

Bernard Becker Medical Library
Washington University School of Medicine

Robert E. Shank Papers

Folder title:

American Public Health Association (APHA) Food and Nutrition section, 1959-1961.

Recommended citation for this document:

American Public Health Association (APHA) Food and Nutrition section, 1959-1961, Box 2, Folder 3, Robert E. Shank Papers, Bernard Becker Medical Library Archives, Washington University School of Medicine.

Identifier:

FC034-S01-B002-F03

THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

MARION W. SHEAHAN, R.N.
President

JOHN D. PORTERFIELD, M.D.
Chairman of Executive Board

D. JOHN LAUER, M.D.
Treasurer

BERWYN F. MATTISON, M.D.
Executive Director

October 24, 1961

OFFICE OF SECTION SECRETARY

PLEASE REPLY TO:

RUTH E. BRENNAN, M. S.
COUNTY HEALTH DEPARTMENT

801 So. ~~834~~ BRENTWOOD BLVD.
CLAYTON 5, Mo.

TO: Council Members, Food and Nutrition Section

FROM: Ruth Brennan, Secretary

Attached is a proposed agenda for the Food and Nutrition Section Council Meeting in Detroit. I will send you copies of all of the Committee Reports as soon as I receive them from the Chairmen and have the opportunity to make duplicate copies. I hope that it will be possible for you to attend the Meeting in Detroit. If you are not planning to attend I will be glad to receive any suggestions that you may have about Committee work or proposals for any action which should be considered by the Section Council at this meeting.

RB: lk
Enclosure

89th Annual Meeting of the American Public Health Association
and meetings of Related Organizations, Detroit, Michigan — November 13-17, 1961

The American Journal of Public Health is the Official Publication of this Association

Proposed Agenda for Food and Nutrition Section Council Meeting

7:45 a.m. November 13, 1961

English Room, Sheraton-Cadillac Hotel

Detroit, Michigan

Committee Reports:

Committee on Food Additives
Committee on Economy and Efficiency in Infant Feeding
Committee on Membership and Fellowship
Newsletter Committee
Nominating Committee
Nutrition Information Committee
Program Committee
Resolutions Committee
Committee to Strengthen the Section
Committee (ad hoc)

Consideration of Fellowship Applications

Nominees for Sedgwick Memorial Medal

Appointment of New Committees

Other New Business

THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

MARION W. SHEAHAN, R.N.
President

JOHN D. PORTERFIELD, M.D.
Chairman of Executive Board

D. JOHN LAUER, M.D.
Treasurer

BERWYN F. MATTISON, M.D.
Executive Director

October 9, 1961

OFFICE OF SECTION SECRETARY

PLEASE REPLY TO:

RUTH E. BRENNAN, M. S.
COUNTY HEALTH DEPARTMENT
801 So. ~~95~~ BRENTWOOD BLVD.
CLAYTON 5, Mo.

TO: Food and Nutrition Section Council Members

FROM: Ruth Brennan, Secretary

Enclosed are lists of new members of the A.P.H.A. who are asking for affiliation in the Food and Nutrition Section. If you have any question about any of these applications for affiliation in the Food and Nutrition Section, would you please let me know by October 25, so I can send the information to Mrs. Fry by October 31?

I will be writing to you later about the Section Council Meetings during the Annual Meeting in Detroit during the week of November 13. One Council Meeting is scheduled for Monday morning, November 13. This is a breakfast meeting with approximately two hours for the Council Meeting before the opening session of the Annual Meeting. You have received a notice from the A.P.H.A. office about making a reservation for this breakfast meeting. I hope that it will be possible for you to attend. I will be sending you copies of Committee Reports early in November. The Chairmen of the Food and Nutrition Section Committees have been asked to send me their reports for the year. I will make copies and send them to you before the Annual Meeting.

RB:lk
Enclosure

89th Annual Meeting of the American Public Health Association
and meetings of Related Organizations, Detroit, Michigan — November 13-17, 1961

The American Journal of Public Health is the Official Publication of this Association

THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

MARION W. SHEAHAN, R.N.
President

JOHN D. PORTERFIELD, M.D.
Chairman of Executive Board

D. JOHN LAUER, M.D.
Treasurer

BERWYN F. MATTISON, M.D.
Executive Director

September 18, 1961

OFFICE OF SECTION SECRETARY

PLEASE REPLY TO:

RUTH E. BRENNAN, M. S.
COUNTY HEALTH DEPARTMENT

801 South ~~XX~~ BRENTWOOD BLVD.
CLAYTON 5, Mo.

MEMORANDUM

TO: Chairmen of Food and Nutrition Section Committees

FROM: Secretary, Food and Nutrition Section

SUBJECT: Committee Reports

As you know, a brief report of your Committee's activities is needed for the Section files and for discussion at the Section Council meeting on November 13 in Detroit. If our Councilors have an opportunity to review Committee reports prior to the Council Meeting, discussion is more profitable and the meeting moves along more quickly.

It would be very helpful if you would send me a brief report of your committee's work and accomplishments by October 20. The report may include plans or suggestions for the future of your committee, and as much detail as you wish. The reports will be duplicated and mailed to Councilors and all Committee Chairmen in advance of our meeting in Detroit.

Many thanks for your cooperation.

Ruth Brennan

CC: Dr. Mrak

89th Annual Meeting of the American Public Health Association
and meetings of Related Organizations, Detroit, Michigan — November 13-17, 1961

The American Journal of Public Health is the Official Publication of this Association

ST. LOUIS COUNTY HEALTH DEPARTMENT

801 SO. BRENTWOOD BOULEVARD

CLAYTON 5, MISSOURI

PARKVIEW 6-1100

C. HOWE ELLER, M. D., DR. P. H.
COMMISSIONER OF HEALTH

January 9, 1961

JOHN C. MURPHY, M. D.
ASSISTANT COMMISSIONER

Robert E. Shank, M. D.
Department of Preventive Medicine
Washington University School of Medicine
St. Louis, Missouri

Dear Dr. Shank:

The enclosed letter from Dr. Sebrell with the attached article about Dr. Williams answers a question we had earlier. I believe you had an idea of including something about the fact that Dr. Williams did much of the work with his own funds and in a laboratory at his home. However, I see that Dorothy Youland has sent the material to the Sedgwick Medal Committee so I assume that we have no further responsibility here. I appreciate your willingness to take on the task when we had not heard from Dr. Sebrell.

A copy of Dr. Darby's letter regarding his ideas about the development of a laboratory manual is also enclosed.

Sincerely yours,

Ruth Brennan

Ruth Brennan
Secretary
Food and Nutrition Section, APHA

RB:lk
Enclosures

VANDERBILT UNIVERSITY
SCHOOL OF MEDICINE
NASHVILLE 5, TENNESSEE

DIVISION OF NUTRITION
DEPARTMENTS OF MEDICINE AND BIOCHEMISTRY

13 October 1960

Dr. Franklin C. Bing
30 N. LaSalle Street
Chicago 2, Illinois

Dear Frank:

The reply to your good letter of 14 July relating to problems of the APHA Subcommittee was mentally written a number of times, but did not get committed to paper. Indeed, I purposefully delayed reply until after I saw some of the members of the Subcommittee at meetings around the time of the Fifth International Congress.

I have had during the summer and fall an opportunity to discuss with individual members something of the need for work by a group such as this Subcommittee to address themselves to the improvement of biochemical methods for use in survey work in public health nutrition.

Evidence of the need for continuing attention to this field exists in certain of the recent reports such as the Analysis by Irv Plough which appeared in the Public Health Report number devoted to nutrition surveys, and in the program of research which Doctor Arroyave and others have personally committed themselves to in their own laboratories. In fact, a number of grants for work in this area have been approved by the Nutrition Study Section of the NIH.

Indeed, I would go further and agree readily with you that the need for continuing attention to methodology of nutrition appraisal exists and that this attention should not be restricted merely to biochemical procedures. In fact, one of the difficulties in the assignment of this Subcommittee is the limitation of procedures other than biochemical for providing adequate validation of the biochemical methodology. Again, this problem was recognized about two years ago by the NIH when they convened the group which began examination of the problem of validation of dietary methodology.

Further, I agree with your thesis that there is a very much broader problem in public health nutrition, namely, the role and

activity of our professional public health personnel in relation to the subject area of nutrition in the United States. A start toward reconsideration and definition of this very broad and basic question is being made by the group of public health nutritionists who have planned for a conference on this subject to be held in the spring of 1961 and to which it is planned that public health nutritionists, a selected group of health officers, and nutrition educators will be invited. The group will consider, among other things, the opportunities for nutrition research in health departments.

One may readily think of other important aspects of nutrition which could profitably be examined in relation to the responsibilities of the APHA. One of these certainly is nutrition education as you noted in your letter. In fact, recognition of this need has been taken by the Food and Nutrition Board recently in their action designating a Committee on Nutrition Education Research.

