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An American Report on Newfoundland's Health Services in 1940

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THE INFUSION OF 10,000 United States servicemen into Newfoundland during World War II was a momentous event in the island's history. G.S. Watts likened the period to "frontier days on the American continent."[1] The first 1,000 troops reached St. John's on January 29, 1941, aboard the army transport ship *Edmund B. Alexander*. The ship served as a floating barracks for the men of Newfoundland Base Command until May 20, 1941, when Camp Alexander, a temporary tent camp, was established on Carpasian Road. Work had commenced on a permanent base, Fort Pepperrell, on December 30, 1940; by November, 1941, the move from Camp Alexander to Fort Pepperrell had begun.

As the starting date for construction of Fort Pepperrell would suggest, a great deal of advance planning preceded the movement of troops to Newfoundland. A Board of Experts (appointed by the Secretary of the Navy) arrived at St. John's on September 16, 1940, to look at prospective base sites.[2] This was but one element of American planning for Newfoundland. There was also a great deal of concern about disease and health care on the island, and their implications for the maintenance of effective armed forces. Accordingly, the U.S. section of the Permanent Joint Board on Defence sent a mission to Newfoundland in the fall of 1940, consisting of Assistant Surgeon General R.A. Vanderlehr and Surgeon Roger E. Heering. The document which follows is an edited version of their report, submitted on December 3, 1940.[3]

The report is important for a number of reasons. It provides a "snapshot" of the state of medical care in St. John's and Argentia at the time. It provides, as well, a detailed examination of the structure of the Department of Public Health and Welfare, including such details as the experience

and educational background of senior bureaucrats. Equally important is the authors' consideration of the status and treatment of communicable diseases in Newfoundland, especially venereal disease and tuberculosis.

Military interest in venereal disease comes as no surprise. It was and still is the military disease *par excellence*. Consideration of it naturally enough led the authors to inquire into prostitution in St. John's. Their conclusion that there was no organized commercial prostitution in the city would soon draw the ridicule of medical staff accompanying the *Edmund B. Alexander*.

The venereal disease rate (gonorrhea only) at Fort Pepperrell was approximately twenty-five per 1,000 for the years 1941-3. It dropped below ten per 1,000 in 1944 after civilian and military authorities launched an all-out campaign against the problem.[5] Even the relatively high levels of 1941-3 were well below the army's average of forty-nine per 1,000 for the period 1942-5.[6] It also appears that Newfoundland prostitutes had more to fear from American soldiers than vice versa: the major source of venereal disease during the war years was soldiers arriving from continental North America.[7]

Concern over tuberculosis was equally understandable. It was, after all, the number one public health problem in Newfoundland, causing 191 deaths per 100,000 population in 1939. As the report's authors noted, this rate was higher "than in any other portion of the British Empire inhabited by white people." Admissions for tuberculosis at Fort Pepperrell were consistently higher than for the army as a whole (1.11 per 1,000 for 1941-5).[8] The worst year was 1943 when there were twenty admissions, a rate of 17.94 per 1,000. Still, there were only four admissions in each of 1942 and 1944, and army medical staff do not appear to have been overly concerned. They devoted far more attention to (and spilt a good deal more ink over) venereal disease. However, given the above-average admission rates for Fort Pepperrell, there would possibly have been a major tuberculosis epidemic if the army had not rejected all cases of active or arrested tuberculosis at the time of induction or enlistment.

Report of a Survey on Civil Health Services
as they Relate to the Health of Armed Forces in Newfoundland
By
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United States Public Health Service
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This report embraces a description of the health and welfare organizations of Newfoundland and a consideration of the health problems and health services of strategic importance to the maintenance of an effective armed force, especially at St. John's and Argentia. Since it is understood that the families of such of the men

in the armed forces as are to be stationed here may reside with them, this additional problem has also been given consideration in the proposed public health program. Especially in peace time it is probable that the number of wives and children of U.S. Army and Navy personnel serving in Newfoundland may be relatively large.

Newfoundland Department of Public Health and Welfare

After the reorganization of the Newfoundland Government in 1934, this department was made an independent and autonomous unit. The Commissioner, the Honorable Sir John C. Puddester, is a native Newfoundlander. Sir John is a layman and was a member of the political party that controlled the last administration prior to the reorganization of government. He has had no previous experience or training in matters dealing with either public health or welfare.

The Department is concerned with the administration of health, hospital, medical, and nursing services; relief to the sick and able-bodied poor; allowances to widows, orphans and the infirm; old age pensions; war pensions, and vital statistics.

The headquarters staff includes 59 persons in all grades, engaged full-time, which include on the professional side, the following:

Secretary to the Dept. of Public Health and Welfare
2 Medical Health Officers
General Health Inspector (professional)
Assistant Health Inspector (layman)

The nominal head of the Department and first assistant to Sir John Puddester is Dr. H.M. Mosdell, whose title is Secretary to the Department of Public Health and Welfare. This officer serves full-time. The statutory requirement for appointment to this position is that the appointee must be a legally qualified and registered medical practitioner of at least 10 years' standing. Dr. Mosdell holds the degree of Bachelor of Medicine from the University of Toronto, class of 1911. He has since held a travelling fellowship of the Rockefeller Foundation, visiting health centers in the United States, Canada, England and Scotland.

