department finds that the employee was so treated by such *physician* or that there was such emergency or justifiable cause, and in all cases that the services were adequate and reasonable and the charges reasonable. In any case where the department is of opinion that the fitting of the employee with an artificial eye or limb, or other mechanical appliance, will promote his restoration to or continue him in industry, it may order that he be provided with such an artificial eye, limb or appliance, at the expense of the insurer.

This act shall apply only in case of personal injuries occurring on or after its effective date.

DESCENT AND DISTRIBUTION, WILLS, ESTATES OF DECEASED PERSONS AND ABSENTEES, GUARDIANSHIP, CONSERVATORSHIP AND TRUSTS

Chapter 198. Insolvent Estates of Deceased Persons.

Section 1. Order of Payment of Debts.

If the estate of a person deceased is insufficient to pay all his debts, it shall, after discharging the necessary expenses of his funeral and last sickness and the charges of administration, be applied to the payment of his debts, which shall include equitable liabilities, in the following order:

First, Debts entitled to a preference under the laws of the United States.

Second, Public rates, taxes and excise duties.

Third, Wages or compensation, to an amount not exceeding one hundred dollars, due to a clerk, servant or operative for labor performed within one year last preceding the death of such deceased person or for such labor so performed for the recovery of payment for which a judgment has been rendered.

Fourth, Debts, to an amount not exceeding one hundred dollars, for necessities furnished to such person or his family within the six months last preceding his death, or for such necessities so furnished for the recovery of payment for which a judgment has been rendered.

Fifth, Debts due to all other persons. If there is not enough to pay all the debts of any class, the creditors of that class shall be paid ratably upon their respective debts; and no payment shall be made to creditors of any class until all those of the preceding class or classes, of whose claims the executor or administrator has notice, have been fully paid.

Chapter 206. Accounts and Settlements of Executors, Administrators, Guardians, Conservators, Trustees and Receivers.

Section 31. Settlements by Receivers.

The following claims shall, in the settlement of estates by receivers, be entitled to priority in the order named:

First, Debts due the United States or debts due, or taxes assessed by, the commonwealth or a county, city or town therein.

Second, Wages to an amount of not more than one hundred dollars due an operative, clerk or servant for labor, either performed within one year last preceding the appointment of the receiver or for the payment for which a suit, which was commenced

within one year after the performance of the labor, is pending or was terminated within year after said appointment.

Third, Debts to an amount of not more than fifty dollars due physicians for medical attendance on the debtor or his family, rendered within six months prior to said appointment.

MARRIAGE

Chapter 207. Marriage.

Section 20A. Certificate of pregnancy. As amended by Sec. 3, Chap. 269, Acts of 1939.

Each clerk or registrar with whom a notice of intention of marriage is filed shall at the same time receive, if it is presented by the party or person filing such notice as provided in sections nineteen and twenty, a certificate signed by a registered *physician* that the female intending such marriage is pregnant. In any case where such a certificate has been received, the clerk or registrar, when issuing a certificate under section twenty-eight, shall note thereon the following:—Certificate received under the provisions of section twenty A of chapter two hundred and seven of the General Laws.

Section 28A. Notice of intention of marriage; medical certificate as prerequisite. As amended by Sec. 1, Chap. 561, Acts of 1943.

Except as hereinafter provided, a certificate shall not be issued by the clerk or registrar under section twenty-eight until he has received from each party to the intended marriage a medical certificate signed by a qualified *physician* registered and practicing in the commonwealth, a *physician* registered or licensed to practice in any other state of the United States, or a *commissioned medical officer* on active service in the armed forces of the United States who has examined such party as hereinafter provided. Such examination shall be made only to ascertain the presence or absence of evidence of syphilis, and shall include a serological test for syphilis. Said test shall be made by a laboratory of the state department of public health or by a laboratory meeting standards approved by said department or, if not located within the commonwealth, approved by the United States Public Health Service. The examination by such *physician* and the laboratory test shall be made not more than thirty days before a certificate is issued under section twenty-eight. If such *physician*, in making such examination, discovers evidence of any such disease, he shall inform both parties to the intended marriage of the nature of such disease and of the possibilities of transmitting the same to his or her marital partner or to their children.

Such medical certificate by a *physician* registered and practicing in the commonwealth shall read as follows:—I, (name and address of *physician*), a registered physician of (city or town) in the commonwealth of Massachusetts, declare that on (month, day, year) I examined (name and address of person) in accordance with section twenty-eight A of chapter two hundred and seven of the General Laws of the commonwealth. This certificate is made under the penalties of perjury.

Such medical certificate by a *physician* registered in any other state of the United States shall read as follows:—I, (name and address of *physician*), a *physician* registered or licensed to practice in (state, territory or District of Columbia), on oath declare that on (month, day, year) I examined (name and address of person) in

accordance with section twenty-eight A of chapter two hundred and seven of the General Laws of the commonwealth of Massachusetts.