Many members and fellows of the American Public Health Association give freely of their time to such activities and would, I am certain, be glad to channel a proportionate amount of these through the APHA. However, if the American Public Health Association wishes or is willing to accept the responsibility for real leadership in such movements, it must be prepared, as are other professional societies and semi-official groups, to make some investment in order to make it possible for committees to work effectively. In other words, they must provide funds for sufficient meetings of committees to permit these groups to work at least to a point of defining their objective and outlining methods of activity sufficiently that they can then seek sources of support outside of the APHA for the committee activities. The AMA has long done this. The American Dietetic Association certainly has, and even a small and economically limited group such as the American Institute of Nutrition. Indeed, it was my understanding that a few years ago when the American Public Health Association underwent its reorganization and reappraisal of its role and the need for exerting more aggressive leadership in many areas that it was accepting this type of responsibility. It was my distinct understanding that the increase in annual assessment which occurred at that time was for the purpose of permitting the APHA more adequately to function as an influence in molding education and research in relation to public health in the country.

13 October 1960

Mind you, I am not attempting to argue to obtain funds in order that I personally may attend one more committee meeting -- heaven knows, I have too many not only opportunities but demands that I do this sort of thing already. However, I am arguing that it simply is not possible to work within the framework of an organization unless there is some kind of support for the functioning of the group.

Specifically, in relation to the present program and this Subcommittee, I think it is better to dissolve the Subcommittee than to attempt to initiate a program through correspondence or on a catch-as-catch-can basis in the initial phases. Certainly, as I have indicated in a recent letter on this subject, a copy of which I enclose, I do not feel that I am in position to take a major role of leadership in preparing a request for financial assistance from the several logical sources of support, such as the NIH, when this request would then appear before a grant evaluation group on which I sit either as a member or chairman. Accordingly, I feel that I should resign, as I have indicated in my letter.

I hope you appreciate my position in this matter and understand that my resignation from the Committee is not because of my failure to recognize the importance of the work nor because I am unwilling to contribute time and effort to the APHA, but instead, due to a sense of frustration in trying to deal by remote control with an important problem which must have the benefit of personal discussions by members of the Committee.

With my very best personal regards and I regret that I shall again be in the Middle East before you get this letter and, unfortunately, will be there throughout the time of the APHA meeting.

Sincerely,

William J. Darby

WJD:jf

Enclosure

December 29, 1960

Box 214

Berwyn F. Mattison, M.D.
Executive Director
American Public Health Association
1790 Broadway
New York, New York

Dear Dr. Mattison:

As mentioned in the Annual Report of the Food and Nutrition Section our nominee for the Sedgwick Memorial Medal is R.R. Williams, D.Sc. Enclosed is a brief biographical sketch about Dr. Williams which was not available when my report was sent to you recently.

We hope that the Sedgwick Medal Committee will give serious consideration to Dr. Williams' qualifications. Because of his outstanding contributions to public health in the U.S. and in the world we believe Dr. Williams is worthy of this award.

Sincerely,

Dorothy M. Yoiland

cc Brennan

Biographical Sketch

Robert R. Williams, Sc.D.

Dr. Williams was born in India in 1886 of American parents. He received his education at the University of Chicago (M.S. 1907) and has been the recipient of several honorary doctorates.

The dedication of R. R. Williams to the eradication of beriberi has provided a fascinating story and has resulted in the alleviation of this scourge. While employed as the chief chemist of the Philippine Bureau of Science, 1909 - 1916, he brought about a marked reduction in infantile beriberi in that section of the Orient. Extracts from rice polishings were recognized as having the power to cure or control beriberi but it remained for Dr. Williams to identify the active substance and to propose the structural formula of thiamine. This was done at great personal sacrifice over a period of many years and has resulted in large scale, low cost production of the vitamin.

Other notable public health achievements of Dr. Williams have been his contribution to the flour and bread enrichment program in the United States and his development of the Williams - Waterman Fund. In his position as Chairman of the Committee on Cereals, Food and Nutrition Board, National Research Council, he has been able to promote and cooperate in attempts to apply cereal enrichment wherever it seemed desirable as a preventive health measure.

The Williams - Waterman Fund for the Combat of Dietary Diseases of which he is Chairman was begun in 1940. It derives all its revenues from royalties on the synthetic manufacture of thiamine under patents assigned by Dr. Williams and his associates to a Research Corporation. Half of these royalties go to the Williams - Waterman Fund and are used for research and practical programs related to human nutrition. Over one million dollars has been made available through this channel to encourage nutrition improvement and reform with resulting improvement of the public health.

C O P Y

Robert R. Williams

Because of his early studies on beriberi in the Philippines in association with Dr. Vedder, Dr. R.R. Williams spent most of his professional life trying to isolate and identify the preventive factor in rice. This desire to find a means of successfully treating and preventing beriberi finally led to his successful synthesis of thiamine (vitamin B₁) in 1936. This accomplishment made thiamine readily available in large amounts at a price which made it practicable to add the vitamins to suitable foods such as wheat flour, rice and other cereals. He created the Williams-Waterman Fund for the Combat of Dietary Diseases in the Research Corporation and used the money to further nutrition research and education. Through his activities with the Food and Nutrition Board of the National Research Council, especially as Chairman of the Committee on Cereals, Dr. Williams played a large part in the program for the enrichment of white flour and bread in this country and of rice in the Philippines. His devotion and contributions to the cause of public health, as well as his scientific accomplishments have provided the means for the control of beriberi and have contributed much to the recognition of the place of nutrition in preventive medicine. His contributions constitute a major advance in supplying the necessary knowledge and tools with which to combat vitamin deficiency diseases and improve nutrition throughout the world.

THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.

1790 BROADWAY
NEW YORK 19, N.Y.

MARION W. SHEAHAN, R.N.
President

JOHN D. PORTERFIELD, M.D.
Chairman of Executive Board

D. JOHN LAUER, M.D.
Treasurer

BERWYN F. MATTISON, M.D.
Executive Director

December 14, 1960

Robert E. Shank, M. D.
Head, Department of Preventive Medicine
Washington University School of Medicine
St. Louis 10, Missouri

Dear Dr. Shank:

Congratulations to you as one of the new Council members of the Food and Nutrition Section. You will probably receive several letters from me in this capacity.

Helen Walsh told me that you agreed to be chairman of a committee to study the need for a laboratory manual in determining nutritional status. The Council was pleased to know that you would accept this responsibility. Would you please send me names of the people you would like to have on this committee with you, and I will write them letters in the name of the Nutrition Section to ask them to serve.

Sincerely yours,

Ruth Brennan

Ruth Brennan
Secretary, Food and Nutrition Section, APHA
801 South Brentwood Boulevard
Clayton 5, Missouri

RB:bs

CC: Dr. Olson
Dr. Mrak

89th Annual Meeting of the American Public Health Association
and meetings of Related Organizations, Detroit, Michigan — November 13-17, 1961

The American Journal of Public Health is the Official Publication of this Association

Memorandum

To: Members of the Food and Nutrition Section Council
American Public Health Association

From: Ruth Brennan
Secretary, Food and Nutrition Section
801 South Brentwood Boulevard
Clayton 5, Missouri

Attached is a review copy of "Some Practical Considerations of Economy and Efficiency in Infant Feeding".

*"This material has been prepared by the Joint Committee on Economy and Efficiency in Infant Feeding of the Food and Nutrition and MCH Sections, co-chairmen were: Miss Marjorie Heseltine for Food and Nutrition, and Dr. Pauline Stitt for MCH (See Am. J. Pub. Health, 50: No. 2: p. 246, Feb. 1960). If approved, it is proposed that the Child Health Committee publish it jointly with the two Sections. This proposal will be voted on by the Child Health Committee when it meets in January. Dr. Wm. Schmidt has also suggested that a summary of this report be prepared and be submitted as an article to the J.A.M.A."

I assume that this report will be considered confidential until it is published.

The MCH Section Council and the Child Health Committee of A.P.H.A. are also being asked for their approval and comments. Would you please send me your suggestions and comments in order that I may add them to those of the other two groups considering this report.

* from memo sent by Dr. Alice Chenoweth to the MCH Council

SOME PRACTICAL CONSIDERATIONS
OF
ECONOMY AND EFFICIENCY IN INFANT FEEDING

From the Joint Committee on Economy and Efficiency in Infant Feeding,
Food and Nutrition Section and Maternal and Child Health Section,
American Public Health Association. June 1960.

SOME PRACTICAL CONSIDERATIONS OF ECONOMY AND EFFICIENCY IN INFANT FEEDING

Those prescribing infant feeding face multiple choice. Nutritional requirements can be met in a variety of ways, but the possible combinations of milk, dietary supplements, and solid foods differ widely in cost and convenience and safety of preparation. (1)

So many practical questions have arisen, that a joint committee of the Food and Nutrition Section and the Maternal and Child Health Section of the American Public Health Association has been charged to review established facts and well-considered opinions relating to efficiency and economy in infant feeding. The Joint Committee concludes that although answers to many questions require further studies, the information now assembled may serve as a temporary guide for those mindful of cost and convenience when advising families feeding healthy, full-term infants in the home.