The Assistant Secretary to the Department is Lewis G. Crummey, a full-time lay official who functions as financial officer.

The status and duties of the other professional officers of the Health Department are as follows:

Medical Health Officer (1). — Present holder of this position is John St. Pierre Knight, M.B. Edinburgh, who was a member of the Royal Army Medical Corps throughout the World War of 1914-1918. Dr. Knight devotes part-time as Superintendent of the Hospital for Communicable Diseases and of the Newfoundland Infirmary. As head of the St. John's Port Health Authority, he enforces maritime quarantine with the assistance of three part-time aides who are doctors in general practice in the city. Dr. Knight is the only epidemiologist on the staff of the Department, and has special charge of the program for immunization against the communicable diseases.

Medical Officer (2). — The official holding this position, Dr. L.A. Miller, is a graduate of Delhousie [sic] University and took a postgraduate course in public health at Johns Hopkins University School of Hygiene and Public Health three years ago. He directs and supervises school health work and the activities of the Public Health, District and Child-Welfare Nursing Staffs.

Superintendent of District Nurses. — The Superintendent of the District Nurses is an Englishwoman, Miss Lillian Whiteside, and is a trained and experienced district nurse holding a Central Midwives' Board certificate. In addition to directing the work of the service, she conducts a 6 months' course of training for nurses on the District at St. John's. The district nurses, 38 in number, are established at points around the country where there are no physicians and render professional services otherwise unavailable.

Superintendent of Public Health Nurses. — The nurse holding this position is Miss Syrethra Squires, who was brought to St. John's three years ago from the service of the Victorian Order of Nurses, Canada, and has since taken post-graduate public health nursing work in the United States. She directs the activities of 25 public health nurses who were either specially trained prior to entering the service or were given 6 months' training locally before taking up active duty. Most of these nurses are associated with the activities of the Avalon Health Unit, with headquarters at Harbor Grace. The duties of the public health nurses are those required by the Commissioner for Public Health and Welfare or by any duly authorized person acting in his stead.

General Health Inspector. — The present holder of this position is Dr. Alex. Bishop, a graduate veterinary surgery of Guelph, Ontario, whose duties include inspection under the Food and Drugs Act; supervision and direction of fumigations, both land and maritime; and necessary inspection of public eating places, etc. This official's assistant is a layman.

Specialists. — Dental and eye, ear, nose and throat specialists are engaged on a part-time basis to attend at two clinics each week in the departmental building.

Masseur. — A British trained layman who performs necessary services at hospital institutions and clinics of the Department on a contractual basis.

Ambulance Drivers and Attendants. — These persons attend the ambulances of the General and Fever Hospitals, operated by the Department. These are the only two ambulances in St. John's.

Fifty general practitioners in the city and country districts are under part-time contract with the Department as Medical Health Officers. In addition to their remuneration as part-time physicians they are paid fees for anti-tuberculosis activities, immunizations, venereal disease treatments, etc. A total of $70,260 was paid as contractual stipends last year. The duties of these fifty physicians are as follows:

(a) Medical attention to persons on the Permanent Poor List. This includes obstetrical care and minor operations or extraction of teeth;
(b) Maritime and shore quarantine;
(c) Medical attention to sick poor other than those referred to above. Cases of this class who are unable to pay set fees in whole or in part;
(d) General Public Health. — Inspection of and attention to school health, sanitation, water supplies and cognate matters as occasion may arise or as the Department may from time to time instruct.
(e) Medical attention to war pensioners.

Avalon health unit: Headquarters, Harbor Grace. — This is the colony's only local health unit and is directed by two full-time medical officers. It is concerned chiefly with antituberculosis activities on the upper Avalon Peninsula. Total cost of

this service last year was $45,000, covering medical and nursing staff, rent, operation of motor vehicles and X-ray and other supplies. The Senior Medical Officer, Dr. James McGrath, is a graduate of Dublin University, Ireland, who has taken postgraduate antituberculosis work. Dr. McGrath is assisted by Dr. E.S. Peters, a graduate of Delhousie [sic], who has had a year's postgraduate work at the Kentville Sanitorium, Nova Scotia.

Physicians and dentists. — Physicians are examined and licensed for practice in Newfoundland by the Newfoundland Medical Board, an independent statutory body. The current list includes 112 doctors, 44 of whom are in St. John's and 2 in the Argentia-Placentia area.

The Newfoundland Dental Board controls the licensing of dentists and is under the supervisory authority of the Department of Public Health and Welfare. Sixteen dentists are licensed to practice in the country, ten of whom are in St. John's.

Other health agencies. — The only voluntary organization in Newfoundland is the Child Welfare Association in St. John's and even this receives its main support from public funds.

Recapitulation. — Number of Employees at Departmental Headquarters, St. John's.

