
Contents

Part I Roots of public health

- 1 Philosophy of public health, 3
- 2 Background and development of public health, 14
- 3 World health problems, 44

Part II Sociology of public health

- 4 Social science and public health, 55
- 5 Social pathology and public health, 79
- 6 Population and public health, 100
- 7 Economics of public health, 112
- 8 Government and public health, 128
- 9 Law and public health, 160

Part III Administration of public health

- 10 Organizational principles, 187
- 11 Organization of official public health agencies, 215
- 12 Voluntary health agencies, 241
- 13 Personnel, 250
- 14 Planning and evaluation, 278
- 15 Fiscal management, 292
- 16 Public relations, 314

Part IV Substance of public health

- 17 Control of communicable diseases, 337
- 18 Maternal and child health activities, 367
- 19 School health, 382
- 20 Adult health and chronic disease, 392
- 21 Public health dentistry, 407
- 22 Mental health, 424
- 23 Suicide, 433
- 24 Addictive diseases, 440
- 25 Medical and hospital care, 459
- 26 Rehabilitation, 485

- 27 Environmental control, 495
- 28 Occupational health, 529
- 29 Accident prevention, 537
- 30 Vital statistics, 545
- 31 Laboratory services, 568
- 32 Health education, 575
- 33 Public health nursing, 585
- 34 Social services, 601
- 35 Nutrition services, 606

Part V The future of public health

- 36 The past as prologue, 627

List of figures

- Figure 1-1.** Probability of death in next decade from specific causes, p. 7
- 8-1. Tax revenue based on type of tax and level of government (1964-1965), p. 148
 - 8-2. General expenditure, based on level of government and function (1964-1965), p. 149
 - 10-1. The scalar process, p. 198
 - 10-2. Example of a small county health department organization, p. 200
 - 10-3. Organization of State A health department, p. 202
 - 10-4. Former organization of State B health department, p. 203
 - 10-5. Organization of State C health department showing lines of responsibility and relationship, p. 204
 - 10-6. Undesirable organizational stratification, p. 204
 - 10-7. Unsatisfactory organization of technical field staff, p. 207
 - 10-8. Satisfactory organization of technical field staff, p. 208
 - 10-9. Example of a decentralized city health organization, p. 210
 - 11-1. Complete health structure, p. 216
 - 11-2. Ground floor of the health structure—local official and voluntary agencies and private practitioners, p. 218
 - 11-3. Second floor of the health structure—state official and voluntary agencies and professional societies, p. 222
 - 11-4. Organization of the Department of Health, Education, and Welfare, p. 225
 - 13-1. Personnel incentive scale, p. 272
 - 14-1. Example of systems approach—the research context, p. 282
 - 15-1. Example of budget form for a city health department, presenting data based on unit of organization and purpose, p. 296
 - 15-2. Example of budget form for a city health department, presenting data based on unit of organization and function, p. 297

- 15-3. Example of a general ledger form, p. 301
- 15-4. Example of combination cash receipts and expenditure form, p. 302
- 15-5. Example of transfer voucher form, p. 303
- 17-1. Sequence of events in transmission of diseases, p. 338
- 17-2. Modes of spread of communicable disease, p. 340
- 17-3. Vaccination legislation and average annual smallpox incidence, 1936-1945, p. 352
- 17-4. Communicable disease charts, p. 356
- 17-5. Seasonal prevalence of acute communicable respiratory diseases, p. 357
- 17-6. Relative prevalence by age of acute communicable respiratory diseases, p. 358
- 17-7. Geometrically progressive transfer of infection in absence of immunization, p. 359
- 17-8. Linear transfer of infection with 50% immunization, p. 359
- 17-9. Organizational plan of the California Department of Public Health, p. 362
- 20-1. Change in age distribution of the population, United States, 1860 to 2000 A.D., p. 393
- 22-1. Population and service zones in relation to mental health and illness, p. 430
- 25-1. Urban-rural differences in physician supply, p. 464
- 25-2. Physician-population ratio in each state and type of practice of physicians, p. 465
- 25-3. Twelve diagnoses with the highest annual rates per 1,000 population, p. 466
- 25-4. Ten most frequent causes of surgery per 1,000 males and females of five broad age groups, p. 468
- 26-1. Impairments per 1,000 persons by type and age, United States, 1958, p. 489
- 30-1. Diagrammatic sketch of diphtheria prevention program, Detroit, Mich., p. 553
- 30-2. Spot map. Distribution of reported deaths from tuberculosis, Philadelphia, 1957, p. 555
- 30-3. Five principal causes of death by age group per 100,000 estimated population, Philadelphia, 1957, p. 556
- 30-4. Distribution of total population, Philadelphia, 1955, p. 557
- 30-5. Estimated population, birthrate, death rate, infant mortality rate, maternal mortality rate, and death from diseases of early infancy by health district, Philadelphia, 1957, p. 559
- 30-6. Epidemiologic master chart, Philadelphia, 1957, pp. 560-563

List of tables

- Table 2-1.** Deaths by social class, London, 1840, p. 20
- 3-1. Comparison of economic, health, and educational conditions in the more developed and less developed regions of the Free World, p. 51