Low-income families constitute a substantial proportion of the parents of infants. According to the U. S. Children's Bureau, in 1957 -

8 million children were in families having a total income under \$2000.

8½ million were in families having a total income of \$2000 to \$2999.

77,000 were in migratory farm workers' families, in which the father could expect to earn about \$900 a year.

In 1950 median per capita income of Indian families was less than \$1000 per year. Throughout the nation families with the largest number of children have, on the average, the lowest per capita income.

As for facilities, in 1956, 1 out of 5 dwelling units in small cities or rural areas had no running water inside the structure.

Economic and efficiency aspects of feeding are important not only in these straitened circumstances, but in any household where young couples are launching home, family, and career.

Breast Feeding

Although this review primarily involves artificial feeding, the Committee unanimously favors breast milk for infants. Its nutritional adequacy is well established, although it is considered desirable to provide a supplement of vitamin D. Claims of immunologic factors that will protect the infant seem based thus far on analogy with the cow and her calf, rather than research on humans. The psychological advantages to both mother and child are clear where mothers enjoy breast feeding, and under such conditions convenience is beyond question, as long as mother and baby can remain in close proximity. But for the mother who finds breast feeding unsatisfactory or distasteful, the experience may lead to friction between her and her baby.

Whether or not breast feeding is more economical than bottle feeding depends upon the foods eaten by the mother to supply the nutrients secreted in milk. Talbot, in 1948,⁽²⁾ showed that a woman who relied on vegetable foods for these additional nutrients could feed her infant at approximately half the cost of cow's milk.

Table I. illustrates difficulties in generalizing regarding economy of breast milk. In both Part A and Part B, the combination of food supplies

Table I. Daily Cost of Additional Nutrients to Support Lactation

A. Moderate Cost Diet

Food	Unit Cost	Daily Quantity	Cost Per Day	Calories	Protein (gm.)	Calcium (gm.)	Iron (mg.)	Vitamin A I.U.	Thiamine (mg.)	Riboflavin (mg.)	Ascorbic Acid (mg.)	Vitamin D I.U.
Milk -- whole fortified	\$.25 qt.*	1 qt.	0.250	666	34	1.15	0.7	1550	0.35	1.68	13	400
Orange juice frozen concen- trate	.264 can* (6 oz.)	1/5 can	.053	75	1	0.01	0.5	167	0.12	.03	71	---
Bread -- whole wheat	.21 lb.	2 slices 1.6 oz.	.021	109	4	0.04	1.0	---	0.14	.06	---	---
Butter	.772 lb.*	1/2 oz.	0.024	100	---	---	---	460	---	---	---	---
Egg	.554 doz.*	1	0.046	77	6	0.03	1.3	550	0.05	.14	---	27
			.394	1027	45	1.23	3.5	2727	.66	1.91	84	427
NRC additional allowances for lactation				1000	40	1.2	3	3000	0.5	1.0	80	400

*Average retail prices -- Bureau of Labor Statistics, November 1959.

B. Low Cost Diet

Food	Unit Cost	Daily Quantity	Cost Per Day	Calories	Protein (gm.)	Calcium (gm.)	Iron (mg.)	Vitamin A I. U.	Thiamine (mg.)	Riboflavin (mg.)	Ascorbic Acid (mg.)	Vitamin D I. U.
Milk — dry, skim	\$.27 lb.*	120 gm.	.071	434	43	1.56	0.7	----	.42	2.35	9	----
Corn meal — enriched	.13 lb.*	1 oz.	.008	104	2	----	0.8	85	.12	0.07	----	----
Cooking fat	.187 lb.*	50 gm.	.021	440	----	----	----	----	----	----	----	----
Turnip greens	.10 lb.	1/3 lb.	.033	33	3	.28	2.7	11527	.07	.45	66	----
Vitamin tablets (A,B,D) (alternate days)	3.42 per 100	1/2	.017	----	----	-----	---	2500	.6	----	----	500
			.15	1011	48	1.84	4.2	14112	1.21	2.87	75	500
Additional allowances for lactation recommended by Food and Nutrition Board (1958)				1000	40	1.2	3	3000	0.5	1.0	80	400

*Average retail prices - Bureau of Labor Statistics, November 1959

the additional nutrients recommended by the Food and Nutrition Board of the National Research Council ⁽³⁾ for lactating women. Part A shows the cost of supplying these nutrients through such additional foods as a woman accustomed to eating an adequate, moderate-cost diet might choose. Part B shows how a woman with food habits typical of certain sections of the country might get the extra nutrients at much lower cost. Assuming the maximum quantity of cow's milk consumed during infancy to be one quart per day and that the mother on an adequate diet would supply all the milk required by her infant, the comparative costs would be approximately as follows:

<u>Milk</u>	<u>Cost per Day</u>
Breast Milk (from moderate cost diet)	\$.394
Breast Milk (from low cost diet)	.15
Evaporated Milk (13 oz. can diluted with 19 oz. water)	.156
Pasteurized Whole Milk (1 qt.)	.25

Although the milks in the above table are not identical in energy value nor in quantities of essential nutrients, all are possible choices for infant feeding and their similarity is sufficiently great to make the comparison of cost reasonably significant.

The safety of breast milk is undisputed except in certain maternal illnesses, whereas formulas prepared or stored under inadequate conditions are notoriously dangerous. A recent unpublished study of severe diarrhea requiring hospital admission among American Indians showed that 95% of the cases of severe diarrhea were from the bottle fed group, although only 30% of the infants in the area were being bottle fed.

Cow's Milk for Infant Feeding

The proportion of infants breast fed for an appreciable portion of the first year varies from region to region, and from one socio-economic group to another, but more cow's milk than breast milk is consumed by American infants during their first year, and this dietary mainstay is thus accorded prominent attention in this report.

Forms of Cow's Milk

Although various forms of cow's milk for infant feeding have their adherents, there appears to be enough evidence of nutritional interchangeability to justify limiting comparisons in this review to questions of cost, convenience, and safety. For most healthy infants the choice lies between pasteurized fluid whole milk, evaporated milk, or a premodified formula. An idea of the relative frequency of use of these forms may be gained from medical literature and market research data.

Meyer⁽⁴⁾ studied infant feeding practices of 1,904 hospitals having births of 300 or more infants in 1955. Of these, 1,564 (82.1% caring for a total of 1,927,443) used a house formula for the majority of babies during their hospital stay, and most physicians continued the same formula on the babies' discharge. The kind of milk used in the house formulas probably throws light on what was being fed in the home. Of the 1,564 hospitals--some of which had as many as three standard formulas--1,180 (75.4%) used a formula based on evaporated milk; 585 (37.4%) used a premodified prepared formula; and 126 (8.0%) a formula based on pasteurized whole milk.

Market research data⁽⁵⁾ for more recent years indicate the same order of consumption as in Meyer's hospital study--that is, in order, evaporated milk, premodified formulas, and lastly pasteurized milk. However, since 1946, the use of premodified formulas for hospital house formulas is reported to have increased, and the use of pasteurized whole milk decreased.

A survey by the Evaporated Milk Association explored "infant feeding preferences of influential physicians responsible for infant feeding practices in their respective communities," and "involved pediatricians and general practitioners in some 22 markets throughout the United States." According to a popularly written summary of findings,⁽⁶⁾ 86% of the pediatricians and 66.6% of the general practitioners regarded evaporated milk as first choice for infant feeding, whereas 14% of pediatricians and 33.3% of general practitioners preferred a premodified formula. As for impact of physician's preference on maternal choice, more of the nation's babies are cared for by general practitioners than by pediatricians. (At the time of the American Academy of Pediatrics Survey of Child Health Services, reported in 1949,⁽⁷⁾ general practitioners did more than 80% of well child care.)

Data from mothers in a market research survey⁽⁵⁾ indicated that of the 83 to 87% who relied exclusively on formula at the age of 7 weeks, 42 to 45% were using evaporated milk and 30 to 35% a premodified formula.

Within each of the three principal forms of milk used for infant feeding, there are possibilities of choice that may affect nutrients and cost.

Evaporated milk contains vitamin D in the concentration of 400 U.S.P. units to the reconstituted quart. It is available in 2 sizes of cans: 5-1/3 fluid ounces and 13 fluid ounces.

Pasteurized whole milk may or may not be homogenized. If homogenized, it may or may not be fortified with vitamin D (400 U.S.P. units per quart.) The most common sizes for pasteurized milk containers are 1 quart and 2 quarts.

Premodified milk formulas are marketed in fluid form in cans containing 13 fluid ounces, and as powder in 1 pound cans. These special milks resemble each other in that they supply 20 calories per fluid ounce when diluted with water as indicated on the label. They range widely in content of certain essential nutrients, as indicated in Table II.

Cost Comparisons. Cost comparisons have to be made in terms of choices open to families under a given set of circumstances. Factors to be considered include unit of purchase, and value of additional nutrients in a given form of milk.

Table II.