Type	*Full-time*	*Part-time*	*Totals*
Doctors	4	5	9
Nurses	19	—	19
Clerical	36	—	36
Totals	59	5	64

Budget of the Department of Public Health and Welfare. — Appropriations for the Department for the year 1940-41 total $3,071,000. Funds are derived almost entirely from the general tariff revenue of the country. Estimated Expenditures:

General public health work			$ 125,000
V.D. Control (no special funds allotted)			
Medical care	$155,000	)	
District nursing	40,000	)	195,000
Institutions			724,000
Other activities			
Instruction in schools			40,000
War pensions			593,000
Old age pensions			140,000
Allowances to widows, orphans, etc.			220,000
Grants to orphanages, etc.			42,000
Relief of able-bodied poor			850,000
			$2,929,000

PRESENT VENEREAL DISEASE CONTROL SERVICES IN NEWFOUNDLAND

In the absence of morbidity reports or special survey data, it is impossible to estimate at present the extent of the venereal disease problem or to make final plans

for venereal disease control throughout Newfoundland. Routine serologic tests performed in the antenatal clinic on women in the lower and middle classes show that approximately 8 percent are infected with syphilis. On the other hand routine serologic tests over the past few years on admissions to the mental hospital with an average patient population of 600 have been positive in only 2.6 percent of male and .7 percent of female patients. It is the opinion of the Secretary to the Department of Public Health and Welfare that the venereal diseases have only in recent years become a major problem in Newfoundland.

During the past two years a venereal disease clinic has been conducted in St. John's, and this clinic will be described in detail when health services in St. John's are presented. Treatments may also be given by the family doctor to any patient at the latter's option. The Department of Public Health and Welfare provides the family physician with all the necessary supplies and pays him at the rate of $3. for each injection of arsphenamine or heavy metal. No special appropriation has ever been made for the payment of physicians for this service, the cost being met from the general appropriation for medical care made to the department. The Secretary to the Department stated that there had never been any limitation on the payments made to private physicians for the administration of antisyphilitic treatments. It is the impression of the Secretary, however, that present finances will not permit the organization of a complete venereal disease control service along modern public health lines even in the Avalon Peninsula.

The Public Health Laboratory at St. John's provides services to the physicians of the country for the diagnosis of syphilis. These services will be described later in the report, but the location of the laboratory in St. John's makes the use of this service difficult or impossible for doctors in the more remote parts of the island.

Case-finding work in syphilis control is not done, and case-holding is very limited. Very little in the way of public education has been developed in the control of syphilis and gonorrhea. There are no provisions for the public health control of gonorrhea, and treatment methods do not seem to include the use of the sulfonamide compounds.

The laws of Newfoundland and regulations made thereunder should make possible an aggressive and efficient campaign against the venereal diseases. The development of a practical program has, however, been curtailed by lack of funds, shortage of trained personnel, and the absence of necessary institutional facilities. The fulfillment of these needs plus the development of an aggressive public educational program should lessen the venereal disease problem materially in a relatively short period.

Present Tuberculosis Control Services in Newfoundland

Reliable morbidity data are not available for either tuberculosis or any of the other preventable diseases. The mortality rate for tuberculosis is approximately 200 per 100,000 population and is very much higher in Newfoundland than in any other portion of the British Empire inhabited by white people. The mortality rate compares with a rate of less than 70 for tuberculosis in England, Scotland and Wales, and a rate of approximately 40 in the white population of the United States.

At the relatively low rate of 2 open cases of tuberculosis for each annual death, a total of 1,200 beds would be required for the isolation and care of such patients.

Yet, only 250 beds are available in the entire colony and these are located at St. John's in a special tuberculosis hospital which will be given consideration later.

Two years ago, a survey of the prevalence of tuberculosis was made in the northern part of the Avalon Peninsula, where about 50,000 people dwelt. As a result of the tuberculin tests and x-ray examinations made, 3,000 persons were found to be tuberculous, 800 of whom were in an active stage. If these figures are applied to the island as a whole, it can be seen that there are approximately 5,000 cases of active tuberculosis that should be isolated to prevent further dissemination of the disease.

In 1939, 13,234 visits were made in the Avalon Peninsula to 580 tuberculosis cases and a total of 816 x-rays taken. Bedside care of advanced cases accounted for 526 visits. The visiting public health nurses also devote a great deal of time to the demonstration of bedside care to a responsible member of the patient's family so as to insure the patient's comfort during the nurse's absence. The Department is aware of the fact that all cases cannot be hospitalized except perhaps for training of patients in the care of themselves; but that far advanced cases should be hospitalized for the protection of others.

Housing conditions are extremely poor in many parts of the island, and one of the greatest problems is insuring adequate isolation of the tuberculous patient at home, since beds in sanatoria are not available. The Department of Public Health and Welfare has in many cases supplied separate beds and occasionally remodelled houses in order to provide a separate bedroom for the active tuberculous patient. It is the opinion of the Secretary to the Department that these measures are relatively ineffective and that hope of improvement lies in the development of small district sanatoria.

Equally important is the provision of adequate field services for tuberculosis control. It is believed that this field service organization will have to take the form of travelling clinics by road or water. The facilities at the present time do not permit the development of a comprehensive case-finding program based upon roentgenologic studies and tuberculin testing, except in one or two of the larger population centers. In no place does case-finding work of familial contacts seem to be conducted with the precision which is possible in a well-organized health department.

The Public Health Nursing Service participates in the tuberculosis control program. The work of the nurses, however, seems to be limited to bedside care and dissemination of information on the care and spread of tuberculosis.

Probably an important factor in the occurrence of tuberculosis in children is that dairy herds are not regularly examined for bovine tuberculosis. It was stated that this is not done because funds are not now available to carry out a proper certification program, nor are funds available for the reimbursement of dairymen for the destruction of diseased animals. Destruction of such animals is not compulsory, and very likely milk is utilized by the public after the herd is found to be tuberculous.