Such medical certificate by a *commissioned medical officer* on active service in the armed forces of the United States shall read as follows:—I, (name and address of *physician*), a (rank or title) serving in the (army) (navy) of the United States, on oath declare that on (month, day, year) I examined (name and home address of person) in accordance with section twenty-eight A of chapter two hundred and seven of the General Laws of the commonwealth of Massachusetts.

Blank forms of medical certificates required under this section shall be furnished to city and town clerks by the department of public health.

The clerk or registrar receiving such medical certificates in the case of an intended marriage shall endorse on the certificate to be issued by him under section twenty-eight in relation to the marriage a statement that such medical certificates have been received.

In emergency cases where the death of either party to the intended marriage is imminent or where the female is near the termination of her pregnancy, upon the authoritative request of a minister, clergyman, priest, rabbi or *attending physician*, the clerk or registrar may issue a certificate under section twenty-eight without having received the medical certificate, or having endorsed on his certificate a statement of such receipt, as provided by this section.

Whoever, being subject to the laws of the commonwealth fails to comply with any provision of this section shall be punished by a fine of not less than ten nor more than one hundred dollars.

COURTS AND JUDICIAL OFFICERS AND PROCEEDINGS IN CIVIL CASES

Chapter 216. Courts of Insolvency.

Section 118. Preferred claims.

In the order for a dividend under the preceding section, the following claims shall be first paid in full in the following order:

First, The twenty-five dollars or expense of publication as provided in section one hundred and seventy paid by a creditor and the legal fees, paid by him, of an officer for the service of the order of notice to the debtor upon the original petition and for the service of a writ of injunction issued to restrain the transfer or disposition of any part of the debtor's property, not exempt from attachment, and from any interference therewith.

Second, The legal fees of the messenger.

Third, Debts due to the United States, and debts due to and taxes assessed by the commonwealth, or a county, city or town thereon.

Fourth, Wages to an amount not exceeding one hundred dollars, due to a clerk, servant or operative for labor performed within one year last preceding the first publication of the notice, or for labor for the recovery of payment for which an action commenced within one year after the performance thereof is pending, or has terminated within one year from said first publication.

Fifth, Debts due to physicians for medical attendance on the debtor or his family, rendered within six months prior to the institution of proceedings in insolvency, to an amount not exceeding fifty dollars.

Sixth, Debts due to persons who by the laws of the United States or of this commonwealth are or may be entitled to a priority or preference in like manner as if this chapter had not been enacted.

Seventh, Other legal fees, costs and expenses of suit, and for the custody of the property proved as preferred under section one hundred and seventy-four.

Chapter 221. Clerks, Attorneys, and other officers of Judicial Courts.

Section 26. Clerks to report convictions of registered physician or of unregistered practitioner, etc.

The clerk of any court in which a **physician** registered in this commonwealth is convicted of a felony or of a crime in connection with the practice of medicine, or in which an unregistered practitioner is convicted of holding himself out as a practitioner of medicine, or of practicing medicine, shall within one week thereafter report the same to the board of registration in medicine together with a copy of the court proceedings in the case. Failure to comply with this section shall be punished by a fine of not less than one nor more than ten dollars.

Chapter 234. Juries, Obligation to Serve, and Lists.

Section 1. Qualifications and exemptions.

A person qualified to vote for representatives to the general court, whether a registered voter or not, shall be liable to serve as a juror, except that the following persons shall be exempt.

The governor; lieutenant governor; members of the council; state secretary; members and officers of the senate and house of representatives during a session of the general court; judges and justices of a court; county and associate commissioners; clerks of courts and assistant clerks and all regularly appointed officers of the courts of the United States and of the commonwealth; registers of probate and insolvency; registers of deeds; sheriffs and their deputies; constables, marshals of the United States and their deputies, and all other officers of the United States; attorneys at law; settled ministers of the gospel; officers of colleges; preceptors and teachers of incorporated academies; **registered practicing physicians and surgeons**; persons over seventy years of age; persons under twenty-five years of age; members of the volunteer militia; superintendents, officers and assistants employed in or about a state hospital, insane hospital, jail, house of correction, state industrial school or state prison; keepers of lighthouses; conductors and engine drivers of railroad trains; teachers in public schools; enginemen and members of the fire department of Boston, and of other cities and towns in which such exemption has been made by vote of the city council or the inhabitants of the town, respectively.

STATUTES OF FRAUDS AND LIMITATIONS

Chapter 260. Limitation of Actions.

Section 4. Limitation of two years. Limitation of one year for certain actions.