Comparison of Selected Nutrients in Some Premodified Milks

Product	Milk	Sugar	Fat	Iron per quart (after dilution)	Vitamins A, C, & D per quart (after dilution)
A	evaporated whole	maltose- dextrin	None added	-----	400 I.U. Vit. D
B	partially skim- evaporated or dried	lactose	corn, coconut & olive oils	-----	2500 I.U. Vit. A 50 mg. Vit. C 400 I.U. Vit. D
C	same as B	same as B	same as B	12 mg.	same as B
D	skim-evap. or dried	lactose	beef fat, cocoa butter coconut oil cod liver oil	-----	5000 I.U. Vit. A 50 mg. Vit. C 400 I.U. Vit. D
E	skim, evap. or dried	lactose	palm, coconut and peanut oils	-----	2500 I.U. Vit. A 50 mg. Vit. C 800 I.U. Vit. D
F	non-fat evap. or dried	lactose	oleo, corn, and coconut oils	"iron and copper sulfates" (amount not stated)	1500 I.U. Vit. A 50 mg. Vit. C 400 I.U. Vit. D
G	skim-evap. or dried	lactose dextrins maltose dextrose	"vegetable and animal"	7.8 mg. per qt.	2500 I.U. Vit. A 50 mg. Vit. C 400 I.U. Vit. D
H	skim-evap.	dextrins maltose dextrose	corn oil	-----	3000 I.U. Vit. A 45 mg. Vit. C 600 I.U. Vit. D

(1) Unit of purchase: If the entire contents of the container can be used without waste, there is usually saving in purchasing the largest size, and more than 1 can at a time. To illustrate in regard to evaporated milk, using prices in the same market on a given day:

<u>Unit of Purchase</u>	<u>Cost per Unit</u>	<u>Cost per Ounce of Milk</u>
one 5-1/3 oz. can (8)	\$.07	\$.0127
five 5-1/3 oz. cans	.33	.012
one 13 oz. can	.13	.01
four 13 oz. cans	.50	.0096

Even greater savings are possible with purchase of evaporated milk in case lots (48 cans). Unfortunately, families for whom saving might mean most, are least likely to have money to purchase a case at a time, and may lack storage space. However, many can save more than 30% between the cost per ounce of one small can, and that of four 13 ounce cans, providing that the entire contents of the larger container can be used by the infant or others in the household. In many climates this demands refrigerated storage.

(2) Value of additional nutrients in a given form of milk: Any price comparison must allow for foods or supplements in addition to the milk. This point can be illustrated by calculating costs of equivalent amounts of different forms of whole milk fortified with vitamin D.

<u>Milk</u>	<u>Unit of Purchase</u>	<u>Cost</u>	<u>Cost per 26 oz. equivalent whole milk</u>	<u>Added ingred. (other than vitamin D)</u>
Fresh homogenized	qt. (32 oz.)	.25	.203	-----
Evaporated milk	13 oz.	.13	.13	-----
Evaporated milk preparation for infants	13 oz.	.25	.25	maltose-dextrin type sugar

The next step is to compare the cost of maltose-dextrin type sugar included in special evaporated milk, with the same quantity of sugar purchased separately in other forms.

Form of sugar	Unit of Purchase	Cost	Cost per amounts in 26 oz. of formula
In evaporated milk preparation for infants	13 oz.	.25	\$.12
Powdered form for infants	16 oz. can	.89	.056 (per oz.)
Corn Syrup	16 fl. oz.	.22	.014 (per oz.)
Granulated sugar (cane or beet)	5 lbs.	.49	.008 (per oz.)

Such comparison provides basis for deciding whether convenience of incorporated sugar is worth the added cost of \$.064 to \$.112 per day. In pinched financial circumstances amounts of \$1.00 to \$3.50 a week make unjustifiable strains on family food budgets.

In comparing economy of fresh homogenized milk or evaporated milk with that of premodified infant formulas, it is obvious from Table II. that each must be considered individually.

In estimating cost of additional minerals and vitamins, our approach considers only kinds and amounts included by the Food and Nutrition Board of the National Research Council in their recommended daily allowances for infants. Table III deals with allowances for the first 6 months of life, when milk makes its greatest contribution to infant diet.

The major respects in which milk fortified with vitamin D falls short nutritionally during the first 6 months are calories, iron, and ascorbic acid. It is also somewhat below recommended allowances in thiamine and in vitamin D, until the infant consumes the equivalent of 32 ounces a day.

Sources of additional calories

Sugar in some form is the first source of additional calories, each ounce supplying about 120 calories. The comparative cost of various forms

Table III. Contributions of Vitamin D Milk to Recommended Daily Allowances for Infants from 2 to 6 months^{1/}

Nutrients	Calories	Protein ^{2/} (gm.)	Calcium (gm.)	Iron (mg.)	Vitamin A I.U.	Thiamine (mg.)	Riboflavin (mg.)	Ascorbic Acid (mg.)	Vitamin D I.U.
Recommended allowance 2 to 6 mos.	720	---	0.6	5	1500	0.4	0.5	30	400
26 oz. homo- genized milk	520	28.6	0.9	0.6	1248	0.3	1.3	8	325
13 oz. evap- orated milk	569	27.9	1.0	0.6	1378	0.2	1.5	5	325
To be supplied by foods and supplements	153- 200	<u>2/</u>	0	4.4	122-252	0.1-0.2	0	22-25	75

^{1/} These allowances are intended to cover the nutritional requirements of healthy, full-term infants of average size and to provide a margin of safety, especially during the earlier months.

^{2/} Although the Board has not found it possible to recommend a daily allowance, there seems to be general agreement that milk supplies all that is needed during this period.

of sugar appears on page 10. Although lactose is added to at least one of the premodified formulas, it is not included in the calculation because most pediatricians prefer more readily soluble sugars.

Cereals replace sugars as a source of added calories as the infant is ready for them. Precooked and fortified cereals, frequently the first to be added, contribute about 100 calories per ounce (dry weight) and varying amounts of iron and vitamins. Enriched farina, which requires cooking, contains added thiamine and iron. Among natural cereals, oatmeal is highest in thiamine. Pound for pound, there is wide price spread in cost of cereals, though the differences seem less significant when compared on the basis of quantities used per day.

Table IV. Contributions of Typical Cereals to Nutritional Needs of Infants from 1 to 6 months in Relation to Cost per Day

Cereal	Unit of Cost. Purchase	Per Day				
		Amount	Cost	Calories	Iron (mg.)	Thiamine (mg.)
Rolled Oats	.19 18 oz.	1 oz.	.010	111	1.3	0.17
Enriched Farina	.22 14 oz.	1 oz.	.015	100	2.0	0.15
Prepared Cereal A	.20 8 oz.	1 oz.	.025	105	8.5	0.36
Prepared Cereal B	.18 8 oz.	1 oz.	.022	105	11.1	0.80

Vitamin Supplementation

The Council on Foods and Nutrition of the American Medical Association recommends⁽⁹⁾ that physicians determine approximate amount of vitamins supplied by diet, and prescribe supplementary vitamins only as needed to bring total intake up to recommended allowances of the Food and Nutrition Board, or to meet special needs of individual infants. The report suggests that B complex vitamins are not indicated for routine use, and that vitamin A is needed only when an unfortified skim milk formula is used.

Vitamin C (Ascorbic Acid)

Thirty milligrams of vitamin C can be supplied in four major ways:

(1) as added fruit juice (approximately 2 ounces of orange juice or considerably smaller quantities of the juices of such tropical fruits as guava or acerola); (2) as synthetic ascorbic acid; (3) as part of a multi-vitamin preparation; or, (4) as an ingredient of some premodified milk formulas. Comparative cost of these forms of vitamin C cannot be calculated. For example, it is impossible to place a price tag on one of many ingredients in a premodified formula. If other constituents of a multi-vitamin preparation are not needed, there is little question that synthetic vitamin C is a cheaper source of that single nutrient. In comparing synthetic vitamin C with purchased foods as a vitamin C source, certain assumptions have to be made. If all the food can be used without waste, the comparison might be as follows:

Table V. Comparative Cost of 25 Milligrams of Ascorbic Acid from Various Sources

Source	Unit of Purchase	Price	Quantity Providing 25 mg.	Pro- viding 25 mg. Cost
Ascorbic acid tablets	100 (25 mg.)	\$.65	1 tablet	.006
Ascorbic acid drops	50 ml.	1.40	0.3 ml.	.009
Multi-vitamin concentrate	50 ml.	3.55	0.3 ml.	.021
Frozen orange juice concentrate	6 fl. oz. can	.23	0.5 fl. oz.	.019
Fresh orange med. size (200)	doz.	.64	1/3 orange	.018
Orange juice canned	2 cans 18 fl. oz.	.33	2 fl. oz.	.018

The shortcomings of Table V are obvious. It disregards some of the richest sources of ascorbic acid--wild fruits such as guavas, acerolas, and rose hips that may be available for the picking in certain regions.

Even among listed commercial sources, fresh oranges fluctuate more widely in price than do processed juices or pharmaceutical products. Furthermore, volume of juice from a fresh orange of given size is not uniform, and finally, total daily cost of a multi-vitamin concentrate cannot be assigned to one ingredient.