Present Acute Communicable Disease Program in Newfoundland

In addition to the venereal diseases and tuberculosis, the following communicable diseases are considered of actual or potential importance in the maintenance of the health of armed forces in Newfoundland: diptheria, dysentery, meningitis, scarlet fever, typhoid fever.

Morbidity rates for these diseases in the civilian population of the island are not available from the Department of Public Health and Welfare. Table 1 shows the mortality rates per 100,000 population due to these communicable diseases in Newfoundland.

TABLE 1
Mortality rates per 100,000 population due to specified communicable diseases in Newfoundland

Disease	Calendar year 1936	Calendar year 1937	Calendar year 1938
Diphtheria	6.3	4.3	1.7
Dysentery, type not specified	8.7	2.7	none reported
Meningitis, type not specified	22.3	20.3	16.3
Scarlet fever	0.3	1.0	2.0
Tuberculosis - all forms	182.0	199.7	192.0
Typhoid fever	3.3	5.3	3.7

Complete mortality figures are not as yet available for the calendar year 1939. Furthermore, information is not available as to the relative accuracy of mortality reports, since many people in the country are so far removed from competent medical care.

The Secretary to the Department reports that one of the principal foci of diphtheria is the mining community of Bell Island. A detachment from the special local health unit providing services in the northern part of the Avalon Peninsula has recently been assigned to this island, and 3,451 persons have been immunized. There has also been a general but less intensive program of immunization against diphtheria throughout Newfoundland. Approximately 50 percent of 60,000 school children are reported to have received diphtheria toxoid.

As has already been stated, Colonel W.A. Hardenbergh will present a detailed report on environmental sanitation in civilian areas adjacent to areas where armed forces of the U.S. will be concentrated in the colony. The Secretary to the Department of Public Health and Welfare, however, reports that safe methods of sewage disposal are taught and where surface wells are found contaminated, abandonment of old wells and the building of new ones in better located places is recommended. The materials required are furnished by the Department, and the labor is furnished voluntarily by the people for whom the new facilities are developed. It is thought that most of the enteric diseases are water-borne. There is no program of immunization against typhoid and scarlet fever in Newfoundland.

No generalized vaccination program against smallpox has been carried out since 1918. Between 1812 and 1918 there were 11 smallpox epidemics on the island, and sporadic cases frequently occurred between epidemics. In 1861 vaccination was made available by the government. Two years ago, during the spring, a steamship appeared off the St. John's harbor with smallpox aboard, but the channel was ice-bound and

the ship went on to Halifax. About 4,000 children in St. John's were vaccinated at that time, and the vaccinia produced was exceedingly severe according to the epidemiologist.

Considering the relatively large forces contemplated being sent into Newfoundland from Canada and the United States to man military stations, it is recommended that the Department of Public Health and Welfare consider seriously the more extensive use of vaccination for the control of smallpox in the civilian population.

There are many bogs and marshlands scattered over the island. A few are located near St. John's and Argentia on the proposed military reservations of the United States. These areas will be drained. The Secretary to the Department reported that the anopheline mosquito is found on the island. There has, however, never been a case of malaria fever reported in the history of Newfoundland. Screening is done to a very limited extent and cannot be said to be general.

Laboratory of the Department of Public Health and Welfare

By January 1, 1941, a new building for all of the laboratory activities of the Newfoundland government will be available. Included in this building is ample space for the Public Health Laboratory. The Department of Public Health provides laboratory service for the hospitals, clinics, and physicians throughout the colony. The effectiveness of this service is reduced to a considerable extent because of the remoteness of many of the physicians and institutions from its location in St. John's. The service includes the usual serologic and bacteriologic examinations, examination of tissue sections, animal inoculations, and water and milk analyses.

The last semi-annual report of the laboratory indicates the scope of its activities in general. During the period January 1 to June 30, 1940, the following work was done:

Number of specimens received	11,880
Number of examinations	22,458
Surgical specimens for pathology	344
Autopsies performed	25
Number of diagnostic outfits distributed	12,266
Number of biologic products distributed	12,266

This laboratory is the only one on the island that renders a service in clinical pathology.

Medical Care — Newfoundland

The provision for medical care of the people of Newfoundland at public expense is more effectively developed administratively than in any part of the United States. As has been mentioned before, the services of the Department of Public Health and Welfare include many functions which are not delegated to health departments in the United States. Since the inauguration of the Commission form of government 6 years ago, considerable expansion and improvement of general hospital facilities have occurred. At present approximately 400 beds are available in Government hospitals, of which 165 are in the General Hospital at St. John's and 240 in twelve 20-bed cottage hospitals scattered over the island. At nongovernment hospitals 420

additional beds are available of which 200 beds are located in St. John's and 220 at five widely scattered points throughout the island.

Other Public Health Problems in Newfoundland

This report deals primarily with the control in the civilian population of those diseases which appear to be of importance to the maintenance of an effective armed force in the colony. Diseases indirectly or not at all related are not considered. Mention has not been made of pneumonia although the incidence of this disease seems to be approximately the same as in other comparable areas. The existence of the new therapeutic agents should make pneumonia control relatively easy among the armed forces in Newfoundland where adequate hospital facilities are to be provided on the military reservations.