- 4-1. Percentage of 48 schoolchildren in Quito, Ecuador, who would consult a doctor or a curandero for specified illnesses, p. 70
- 5-1. Slum section of Cleveland, O., 1934, compared with entire city, p. 83
- 5-2. Deaths by social area, Liverpool, England, 1923-1929, p. 83
- 5-3. Illness and crowding, United States, 1934, p. 83
- 5-4. Prevalence of chronic illness in families by socioeconomic status, p. 84
- 5-5. Infant and maternal mortality by race, New York City, 1963, p. 84
- 5-6. Infant deaths by place of delivery, Aberdeen, Scotland, 1950, p. 84
- 5-7. Comparison by income group of women at delivery, Aberdeen, Scotland, 1950, p. 85
- 5-8. Interrelationships of undesirable physical, social, and cultural factors, p. 91
- 5-9. Interrelationships of desirable physical, social, and cultural factors, p. 91
- 5-10. Incidence of social problems, St. Paul, Minn., November 1948, p. 92
- 6-1. Rate of population increase by region, p. 101
- 6-2. Vital balance in three world areas by degree of industrialization, p. 107
- 7-1. Factors in the socioeconomic value of human life, p. 116
- 7-2. Estimates of average cost of birth for women in the \$4,500 family income class, p. 117
- 7-3. Potential future earnings of persons prematurely dead, p. 119
- 7-4. Estimated saving in lives during 1960 as a result of public health measures taken against certain diseases, p. 122
- 7-5. Postulated percentage reductions in deaths, by cause, if all available knowledge were used, pp. 123-125
- 7-6. Theoretical savings of lives, 1960, had all available knowledge been effectively applied, p. 126
- 8-1. Increases in all governmental expenditures, 1913-1961, p. 146
- 8-2. Governmental expenditure, by source and object, 1965-1966, p. 146
- 8-3. Trend of tax delinquency, 1930-1944, 150 cities over 50,000 population, p. 148
- 8-4. Public expenditures for health and medical care, United States, 1928-1929 through 1964-1965, p. 150
- 8-5. Amount of Public Health Service formula grants for health services, p. 155
- 8-6. Number and amount of Public Health Service project grants, p. 155
- 11-1. Frequency of activities in 50 state health departments, p. 223
- 11-2. Federal agencies engaged in health work, pp. 226-231
- 15-1. Maternity and infant care encumbrance control record, p. 304
- 15-2. Record of encumbrances and unobligated balance for maternity care, p. 305
- 17-1. Diseases usually considered reportable in the United States, p. 348
- 17-2. Diseases not ordinarily considered reportable in the United States, p. 349
- 17-3. Statutory prohibitions relative to vaccination, p. 351
- 17-4. Summary of gastrointestinal diseases, p. 360

- 17-5. Summary of acute respiratory diseases, p. 361
- 18-1. Maternal mortality, United States, p. 370
- 18-2. Births by race, location, and type of attendant, United States and Mississippi, 1943 and 1960, p. 370
- 18-3. Maternal mortality by age and race, 1952-1953 and 1962-1963, p. 371
- 18-4. Major causes of maternal mortality by race, 1952-1953 and 1962-1963, p. 372
- 18-5. Neonatal deaths by cause, 1959, p. 373
- 18-6. Ten leading causes of infant death, 1964, p. 374
- 18-7. Leading causes of death for children 1 to 4 years of age, 1900 and 1965, p. 375
- 18-8. Acute conditions, restricted activity days, and bed disability days by age, July 1960—June 1961, p. 375
- 19-1. Leading causes of death for children 5 to 14 years of age, 1900 and 1965, p. 383
- 19-2. Acute conditions per year by age groups, p. 383
- 20-1. Twelve leading causes of death, 1900 and 1965, p. 393
- 20-2. Limitation of activity due to chronic conditions, July 1957—June 1958, p. 394
- 20-3. Number of chronic conditions, July 1957—June 1958, p. 384
- 20-4. Prevalence of chronic diseases and impairments, disabling and nondisabling, of persons 65 years and older, p. 395
- 20-5. Work-loss days from selected chronic conditions, July 1959—June 1960, p. 404
- 22-1. Hospitalization for mental illness by age, sex, and chance of recovery, p. 426
- 25-1. Distribution of families and unrelated individuals by total money income, 1965, p. 464
- 25-2. Personal consumption expenditures, 1965, p. 470
- 25-3. Changes in the percentage distribution of medical costs, 1929-1965, p. 470
- 25-4. Consumer price indexes, all items and components of medical care, 1935-1965, p. 470
- 25-5. Dates of enactment of compulsory health insurance, p. 473
- 26-1. Medical reasons for Selective Service rejection, 1953-1958, p. 488
- 27-1. Changes in food-borne and water-borne disease outbreaks, 1938-1960, p. 506
- 29-1. Annual distribution of accidental injuries and deaths by location, p. 538
- 29-2. Accidental poisonings of children under 15 years of age, New York City, 1956, p. 542
- 33-1. Nurses employed for public health work by agencies, 1964, p. 588