Vitamin D

If supplementary vitamin D is to be supplied, at least until the infant receives 400 units a day in milk, an average daily amount for the first 6 months of life might be about 200 units. It is difficult to dispense so small a quantity from some bottles of multi-vitamin concentrates in common use. The physician attempting to keep supplementation down to levels recommended by the Council on Foods and Nutrition⁽⁹⁾ may have to prescribe a product measurable by drops rather than 0.3 ml; a product of lower potency, such as unfortified cod liver oil; or a concentrated product to be administered once or twice a week rather than daily.

The Council on Foods and Nutrition emphasizes that continued administration of vitamin D at levels of 1800 units or more daily, "decreases appetite and, as a consequence, reduces the total retentions of calcium and phosphorus and slows linear growth." An infant getting 400 units of vitamin D from milk, plus 1200 units from 0.6 ml. of a vitamin concentrate approaches a level considered undesirably large.

Table VI. Comparative Cost of 500 U.S.P. Units of Vitamin D from Various Sources

Source	Purchase Unit	Price	Dosage	Cost
Cod liver oil, U.S.P.	12 oz.	1.29	2/3 tsp.	.009
A & D concentrate	50 ml.	3.49	3 drops	.014
Multi-vitamin concentrate A, D, C	50 ml.	3.55	0.3 ml.	.02

Sources of Additional Iron

To bring daily iron intake up to 5 milligrams during the first 6 months of life, reliance is usually placed on fortified cereal or medicinal iron. Iron-containing solid foods customarily introduced during the second quarter of the first year, are supplementary sources of this nutrient, as indicated in Table VII.

Tabel VII. Iron Content of Some Foods in Infant Diet
Estimated Daily

<u>Food</u>	<u>Intake</u>	<u>Iron (mg.)</u>
Precooked baby cereal	1 oz.	8.5
Enriched farina	1 oz.	12.
Egg yolk	1	1.2
Peaches	2 $\frac{1}{4}$ oz.	1.1
Vegetables and liver soup	3 $\frac{1}{2}$ oz.	2.0
Strained meat, beef	1-3/4 oz.	1.1

Since all these foods contribute many other nutrients besides iron, it is misleading to calculate their relative economy as an iron source. It should also be mentioned that certain premodified infant formulas contain up to 12 milligrams of added iron per diluted quart at the same cost as the manufacturer's similar product containing no added iron. As for medicinal iron, there seems little question that ferrous sulfate is the cheapest source. Obviously, other considerations may outweigh economy in prescribing iron for an individual infant.

Cumulative Saving from Economical Choice

Comparative cost differences and their impact on family budget are best seen when calculations are projected for 6 months.

Since there are numerous possibilities for feeding regimes, cumulative cost accounting has been done on selected possibilities. Calculations are limited to the first 6 months of life for full term infants and are based on a number of a priori assumptions. For comparative purposes, food costs are limited to those of milk, vitamin D, ascorbic acid and iron. Milk intakes are calculated on formulas supplying 20 calories per ounce, and assume intakes of 24 ounces per day for the first month and 32 ounces per day thereafter. Vitamin D requirement is assumed met by vitamin D fortified milk, when that is used. Ascorbic acid intake is estimated to be 25 mg. per day. Iron intake is based on recommended allowance of 5 mg. per day, although slightly higher amounts are present in usual amounts of the iron-containing supplements fed. Cost is based on consumption of all of the milk, without allowance for waste when the unit of milk opened furnishes more or less than the 24 hour requirement. Except for the last two regimes, calculations assume availability of refrigeration.

(1) The most economical feeding regime consists of a formula containing vitamin D fortified evaporated milk 13 ounces, water 26 ounces, and sugar (granulated, cane or beet) 4 tablespoons (5%), for the first 3 months. For the second 3 months, corresponding proportions are: evaporated milk 13 ounces, water 19 ounces, and sugar 2 tablespoons, an ascorbic acid supplement of one 25 mg. tablet per day, and an iron supplement, 0.3 ml. of a preparation containing 25 mg. of elemental iron per ml. The price used for evaporated milk is \$0.143 per 13 ounce can. (Formula 1, Table VIII) and the 6 months cost is \$25.88.

(2) The use of a maltose-dextrin type sugar instead of table sugar, a multi-vitamin preparation supplying 25 mg. of ascorbic acid in 0.3 ml.,

using the most economical 50 ml. bottle, and supplying the iron after the age of one month as one-half ounce of prepared infant cereal B from Table IV, results in a 6 months' cost of \$46.28. (Formula 2, Table VIII)

(3) When a representative evaporated premodified infant formula containing iron, ascorbic acid and vitamin D costing \$0.25 per 13 ounce can is used, the six months cost is \$55.00. (Formula 3, Table VIII)

(4) If a diluted formula is made with homogenized whole cow's milk fortified with vitamin D in the same proportion used in formula 1, the 6 months cost with the most economical supplements would be \$47.08. (Formula 4, Table VIII) The use of undiluted whole cow's milk after the age of 3 months would further increase the cost of this regime.

(5) In families without refrigeration, particularly in warmer climates, preparation of individual bottles from powdered whole milk or powdered premodified infant formulas circumvents the storage problem. The average cost for powdered premodified infant formulas is \$0.99 per pound. Using formulas containing vitamin D, ascorbic acid and iron, no further supplement would be needed. The 6 months cost would be \$47.08. (Formula 4, Table VIII) Powdered whole milk might be used, but is not as generally available, and needs to be supplemented with vitamin D, ascorbic acid and iron in many instances, as well as by suitable carbohydrates. At present available whole milk products tend to be more expensive than the powdered premodified infant formulas on the market.

(6) Formula acidification offers an alternative method of preparation where refrigerated storage is unavailable. Using U.S.P. lactic acid (85%), one teaspoonful per pint of formula, the six months cost of acidification would be \$16.50. As an alternative acid, white vinegar is cheaper. Using 4% vinegar, acidification cost for six months would be \$4.00.

Table VIII. Cumulative Costs of Milk, Sugar, Vitamin and Mineral Supplements for First Six Months of Infancy

1. Evaporated milk formula with can sugar	\$23.09
25 mg. ascorbic acid tablets	1.17
Ferrous sulfate drops (7.5 mg. iron daily)	<u>1.62</u>
Total	25.88 ^{1/}
2. Evaporated milk formula with maltose-dextrin type sugar	38.70
Multi-vitamin drops 0.3 ml/day	3.83
$\frac{1}{2}$ oz. prepared cereal for 150 days	<u>3.75</u>
Total	46.28
3. Evaporated prepared infant formula with vitamins D, iron and ascorbic acid	55.20
4. Homogenized whole cow's milk formula with cane sugar	33.90
25 mg. ascorbic acid tablets	1.17
Ferrous sulfate drops (7.5 mg. iron daily)	<u>1.62</u>
Total	36.69
5. Powdered prepared infant formula with vitamin D, iron and ascorbic acid	47.08
6. Acidifying agents (additional expense)	
USP lactic acid 1 tsp. per pint	16.50
Vinegar 4% (ref. 11)	4.00

^{1/} Personal communication from a worker in Indian Health indicates that a formula found useful for families without refrigeration is:

Powdered premodified infant formula--1 tablespoon
Dried Skim Milk--1 tablespoon
Cane Sugar--1 teaspoon
Water--4 ounces

This gives a formula containing 19 calories per fluid ounce with 1.9% protein, 8.8% carbohydrate, and 1.7% fat. It has 1200 units of vitamin A, 200 units of vitamin D, 25 milligrams vitamin C, and 6 milligrams of iron per quart. The formula can be prepared one bottle at a time, is calculated to be as inexpensive as evaporated milk formulas, and offers the advantage that even opened, the powder can be stored without refrigeration. (10)

At present, homogenized whole cow's milk is more expensive than evaporated milk. Where refrigeration is unavailable, powdered premodified infant formulas are competitive in price with powdered whole milk, but are more expensive than evaporated milk formulas acidified with vinegar. More expensive supplements, or the use of prepared infant formulas, may greatly increase cumulative cost.

Family Feeding and Family Funds

Those prescribing infant feeding want to know that the family can provide the prescribed diet without depriving other members of the household of adequate food or other essentials of living. In low-income groups, such as migratory agricultural workers, the wholly or partially unemployed, and recipients of public assistance, the lowest cost combination of foods and supplements consistent with safety and facilities for home preparation is obviously desirable. Yet, physicians and public health workers find mothers depleting family funds in order to replenish the exhausted supply of an expensive multi-vitamin preparation sample given by the family physician, child health conference, or hospital. In one state where the Department of Welfare calculated the monthly food budget as \$14.00 for an infant in a family receiving Aid to Dependent Children allowance, typical infant diets prescribed by physicians cost \$16.12. ⁽¹¹⁾ Even if the family's assistance check covered 100% of the standard budget allowance--which is not always the case--the family would have to delete another essential to supply the recommended diet.