One who studies health conditions in this area is immediately impressed with the relatively poor state of nutrition of some of the poorer people. Green vegetables and fresh fruit are expensive and difficult to obtain. There may be a number of dietary deficiencies. This reference is made to nutrition because it is considered to be one of the factors that may have an important bearing on the very high tuberculosis rate.

Services for Public Health and Medical Care in St. John's

In considering future plans for the development of the public health and medical care program at St. John's, the effect of the concentration of forces of the U.S. Army and Navy in this city and immediate vicinity should be considered. According to Army and Navy officers ordered to Newfoundland at the request of the Joint Canadian-American Defense Commission, about 4,250 enlisted men, officers, and nurses of the Army will be stationed at St. John's, and 200 men and officers of the U.S. Navy. The population of St. John's at present is approximately 40,000, so that the personnel sent to this city by the U.S. Army and U.S. Navy will constitute an increase of a little more than 10 percent. This increase in the population of the community is certain to bring increased needs in public health as well as changes in social and economic conditions.

It is therefore important that plans be made for the expansion of public health services considerably larger than those which now exist. In working out these plans the Joint Defense Commission should also consider the possibility that the United States may become involved in a war for the defense of the Western hemisphere. In such an event, it is entirely probable that the concentration of armed forces at St. John's may be trebled.

Venereal Disease Control Program — St. John's

The attitude of the people toward and public interest in the control of the venereal diseases is no farther advanced in St. John's than it was in a city of comparable size in the United States 10 years ago. The patient infected with syphilis or gonorrhea seems to be regarded more as one who has a moral stigma than one who is infected with a communicable disease. While some improvement might be made in all of the general health services in the city, measures providing for the control of the venereal diseases are the poorest and indicate that this field has been most seriously neglected, while other health services have been more effectively developed. It is possible that

this policy has been followed by the Department of Public Health and Welfare because public opinion does not support a modern venereal disease control program and so funds available for public health work are used in other fields in which the people are more interested.

It is admitted by the Secretary to the Department that syphilis and gonorrhea are among the most prevalent of the more serious communicable diseases, yet no qualified public health officer directs the program for the control of these diseases. The only physician employed in the control of the venereal diseases in St. John's is a part-time physician who holds four afternoon sessions at the Sudbury clinic.

Sudbury clinic. — From the standpoint of physical facilities, this clinic is the worst which one of us (R.A.V.) has seen in a period of twenty years in the United States, the British Isles and on the continent of Europe. It is located in the basement of a house which was once a large private residence in the west end of town. The house in general is in a very poor state of repair. Two of the three floors above the basement are occupied by medical examiners of recruits for the Royal Army, Navy and Air Force and the top floor now houses the laboratory of the Department of Public Health and Welfare.

The entrance to the venereal disease clinic is by a tortuous pathway to a side door near the rear of the basement. On one side of the pathway an old retaining wall against an embankment of earth several feet in height has collapsed in several places and stones and earth are scattered in heaps along the side of the pathway.

The Sudbury clinic itself is composed of two rooms, one of which is utilized as a waiting room, and the other as a common treatment room for patients with both syphilis and gonorrhea. Separate sessions are held on different days for male and female patients. The common examination, treatment and record room does not insure reasonable privacy for the patient and there are few conveniences for the attending physician and nurse. Both the waiting room and the joint examination and treatment room are dark and poorly ventilated.

Patients presenting themselves with suspicious lesions of the genitalia are referred at present to the public health laboratory on the third floor of this building, no dark-field microscope being available in the clinic itself. Within the next sixty days the public health laboratory will be removed to a fine new building in the eastern end of town and unless a dark-field microscope is provided for the clinic and unless the attending physician familiarizes himself with the technic of dark-field examinations, it will be necessary for patients to travel across town for this service. Smears only are utilized for the diagnosis of gonorrhea and these are sent to the public health laboratory. The culture method for the detection of the gonococcus is not in use. Facilities should be made available in the venereal disease clinic for the performance of dark-field examinations, examination smears for the gonococcus, and for the collection of suitable material for the inoculation of cultures for the gonococcus.

Blood specimens from patients suspected of being syphilitic are examined in the public health laboratory by the Hinton and Kahn flocculation tests. If there is disagreement between these two serologic tests, the Kolmer complement fixation test is then employed. While investigations as to the efficiency of performance of the serologic tests for syphilis are not formally organized in this laboratory, the work seems reasonably satisfactory.

A cursory examination of some of the clinical records shows that none of the findings are recorded when an admission history is taken and the physical examination made. A diagnosis was recorded on practically every record. All treatments were recorded but progress notes during the treatment-observation period were meager indeed. The scheme of treatment for syphilis did not seem to follow any of the accepted methods of the Medical Organization of the League of Nations. The treatment of gonorrhea appeared to be largely with vaccines and the sulfonamide compounds apparently were not utilized. Special clinical procedures, such as examinations of the spinal fluid and of the cardiovascular stripe by x-ray, were not recorded on the limited number of records studied.

Venereal Disease Case-Finding and Case-Holding. — Although 25 public health nurses are employed on the Avalon Peninsula, case-finding and case-holding work is not done for syphilis and gonorrhea. Instead, the nurses assigned to the venereal disease clinic devote their time to clinical nurses in the venereal disease clinic and allow public health nurses to perform duties directly connected with case-finding and case-holding.