Actions for assault and battery, false imprisonment, slander, actions against sheriffs, deputy sheriffs, constables or assignees in insolvency for the taking or conversion of personal property, actions of tort for injuries to the person against counties, cities and towns, and actions of contract or tort for malpractice, **error or mistake against physicians, surgeons, dentists, optometrists, hospitals and sanitarium**, shall be commenced only within **two years next** after the cause of action accrues; and actions for libel and actions of tort for bodily injuries or for death and payment of

judgments in which is required to be secured by chapter ninety and also such actions against officers and employees of the commonwealth, of the metropolitan district commission, and of any county, city or town, arising out of the operation of motor vehicles owned by the commonwealth, including those under the control of said commission, or by any such county, city or town, suits by judgment creditors in such actions of tort under section one hundred and thirteen of chapter one hundred and seventy-five and clause (10) of section three of chapter two hundred and fourteen and suits on motor vehicle liability bonds under section thirty-four G of said chapter ninety shall be commenced only within one year next after the cause of action accrues.

CRIMES, PUNISHMENTS AND PROCEEDINGS IN CRIMINAL CASES

Chapter 270. Crimes Against public health.

Section 2. Sale of poison.

Whoever sells arsenic (arsenious acid), atropia or any of its salts, chloral hydrate, chloroform, cotton root or its fluid extract, corrosive sublimate, cyanide of potassium, Donovan's solution, ergot or its fluid extract, Fowler's solution, oil of pennyroyal, oil of savin, oil of tansy, Paris green, Parson's vermin exterminator, phosphorus, prussic acid, "rough on rats," strychnia or any of its salts, tartar emetic, tincture of aconite, tincture of belladonna, tincture of digitalis, tincture of nux vomica, tincture of veratrum viride, compounds of fluorine, or carbolic acid, without the written prescription of a physician, shall affix to the bottle, box or wrapper containing the article sold a label of red paper upon which shall be printed in large black letters the name and place of business of the vendor and the words "POISON" and "ANTIDOTE," and the label shall also contain the name of an antidote, if any, for the poison sold. He shall also keep a record of the name and quantity of the article sold and of the name and residence of the person or persons to whom it was delivered, which shall be made before the article is delivered, and shall be open to inspection by the officers of the state police and by the police authorities and officers of towns. Whoever neglects to affix such label to such bottle, box or wrapper before delivery thereof to the purchaser, or whoever neglects to keep or refuses to show to said officers such record, or whoever purchases any of said poisons and gives a false or fictitious name to the vendor shall be punished by a fine of not more than fifty dollars. This section shall not apply to sales made by wholesale dealers or manufacturing chemists to retail dealers; or to a general merchant who sells Paris green, London purple or other arsenical poisons in unbroken packages containing not less than one quarter of a pound, for the sole purpose of destroying potato bugs or other insects upon plants, vines or trees, except that he shall record each sale and label each package sold as above provided; or to sales of compounds containing not more than fifty per cent of sodium fluoride intended solely for the destruction of roaches, ants or other household insects, when sold in sealed metal packages containing not less than one fourth of a pound, plainly labelled in such a manner as to show the purposes for which the preparation was intended.

Chapter 272. Crimes against chastity, morality, decency and good order.

Section 20. Penalty for advertising, etc., notice, etc., of means to procure Abortion.

Whoever knowingly advertises, prints, publishes, *distributes* or circulates, or knowingly causes to be advertised, printed, published, distributed or circulated, any

pamphlet, printed paper, book, newspaper, notice, advertisement or reference, containing words or language giving or conveying any notice, hint or reference to any person, or to the name of any person, real or fictitious, from whom, or to any place, house, shop or office where, any poison, drug, mixture, preparation, medicine or noxious thing, or any *instrument* or means whatever, or any advice, direction, information or knowledge, may be obtained for the purpose of causing or procuring the miscarriage of a woman pregnant with child or of preventing, or which is represented as intended to prevent, pregnancy, shall be punished by imprisonment in the state prison for not more than three years or in jail for not more than two and one-half years or by a fine of not more than one thousand dollars.

Section 21. Other offenses against decency.

Whoever *sells*, lends, gives away, exhibits, or offers to sell, lend or give away an *instrument* or other article intended to be used for self-abuse, or any *drug*, medicine, *instrument* or article *whatever* for the prevention of conception or for causing unlawful abortion, or advertises the same, or writes, prints or causes to be written or printed a card, circular, book, pamphlet, advertisement or notice of any kind stating when, where, how, of whom or by what means such article can be purchased or obtained, or manufactures or makes any such article, shall be punished by imprisonment in the state prison for not more than five years or in jail or the house of correction for not more than two and one-half years or by a fine of not less than one hundred nor more than one thousand dollars.

Section 29. Dissemination by advertisement, etc., of information concerning certain diseases prohibited; violation of this section.