Those who help a mother plan an infant diet in keeping with the family budget, may indirectly make lasting improvement in family diet. The simple foods that are wholesome and economical for the baby, lend themselves in various forms to satisfying meals for siblings and parents. Moreover, the

baby's transition to family fare becomes easier when he has already learned to enjoy suitable foods that are standbys of the household.

One method of controlling food cost for infants is avoidance of needlessly early introduction of strained baby foods. This is especially in order when the family lacks adequate refrigeration to salvage unused portions.

Safety and Convenience in Formula Preparation and Storage

All milks considered acceptable for infant feeding are bacteriologically safe at time of purchase. The problem is to keep them so until they are fed to the infant. Since fluid milk is an ideal culture medium, safety problems increase when formulas are stored, especially if not all organisms are destroyed by heating, and some part of storage is at temperatures permitting incubation. Dried milks do not deteriorate at room temperature during three to four days between the opening of the can and the conversion of the contents into formula. However, unless the can is kept covered, or the milk transferred to a clean, screw-top jar, contamination can occur, as for instance by rodent droppings or cockroaches.

Preparation Methods

Two traditional preparation methods are (1) aseptic technic and (2) terminal heating procedure. Both, based on the preparation of feedings for 24 hours, call for a supply of bottles, nipples, and covers, a large covered kettle with a rack for sterilizing containers or processing of the filled bottles, also small utensils for measuring and mixing. Adequate space for refrigerator storage is necessary. Instructions stress the convenience of a separate set of utensils for formula making. Storage space for such paraphernalia presents a problem in small kitchens. Based on 1958 retail price quotations from one manufacturer, the investment in recommended

equipment and supplies would be at least \$10.00.*

Both aseptic and terminal methods of preparation have disadvantages. Inexperienced mothers, and those of low intelligence, have trouble measuring ingredients and carrying out procedures, as do mothers of all levels of intelligence and experience when subjected to distractions in the course of feeding preparations. A kitchen with an adventurous toddler or two is a far cry from a hospital formula room or laboratory.

The aseptic method calls for a degree of precision that health workers frequently despair of inculcating. Terminal heating requires a controllable source of heat, a clock, and fairly close attention from the time the filled bottles are lowered into the hot water until the completion of the processing period. The method is not efficient at altitudes over 5000 feet.

The time recommended for processing terminally heated formulas at altitudes up to 3000 feet ranges from 15 to 25 minutes after the water in the kettle has resumed boiling. (For each 1000 feet between 3000 and 5000, the processing time should be increased by 2 minutes.) One large hospital, advocating the 25 minute period for formula rooms, recommends 15 minutes for home preparation. (12)

*Where necessary, improvisation can be worked out at less cost by using soft drink bottles and a covered pail, with a folded cloth in the bottom, instead of a rack. Detailed instructions for such home made equipment are available through health departments (8) in areas where small-mouthed nipples are still sold.

Gezon and associates at the University of Pittsburgh⁽¹³⁾ found the temperature of a milk mixture in plastic nursing bottles to be 1 to 4 degrees Fahrenheit lower than the same mixture in glass bottles at the end of a comparable period of terminal heating. Similar results are reported in unpublished material from Sumner of Kent State University.

Silver has studied the "sterilization" of formulas prepared and processed under home conditions.⁽¹⁴⁾ His finding that even 25 minutes does not result in sterilization, places stress on proper cleaning of bottles, nipples and covers, and on rapid cooling and refrigerated storage to avoid incubation of dormant organisms.

Silver cites evidence that terminally-heated formula, properly prepared, can be stored in the refrigerator for as long as 3 days. He thereby supports mothers who have decided for themselves that it is safe to make up an entire can of evaporated milk, even if the baby does not take that number of bottles in a single day.

Safety under Unfavorable Environmental Conditions

Various methods have been devised to insure safety under unfavorable environmental conditions.

(1) Pressure cooker. A household pressure cooker or saucepan can be used for terminal heating in high altitudes. This calls for a cooker large enough to hold a day's feedings. (Specific directions are obtainable from the Agricultural College or Department of Health in the states where such conditions prevail.)

(2) Acidification. Acidification of the milk mixture prevents growth of harmful organisms where formula must be stored at room temperature. Some skill is needed to produce a finely-divided curd that will pass through nipple holes. Useful acids include lactic, citric, or acetic in the form of household vinegar.⁽¹⁵⁾ Use of lactic acid requires care for excess is harmful, and the acid itself must be kept out of reach of toddlers. Meyer⁽¹⁶⁾ points out the safety and convenience of the dried lactic acid milks, packed for infant feeding.

(3) Water Supply. The importance of quantity as well as potability of water supply was brought out by Watt and associates⁽¹⁷⁾ in their study of diarrheal disease. They found adequacy of water supply for handwashing and general cleanliness of greater significance than bacteriologic safety of water consumed.

(4) Single-bottle Preparation. Since the chief danger lies in incubation, the family without refrigeration can be encouraged to mix one bottle of formula at a time and feed it immediately. The California State Department of Health⁽¹⁸⁾ has issued instructions for the preparation of such single feedings intended, among other conditions, for "families with low incomes who have only one or two bottles, who have few utensils to prepare a larger supply, or who do not have proper storage..." Instructions are based on evaporated milk, boiled water, and sugar or corn syrup. The bottle, nipples, spoon, and can opener have been thoroughly washed and "scalded" with boiling water but not sterilized. If the family has enough bottles and nipples for a day's feedings, they can be boiled or otherwise thoroughly cleaned in advance, filled with measured amounts of boiled or otherwise safe water, and covered with nipples and caps so that only the milk need be added at time of feeding.

Emphasis is placed on handwashing before preparation, on immediate feeding, on discarding any remaining formula, and rinsing and soaking bottle and nipple immediately after emptying. This method is adaptable also for families using one of the powdered premodified infant formulas.

Current Reappraisal of Formula Preparation Requirements

Traditional preparation methods developed in hospital formula rooms reduce contamination danger to a minimum, but both medical and popular periodicals are considering whether hospital methods are necessary at home. Improved economic and living conditions, efficient refrigeration, bacteriologically safe milk, and dependable public water supply in many localities have raised questions among physicians and mothers as to the need for the daily rituals of formula preparation. (19, 20, 21)

Controversial topics include: When should bottles, nipples, and utensils that contact the milk mixture be sterilized by boiling? Are there circumstances in which it is sufficient to wash and rinse them thoroughly? Can tap water from an approved public water supply be assumed to be safe when it reaches the home tap? What about potential contamination from leakage into a water main, or through faulty plumbing in old houses, with cross connection between waste outlets and intake?

Apart from bacteriologic hazards, are there metallic contaminants in water from a hot water tap? Jacobziner⁽²²⁾ sought an opinion on this subject, and was advised by the Division of Water Control and the Bureau of Sanitary Engineering of the New York City Department of Health that hot water in contact with old pipes or tank linings may dissolve physiologically significant amounts of metallic salts, including lead.

These considerations lend weight to Dr. Hill's editorial comment⁽²³⁾ that since there is evidence of a degree of laxness creeping into formula preparation "...it would appear urgent that more investigations be undertaken to determine whether the practice is safe under all conditions of infant feeding in homes, rural as well as urban, and by careless as well as careful mothers. For if a short cut is to be recommended, it is unrealistic to suppose it can be kept confined to one segment of the population."

In any case, there is need for research to guide these current reappraisals of formula preparation.

Educational Aspects of Infant Feeding

In exploring economy and efficiency in infant feeding, the Joint Committee has been aware of the educational aspect of various dietary regimes. Theoretically, nutritional needs during the first year of life could be met by a liquid diet of milk and sugar with supplementary vitamin C and iron. Such a diet could be low in cost and easy to prepare, but from the standpoint of the infant's optimal development there is justification for introducing suitable solids at times of developmental readiness, moving in due time from finely-divided foods to those involving chewing, and gradually introducing the child to appropriate items of family fare.

(1) Timing of Introduction of Solids. Based largely on clinical experience there are many differences of opinion on timing the introduction of solids. (24, 25)

Clements (26) has stressed the "educational" aspects of these food offerings, maintaining that although the nutrients contributed by solids are of minor significance during early months of life, it is desirable for the infant to become accustomed to the foods which will soon take their place beside milk as mainstays of his diet.

Smith (27) seems to have voiced the pediatric concensus when he stated: "No compelling evidence of physiological advantage or disadvantage attending the early feeding of solid foods has appeared. One thing seems to have been shown--the infant's digestion and assimilation are much more adaptable than was once thought."

Beal (28) reporting on acceptance of solid foods by 65 infants, found: "As the age of introduction of solid foods...becomes progressively earlier over a ten-year period, the number of infants refusing... these solid foods when first offered has increased."

She found the average age of willing acceptance of cereal to be $2\frac{1}{2}$ to $3\frac{1}{2}$ months, vegetables 4 to $4\frac{1}{2}$ months, meat and meat soups $5\frac{1}{2}$ to 6 months, with fruit accepted at progressively earlier ages, frequently as early as $2\frac{1}{2}$ to 3 months.