It is recommended that the number of public health nurses employed on the Avalon Peninsula be increased and that several of these nurses be assigned in rotation to the Institute for the Control of Syphilis at the University of Pennsylvania in Philadelphia for postgraduate training. If a policy of this kind is followed, all of the public health nurses employed where the armed forces of the United States are concentrated will, in 2 to 3 years, have completed a course of adequate training in this important phase of venereal disease control work.

Conditions at the Sudbury clinic are so poor as to make effective case-holding very difficult. Indeed, the supervising nurse at the clinic stated that during the summer months of long daylight when patients could be seen entering the clinic, the weekly attendance was only 50 to 60, but during the winter when sessions were held after dark, the clinic attendance almost doubled.

Prostitution in St. John's

There is no evidence that organized commercial prostitution exists in this city. There are, however, a considerable number of young girls and women, who solicit on the streets and who take their customers clandestinely to cheap rooming houses and hotels. In mild weather it is stated that prostitutes frequently do business at the numerous secluded spots, such as parks, about the city. The price asked is very low being as cheap as twenty cents from some women, and it is even said that when the "chippy" knows her man credit is given.

Two evenings were spent in those parts of the city frequented by prostitutes. No taxi driver or cheap beer house waiter would act as procurer, although several women were present in one beer house. The waiter in this place stated that those who wanted women would have to find them on the streets. Everyone questioned stated that there was no segregated district in the city, although some physicians and laymen favored a system of licensing.

The women engaged in prostitution for the most part seemed to be young, ignorant and irresponsible. Most of them are said to live in the cheap rooming houses toward the western end of town. There is some evidence that they are scattered throughout the city, however, since one of us was solicited near the docks in the eastern

end of the city and it was later learned that this girl lived in a house with alleged foster-parents just across the street from the Governor's palace.

Since there is no organization to fight, it would seem that prostitution, if it cannot be discontinued entirely, could be very greatly diminished. St. John's is especially fortunate in that organized prostitution does not exist and every effort should be made to prevent the development of a segregated district, either licensed or tolerated. Such districts make it possible for a potentially or actually infected woman to expose during a single night many times the number of men that the street-walker can. A segregated district, no matter how well-controlled, would certainly aggravate the present venereal disease problem.

Present Tuberculosis Control Services in St. John's

Morbidity data are, as in the case of Newfoundland in general, not available with reference to tuberculosis. Mortality rates for this disease in St. John's are approximately the same as for the colony as a whole.

The only tuberculosis sanitorium in the colony is located near the city. It is of wooden construction, modern and well-equipped, accommodating 250 patients, 175 of them being residents of the Avalon Peninsula. It is probable that this sanitorium is ample to provide for the isolation of patients from St. John's and the immediately adjacent territory. In order to provide care for tuberculosis patients in the remaining and more remote parts of the Avalon Peninsula, the Secretary to the Department states that 100 additional beds would be required.

Furthermore, to provide an adequate field service for the early detection of tuberculosis, it is estimated that two additional travelling clinics are needed to serve the southern and eastern portions of the peninsula. These clinics should be provided with the facilities necessary for x-ray examinations as well as tuberculin testing. This service should be developed especially in the homes of tuberculosis patients and for adolescent persons in the schools.

TABLE 2

Mortality rates per 100,000 population due to specified communicable diseases in St. John's Districts East and West

Disease	Calendar year 1936	Calendar year 1937	Calendar year 1938
Diphtheria	17.0	11.0	1.9
Dysentery, type not specified	not reported	5.5	not reported
Meningitis, type not specified	28.0	3.9	7.5
Scarlet fever	not reported	1.9	not reported
Tuberculosis — all forms	200.0	225.0	195.0
Typhoid	7.5	11.5	5.7

Present Acute Communicable Disease Program in St. John's

Table 2 indicates the annual mortality rate due to the common communicable diseases which would likely be of importance to the health of the armed forces concentrated in and near St. John's. A comparison of this table with Table 1 shows that the problem of acute communicable disease control is similar in St. John's to that in the remaining portions of the colony. The increased mortality rates in the city may indicate better reporting by the practicing physicians in this area. The Secretary to the Department expressed the opinion also that the high communicable disease rate in St. John's was to a large extent due to the concentration of patients here because of availability of hospital facilities and of better professional services.

There is real need for the further development of the program for immunization against diphtheria, typhoid, smallpox, and scarlet fever in St. John's. Consideration might well be given to the requirement that all children entering school be inoculated against these diseases. It is also believed that nonimmune adults in this city should be vaccinated against smallpox and immunized against typhoid fever. Public health nurses are reported to visit all cases of communicable disease occurring in St. John's to determine whether contacts have become infected. In 1939, 717 visits were made in the city to mothers of 6 months' old infants to discuss the value of toxoid inoculations against diphtheria.