Whoever publishes, delivers, distributes, or causes to be published, delivered or distributed, an advertisement, statement or notice, other than a label which is attached to a bottle or package of medicine, or which is contained in a sealed package of medicine, describing the causes, symptoms, details or effects of a venereal disease, or of a disease, infirmity or condition of the sexual organs, for the purpose of calling attention to or advertising a person from whom, or an office or place at which, information, treatment or advice may be obtained concerning such diseases or conditions, shall be punished by imprisonment for not more than six months or by a fine of not less than fifty nor more than five hundred dollars, or both. This section shall not apply to the printing or delivering in sealed packages outside this commonwealth of books, pamphlets or circulars containing such advertisements, nor to newspapers printed outside this commonwealth, nor to the printing, publishing or distribution of any matter pertaining to venereal diseases by state or municipal health authorities.

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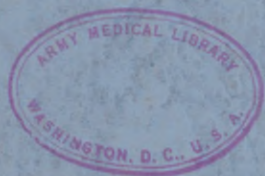
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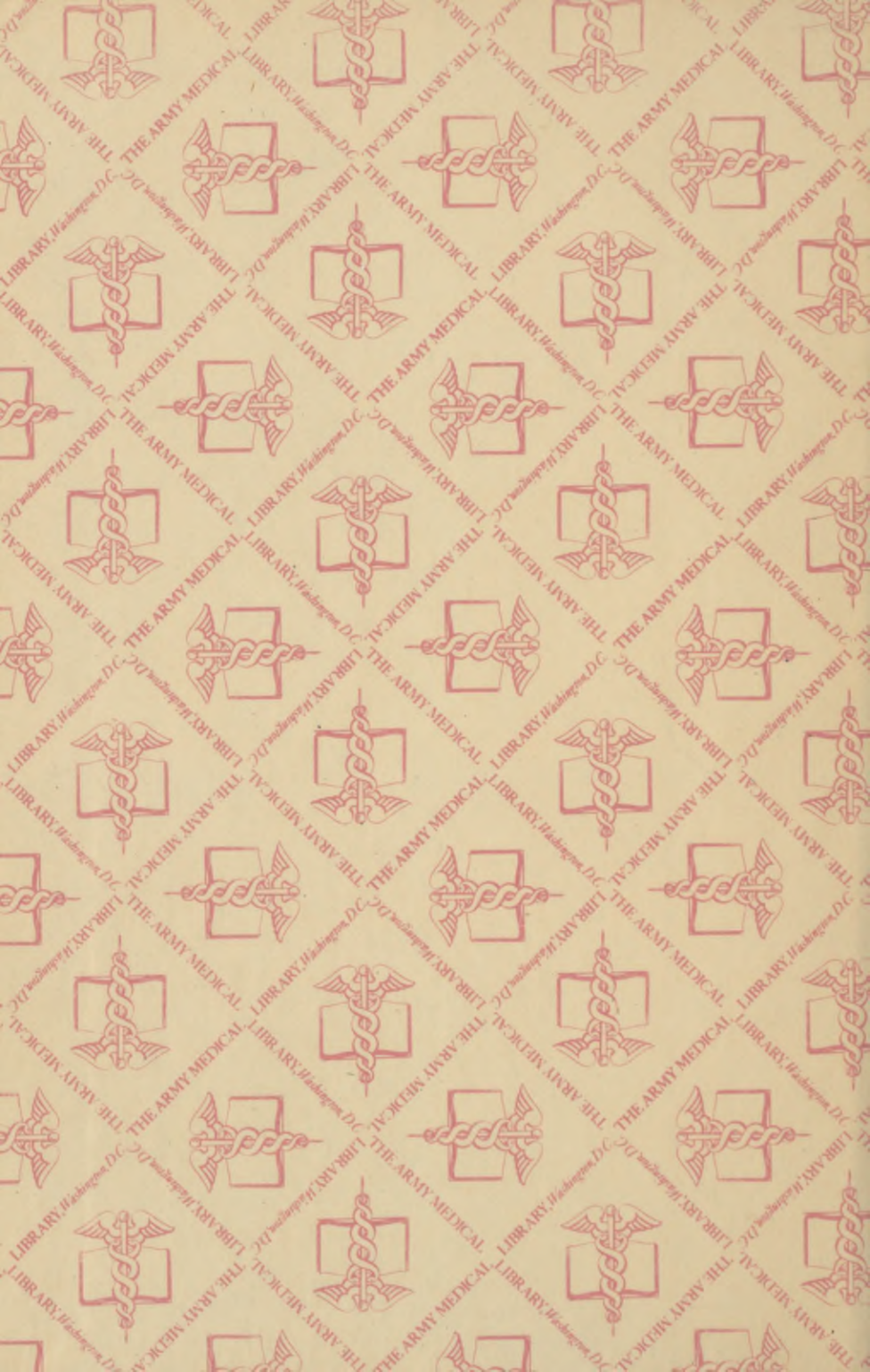
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