Mayer⁽¹⁶⁾ advises timing the introduction of solid foods to the development of the individual child. He advises that "poundage would be a better guide than age" for the beginning physician inexperienced in appraising growth and development.

(2) Range of Nutrient Values of Solid Baby Foods. The variety of products on the shelves of the baby food section of supermarkets--one leading manufacturer has more than 100 items--suggests the need for guiding the mother's market selections. Table IX indicates the wide range of nutrients contributed by representative baby foods.

The fruits and the pudding are relatively high in carbohydrate--a fact worthy of note when some unguided mothers are found to feed an infant as many as 12 to 15 jars of fruit a week. Egg yolk and meats stand out as protein sources, and vegetables make significant contribution of vitamin C. Comparison of the vegetable and beef soup with strained-beef as to protein and vitamin A, shows that the label listing "vegetable" before "beef" coincides with the relative proportion of these ingredients. Quantities of iron and vitamins vary from one food group to another, and between members of the same group (apple sauce vs. peaches, peas vs. squash). In short, what these strained foods have in common seems to be their consistency and availability in cans.

(3) Commercial Baby Foods versus Home Preparation. Comparisons between usefulness of commercial baby foods and those prepared at home require thoughtful consideration from many angles.

Table IX. Nutritive Value and Cost of Selected Strained Baby Foods

Food	Cost Data			Selected Nutrients per 100 grams					
	Price per can or jar	Weight oz.	Cost per oz.	Carbohydrate gm.	Protein gm.	Iron mg.	Vitamin A I.U.	Thiamine mg.	Vitamin C mg.
Apple Sauce	.097	4-3/4	.020	20.8	0.2	0.5	65	.01	0.2
Peaches	.097	4-1/2	.022	18.7	0.5	2.3	162	.01	1.6
Peas	.097	4-3/4	.020	8.1	3.9	1.8	633	.10	4.7
Squash	.097	4-1/2	.022	6.0	0.6	0.6	1500	.01	5.0
Veg. & Beef Soup	.132	7-3/4	.017	6.6	2.5	1.4	3133	.02	0.4
Beef	.25	3-1/2	.071	----	13.4	2.2	----	.02	---
Heart	.25	3-1/2	.071	----	10.6	3.3	----	.03	---
Custard - vanilla	.098	4-1/2	.022	18.0	2.5	0.2	228	.02	0.1
Egg yolk	.22	3-1/3	.066	0.1	10.0	2.6	870	.22	---

Nutritionally, there have been too few studies to warrant generalizations on comparability. Assuming until more data become available that both sources are reasonably similar nutritionally, the question is not whether to use commercial products or home prepared foods, but rather, when, and under what circumstances each has its special usefulness for a specific child in a specific family.

Vitamins from the Market or the Drug Store

The vitamin requirements of infancy can be met in at least three ways: (1) from a premodified infant formula providing that it contains vitamin C; (2) from vitamin D milk plus food or pharmaceutical source of ascorbic acid; (3) from unfortified milk plus supplementary C and D. The decision as to which regime to recommend may take account of which the mother is most likely to carry out. Can she be depended upon to give supplementary vitamins as food or concentrates day by day, or is it safer to have them in the milk? What will happen when a baby on a premodified formula is graduated to whole milk, which may or may not be fortified?

How about "Table Foods?"

In recommending that the baby progress from exclusive dependence on special foods, the suggestion is sometimes made that he be given "table foods." The obvious assumption is that he will continue to have much the same plain, nourishing food but that it will be less and less finely-divided. Nurses and nutritionists who have occasion now and then to visit a home while a meal is on the table have their doubts as to whether "table foods" as such are always a safe prescription. In some homes it means potato salad and bologna from the delicatessen. It seems important to convey to mothers an adequate idea of the important principle in the mind of the physician when he recommends "table foods."

Summary

Advances in those industries that are concerned with infant feeding have contributed significantly to the well being of infants. To take full advantage of these present-day resources for infant feeding, mothers--especially primiparas--need guidance in selecting those foods and supplements that meet the nutritional requirements of their infants. Nearly all need help in choosing methods of preparation that are safe and efficient. Many mothers have to keep expenditures at the minimum consistent with their babies' well-being, otherwise the baby is likely to be well fed only by depriving older children. Some mothers, however, are free to weigh the advantages of spending extra money to save time and labor. Counseling on infant feeding, therefore, calls for knowledge not only of the nutritional requirements of infants and the nutritive value of various foods and supplements, but also of food economics, bacteriology, home management, and the significance of food to the total development of the infant. It is an aspect of maternal and child health services that profits by the "team approach," although actual counseling of an individual mother is likely to be carried out most effectively by one member of the team. The interplay of the physician's knowledge of infant nutrition, the nurse's familiarity with homes and methods of inculcating good practices of infant care, and the nutritionist's grounding in food values, food economics, and home management can be of inestimable help to mothers in their day-to-day job of infant feeding. Physicians, nurses, and nutritionists have joined forces in this report to suggest some of the questions that have to be answered

in working out a safe, convenient and moderate cost plan for feeding infants, especially those in families where time and money are at a premium.

From the Joint Committee on Economy and Efficiency in the Preparation of Infant Feeding, Food and Nutrition Section and Maternal and Child Health Section, American Public Health Association, June, 1960.

REFERENCES

- (1) Food values in relation to food costs in infant feeding. Report of the Committee on Nutritional Problems. Am. J. Pub. Health Yr. Bk., 1941, pp. 105-113.
- (2) Talbot, N. B., et. al.: The economies of infant and child nutrition. N.E.J. Med., 239: 79-82, 1948.
- (3) Recommended Dietary Allowances. Revised 1958. A report of the Food and Nutrition Board, National Academy of Sciences. National Research Council Pub. 589. 36 pp., 1958.
- (4) Meyer, H. F.: Infant feeding practices in hospital maternity nurseries. A survey of 1,904 hospitals involving 2,225,000 newborn infants. PEDIATRICS, 21: 268-97, 1958.
- (5) Some Current Aspects of Infant Feeding Practices. 14 pp. (mimeo). Market Research Dept., Ross Laboratories, Columbus, 1960.
- (6) Infant Feeding Practices Among Physicians and Hospitals. Nutritional Research Dept., Carnation Co., Los Angeles, 8 pp. (undated).
- (7) Child Health Services and Pediatric Education. Report of the Am. Acad. Pediat., The Commonwealth Fund, N. Y., 270 pp., 1949.
- (8) Bennett, E.: Personal communication.
- (9) Vitamin preparation as dietary supplements and as therapeutic agents. Report to the Council on Foods and Nutrition. J. Am. Med. Assoc., 169: 109-13, 1959.
- (10) Cobb, J. C.: Personal communication.
- (11) Unpublished communication from nutrition service of a State Department of Health.
- (12) Merritt, K. K., Mike, E., and West, I. W.: A simplified method of preparing infant's formulas. 6 pp. (mimeo), Dec. 4, 1950.
- (13) Gezon, et. al.: Studies on the terminal sterilization of infant formulas. Allegheny Co. Health Dept. and Graduate School of Public Health, University of Pittsburgh, 1958. (unpublished).
- (14) Silver, H. K.: Sterilization and preservation of formulas for infants. PEDIATRICS, 20: 993-9, 1957.
- (15) Bond, J. O.: Effect of vinegar on growth of enteric bacteria in evaporated milk mixtures. J. Pediat., 49: 708-15, 1956.
- (16) Meyer, H. F.: Infant Foods and Feeding Practice. Springfield, Ill., Thomas, 332 pp., 1960.

- (17) Watt, J., Hollister, A. C., Beck, M.D., and Hemphill, E. C.: Diarrheal disease in Fresno County, California. Am. J. Pub. Health, 43 : 728-41, 1953.
- (18) A recommended safe preparation of a single bottle of infant formula. California State Dept. of Public Health, Bureau of Maternal and Child Health (Nov.) 1957, (mimeo).
- (19) Fisher, C. C., Whitman, M. A.: Simplified method of infant feeding: Bacteriologic and clinical study. J. Pediat., 55: 116-118, 1959.
- (20) Gibson, J. P.: Is formula sterilization necessary? J. Pediat., 55: 119-21, 1959.
- (21) Fomon, S. J., et. al.: Bacterial counts of infant formulas. Corres. J. Pediat., 55: 112-3, 1959.
- (22) Jacobziner, H.: Formula sterilization. (Letter to the Editor). J. Pediat., 55: 797-8, 1959.
- (23) Hill, L. F.: Formula preparation. Editorial. J. Pediat., 55: 124-5, 1959.
- (24) Butler, A. M., and Wolman, I. J.: Trends in the early feeding of supplementary foods to infants. Quart. Rev. Pediat., 9: 63-85, 1954.
- (25) Feeding of solid foods to infants. Committee of Nutrition. American Academy of Pediatrics. PEDIATRICS, 21: 685-692, 1958.
- (26) Clements, F. W.: Infant Nutrition--its physiological basis. Williams and Wilkins Co., 246 pp., 1949.
- (27) Smith, C. A.: Current trends in the feeding of infants and children. Report to the Council on Foods and Nutrition. J. Am. Med. Assoc., 161: 728-9, 1956.
- (28) Beal, V. A.: On the acceptance of solid foods and other food patterns of infants and children. PEDIATRICS, 20: 448-56, 1957.