Medical Care in St. John's

In general the medical services in St. John's seem to be good, although the physical facilities are old and make the rendering of effective service difficult. In or within 2 or 3 miles of St. John's are located the following hospitals which serve the entire country:

1. A tuberculosis sanitorium of 250 beds. This sanitorium has recently been enlarged, improved and refitted at a cost of $250,000. Accommodations for patients and facilities for diagnosis and treatment appear to be excellent.
2. A hospital for mental diseases now providing care for 600 patients. This hospital is located on the same grounds as the tuberculosis sanitorium and is an antiquated, poorly lighted and ventilated brick structure which the Department hopes to improve in the not too distant future at a cost of about $120,000. The hospital and patients are under the immediate supervision of a physician who leaves the impression that his capabilities are of the best and who seems to be entirely modern in his methods. It is significant that at present no active cases of general paralysis of the insane are hospitalized here.
3. The Newfoundland Infirmary, which is located in the Home for the Aged and Infirm, has 30 inmates suffering from a variety of conditions, mostly incurable.
4. A general hospital of 165 beds.
5. A communicable disease or fever hospital of 45 beds which could be increased to 60 beds by remodelling an old wing at present unused. Patients with all communicable diseases are admitted except tuberculosis, smallpox, and the venereal diseases.

All of these hospitals are filled to capacity and there is urgent need for additional beds.

Two general hospitals are also maintained in St. John's under nongovernment auspices. These are the Salvation Army Grace Hospital and St. Clare's Mercy Hospital of the Roman Catholic Episcopal Corporation. Each of these two hospitals has accommodations for 100 patients.

A health clinic, the only organization of its kind in St. John's is located in the administrative building of the Department of Public Health and Welfare and provides for out-patient medical and surgical care, including prenatal and public health services, such as immunization against the communicable diseases. It is served by members of the district nursing staff and by three local practitioners on a part-time basis, as well as by the two specialists mentioned in the description of the personnel and organization of the Department of Public Health and Welfare. In addition to serving the clinic the three local practitioners pay professional calls on the sick-poor in the St. John's city districts. The health clinic, as well as the Sudbury venereal disease clinic are to be removed about two years hence to a new wing in the General Hospital. The General Hospital is desirably located at the east end of town, but will not be as convenient for out-patient service as is the health clinic in the building which now houses the Department of Public Health and Welfare, because the poorer section of the city appears to be in the west end. However, the fact that the new venereal disease clinic will be a part of the proposed polyclinic at the General Hospital should materially facilitate case-holding.

The communicable disease hospital seems to be operated with reasonable efficiency. It does not, however, admit patients with syphilis, gonorrhea, or smallpox that require hospitalization, and there is no place at present in St. John's for the isolation of recalcitrant patients with syphilis or gonorrhea. Present plans contemplate extensive remodelling in one wing of the communicable disease hospital and devotion of this space to the treatment of ordinary medical and surgical cases — developing the wing as a part of the general hospital. Instead of this plan, it is recommended that this space in the communicable disease hospital be used to hospitalize patients with the venereal diseases who require in-patient care because of clinical complications or severe untoward reactions, or, who because of recalcitrance should be forcibly detained in the interests of public health.

The Secretary to the Department is of the Opinion that these recalcitrant patients should be treated in a lock-hospital of some type. There has, however, been a general tendency in most countries to provide for the control and treatment of the venereal diseases on the same basis as all other communicable diseases. The isolation of venereal disease patients in hospitals especially designated for the purpose stigmatizes the patient so that his infection is not recognized as belonging in the communicable disease category. Isolation of civilians infected with the venereal diseases in St. John's can easily be accomplished in the communicable disease hospital and should be provided. It is possible that infected alien seamen for reasons other than the control of venereal diseases should be incarcerated in a penal institution of one kind or another. The organization of a small lock-hospital for alien seamen might be worthy of consideration in St. John's, if a suitable place cannot be provided for treatment in jail or detention camp.

There are in the city of St. John's 44 physicians and 10 dentists licensed for practice. Information with reference to the qualifications of these men is not available.

There are no industrial physicians employed in the city. No large industries exist such as those in the United States. The information available shows that only 4,000 people are employed by the 60 larger industries in St. John's, or an average of about 65 employees per industrial organization. There is no plant housing development for employees and no separate industrial waste or sewage disposal systems are provided by the industries. No workman's compensation laws have as yet been enacted in the colony.

The only voluntary health or welfare organization in St. John's is the Child Welfare Association. This association is more concerned with welfare than with health activities. The governmental welfare functions have been described in the preceding pages.

Present Public Health Program at Argentia and Placentia, Including the Venereal Disease Control Program

Argentia is the site of proposed Army and Navy bases. It is reached by train and by highway, as has been described. From St. John's to Holyrood, a distance of only twenty-seven miles, the highway is hard surfaced. For the remaining 53 miles to Placentia there is a narrow gravelled road of fairly good foundation. At Placentia a narrow strait or gut about 200 feet in width must be crossed; the crossing is in an open dory and it is at present necessary to hire a taxi to proceed the remaining four miles by road to Argentia. All roads are closed to motor travel for 3 to 4 months in winter because of snow.

The population of Placentia is about 600 and of Argentia about 300. Within a radius of 5 miles of Placentia, which includes Argentia, approximately 3,000 people dwell.

A consideration of the topography of the country in the Argentia-Placentia area is important because of the probable future growth of the population. Placentia is built on a flat gravelly point, and there is little room for further expansion. Furthermore, the need for use of the open ferry to reach this town from the proposed Army-Navy reservations also makes it improbable that there will be much expansion.

There are many reasons to believe that Argentia may develop into a small "boom town." The houses in this village are scattered over a wide area and most of them are on the contemplated Army and Navy reservations; these houses will in all likelihood be moved. Present estimates indicate that approximately 2,200 men will be concentrated on the Army and Navy reservations at Argentia, and in case of war this number would likely be increased by at least three or four times. Thus it can be seen that the present program of defense calls for more than seven times as many men as there are now civilians at Argentia. In consequence a public health problem of some proportions may develop unless the proper steps are taken in advance to lay the foundation for an efficient health service.

There is only one physician practising in Placentia, an elderly man, who, according to apparently reliable reports, is neither qualified in clinical medicine nor in public health work. One physician is located at Argentia who has charge of the medical and surgical service in one of the twelve 20-bed cottage hospitals operated throughout the island by the Government. The latter, a young physician, seems well qualified in medicine and surgery, although incomplete equipment at the hospital and his remote location make it difficult for him to keep abreast of medical progress.

He is enthusiastic, however, has the zeal of a missionary, and spends his vacations in the Dominion of Canada as an observer in hospitals and clinics.

The cottage hospital of 20 beds at Argentia is very well operated and offers the only place at present which might serve as a base for future health work in this area. While the clinic work done in this hospital is good, the director (also the attending physician) does not have the background and experience to conduct in addition an effective general health program. Indeed, it is unlikely that he would have time. It would therefore be necessary to organize a health department from its foundation, if such service is to be rendered in Argentia and contiguous teritory.

Data with reference to the incidence and prevalence of the communicable diseases are very meager. Even Argentia mortality reports are from a large area, some of which are not on the Avalon Peninsula, so that it is not possible to obtain an exact record of morbidity and mortality for the village. Some of the records at the cottage hospital are helpful. Thus the director in the last two years has completed a roentgenologic survey of several hundred adults comprising what he considers to be a random sample from the surrounding territory in an attempt to ascertain the prevalence of active pulmonary tuberculosis. These findings are summarized in Table 3. It will be noted that in Argentia alone the number of adults with positive x-ray findings varied from 9 to 15 percent. In Argentia including adjacent territory the percentage of adults with positive or suspicious roentgenologic findings varied between 15 and 19. Thus it is evident that as in St. John's tuberculosis is a major public health problem.

TABLE 3
Prevalence of Tuberculosis among Inhabitants
of Southwestern Avalon Peninsula

1939	*Argentia*	*Total Area*
Active or suspicious cases	17	56
Negative x-ray findings	96	226
Total Cases	113	282
1940 (10 months)		
Active or suspicious cases	7	29
Negative x-ray findings	69	156
Total Cases	76	185

The attending physician at the Argentia cottage hospital reported that during the three years since he has taken over the direction of this institution only two patients with early syphilis have presented themselves for treatment. These were husband and wife, and the former reported that he was infected in St. John's. Patients with latent and late syphilis are rarely admitted to the cottage hospital either for out-patient or in-patient care. Routine serologic blood tests are not done because of the infrequency with which these specimens can be transmitted to the central laboratory for examination.

All of the information regarding the communicable diseases in Argentia was obtained from the physician of the cottage hospital. Since 1938, typhoid fever has

been endemic in the West Placentia District but all of the cases have occurred on Red Island. In the summer of 1940 there was an outbreak of diarrhea in Argentia, mostly among infants, and three infants and one old man died. There have been sporadic outbreaks of meningitis. Scarlet fever has occurred only rarely in recent years.

The primary purpose of the program of the Department of Public Health and Welfare is to provide medical care for the people of Newfoundland. There is consequently more emphasis on curative than on preventive medicine. Practicing physicians in general, and especially those in charge of the cottage hospitals are encouraged to inoculate the people against the communicable disease and to treat those infected with the venereal diseases. Thus extra fees are paid for immunization against smallpox, diphtheria and typhoid fever, and for the treatment of the venereal diseases. Physicians treating syphilis are paid at a rate of $3.00 for each injection of arsphenamine, bismuth, or mercury. There is no limitation on the total amount which any physician may collect under this fee system. Theoretically it would seem that this policy would result in the inoculation and treatment of a large percentage of the population. Actually, however, immunization is voluntary and the few inhabitants are dispersed over such a large area that very little is done in the way of immunization against the acute communicable diseases, and if syphilis is very prevalent, the people do not seem to have a sufficient regard for its seriousness to cause them to consult a physician.

Notes

[1]Watts 221. For a more recent assessment of the American impact, see Neary.

[2]"Historical Monograph: U.S. Army Bases Newfoundland" iii-1.

[3]National Archives and Records Administration (NARA), RG338, Box 19, File 700. RG 338 (Newfoundland Base Command), only recently reclassified, contains a wealth of information on all aspects of the American presence in Newfoundland during and immediately after the war. I have deleted the brief introductory section of the original document, along with the final section containing a list of recommendations. Also, I have made no spelling changes where American usage differs from standard English.

[4]NARA, RG165, Box 2638, File 2400.

[5]NARA, RG338, Box 56, File 314.8.

[6]*Medical Statistics in World War II* 38.

[7]NARA, RG338, Box 19, File 721.5.

[8]*Medical Statistics in World War II* 37.

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