File

Food & Nutrition
Section

THE AMERICAN PUBLIC HEALTH ASSOCIATION, INC.
1790 Broadway New York 19, N. Y.

A MANUAL FOR SECTION SECRETARIES

A Word of Welcome...

to you who have the opportunity to work intimately in the affairs of your Section. There is no better way to learn about the activities of the Association and to have a direct part in its dynamic program. We think that you will find your new responsibilities interesting and satisfying and hope that your relationships with all your Section Officers and Council as well as with Officers of other Sections and those of us on the administrative staff will be pleasant and rewarding. We on our part look forward with enthusiasm to working with you and assisting you in carrying out your new tasks.

WELCOME
TO THE
SECTION

=====

I. INTRODUCTION

Following is an outline of information that has been assembled for your aid and guidance. Some is basic information about the Association. Other parts discuss your duties and responsibilities as Secretary. You will note that there are some responsibilities that are fundamentally those of the Secretary. Others may be those of the Secretary unless other arrangements are made by the Section Council. The Administrative Office stands ready to assist you and to receive your comments or suggestions.

The following discussion is divided into several general parts:

Chapter

- II. A brief description of the Association, its organization, policies and Administrative Office staff functions, page 2.
- III. A discussion of the duties and responsibilities of Section Secretaries, page 6.
- IV. A suggested chronological listing of activities to be undertaken by the Secretary during the course of the Association year, page 10.
- V. Preparation of Annual Meeting program, page 12.
- VI. What the Administrative Office can do to help you, page 14.
- VII. Sharing responsibilities, page 15.
- VIII. Administrative Office staff members, page 16.
- IX. A resume, page 18.

II. SOMETHING ABOUT THE APHA

Some Association procedures are set by the Constitution and By-Laws. Others are a result of precedent or Governing Council or Executive Board Action. This Section will present some of this background.

- A. Total Association membership - 13,300; Fellows number 3,600.
- B. Sections number 14; Laboratory Section the oldest, founded in 1899; Mental Health youngest, founded in 1955. The largest Section is the Health Officers followed by the Public Health Nursing. The Association full-time staff numbers about 60. Except for some special project staff members and those maintaining the Washington, D. C. and Western Regional Office in San Francisco, most of the staff are at 1790 Broadway, New York 19. The address of the Washington and San Francisco Offices are respectively 224 E. Capitol St., Washington 3, D. C., and 693 Sutter St., San Francisco 2, Calif.
- C. The Governing Council is the body of ultimate authority in Association affairs. It meets at the time of the Annual Meeting and is the group that adopts policy statements and authorizes publication of documents in the name of the Association. At present there are 160 Fellows on the Council. You, as Secretary of the Section, and the other two officers of the Section are members of the Governing Council. The rest of the Governing Council consists of Association Officers, elected members of the Executive Board, Elective Councilors who serve 3-year terms, the Chairman of the Standing Committees, and a representative from each Affiliated Society and Branch. Only Fellows can become members of the Council. Between Annual Meetings some work is conducted by mail. The Governing Council amends the Constitution and By-Laws and selects the city for each Annual Meeting.
- D. The Executive Board serves for the Council in certain matters between Annual Meetings. It also is responsible for the fiscal affairs of the Association and for the administrative structure and policies governing the Administrative Office. The Board sets the time of each Annual Meeting. It consists of the Officers of the Association (President, President-Elect and Treasurer) and 6 elected members, 2 being elected each year for 3-year terms. Officers and elected members of the Board are elected by the Governing Council. The Board elects its own Chairman as well as the Executive Director. Each member of the Board must be or have been a member of the Governing Council at the time of his election.

- E. There are eight Standing Committees specified in the Constitution and By-Laws. These are the Committees on:

Affiliated Societies and Regional Branches
Constitution and By-Laws
Eligibility
Evaluation and Standards
Public Policy and Legislation
Professional Education
Research Policy
Technical Development Board

The Chairman of each one of these Committees is ex officio a member of the Governing Council. Appointments to the Committees are made by the Executive Board from among the Fellows of the Association unless membership is determined otherwise. The size of each Committee, Sectional and geographic representation and method of appointment or composition is outlined in Article XII of the By-Laws.

- F. The rather extensive changes in committee organization made at the 1956 Annual Meeting established a new type of Committee called the Program Area Committee. These Committees are appointed by the Executive Board and consist generally of 7 to 9 members. Broad areas of public health interest are the responsibilities of these Committees. At present the following Program Area Committees have been established:

Accident Prevention
Child Health
Chronic Disease and Rehabilitation
Environmental Health
Medical Care Administration
Mental Health
Public Health Administration
Radiologic Health

Although the Chairmen of these Committees must be Fellows, there is no restriction on the other members. All minutes of the Technical Development Board are mailed to the Section Council Members. Councilors are invited to comment on all actions and plans and to send such comments to Dr. Hood, APHA Deputy Executive Director.

- G. In addition to the Committees mentioned above, other Association Committees are appointed by the Executive Board as the need develops. Some are of long standing, such as the Sedgwick Memorial Medal Committee, Lasker Award Committee and Program Committee. Some are composed of Fellows only, others may include Fellows, Members or non-members. For the most part, appointments are made by the Executive Board.

- H. The American Journal of Public Health (AJPH) is published under the general direction of and policies adopted by the Editorial Board. About 75 per cent of all space for formal papers is given over to publication of Annual Meeting papers. Contributed papers are always welcomed and are considered upon their own merits. The material following the editorials -- News From the Field, News of Affiliated Societies and Branches, Credit Lines, and Personals -- is prepared by the administrative staff. Committee lists are usually carried in an early issue of the Journal.
- I. Section Committees are appointed by the Section Council. The Chairman of each Committee must be a Fellow of the Section. Other members may be Fellows, Members or non-members of the Association. Fellows or Members of other Sections may be invited to membership on the committee of another Section.
- J. Only the Executive Board can appoint a representative of the Association to the Committee of some other organization. There are occasions when a Section may be invited to appoint a representative to the Committee of some other organization. In effect these become Association representatives and so should be approved by the Executive Board. Such appointments can be cleared by sending recommendations to the Executive Director for action by the Board.
- K. Expenses of officers, committee members, speakers, etc., for attendance at Annual Meetings are not reimbursed from Association funds. The Association will make room reservations for members of the Governing Council (of which all Section Officers are members). An inquiry concerning the desire of each Governing Council member is sent out from the Administrative Office several months before the Annual Meeting. Expenses for attendance at Committee meetings held at times other than the Annual Meeting can be reimbursed in certain cases. Attendance of the Secretary at the Annual Meeting Program Committee meeting is one of these times.
- L. Some secretarial, telephone, telegraph and postage expenses incurred by Section Secretaries in performance of their duties may be paid for upon submission of expense vouchers. A general budgetary allotment is made for activities of the Sections by the Executive Board. Approval of the Executive Director must be obtained in advance for any major expenditures. Letterheads and envelopes, with Secretary's name and address imprinted, are provided each year.
- M. Terms of Committee appointments, unless the By-Laws specifically state to the contrary, commence with the end of the Annual Meeting and terminate with the end of the Following Annual Meeting. Technically, all but Standing Committees are discharged at the end of each Annual Meeting. This is not done in general practice. The terms for Standing Committees are listed in the By-Laws.

- N. In 1955 a category of Student Membership was established. Full-time students in undergraduate and graduate colleges and universities are eligible. Applications must be endorsed by a Member or Fellow of the Association or by a member of the faculty of the institution in which the student is matriculated. Dues of \$ 8.00 cover the period from September to December of the following year and entitle the student member to Section affiliation of his choice, receipt of 16 issues of the Journal and attendance at Section meetings. They can transfer to full membership by a simple letter request and payment of the regular membership fee.
- O. Election of Association officers is done by the Governing Council at the time of the Annual Meeting. A Nominating Committee elected by the Council prepares a slate which is presented to the Council by mail at least one month before the Annual Meeting. Additional nominations can be added by petition of at least 10 Governing Councilors. Such petitions should be directed to the Nominating Committee. (See Article XI of the By-Laws.) Members of the Governing Council, except those who are members by virtue of holding some other office, i.e., Section Officer, representative of an Affiliated Society, member of the Executive Board, etc., are elected by mail ballot of the entire Association membership. These are known as Elective Councilors. A Nominating Committee consisting of one elected representative from each Section and a Chairman appointed by the President prepares a list of nominees. Additions may be made by the petition of at least 25 Fellows or Members. (See Article IX of the By-Laws.)

III. DUTIES AND RESPONSIBILITIES OF SECTION SECRETARIES

Just what are the specific functions you are expected to perform? We shall enumerate some but there is no rigid limitation. To a great extent, you will make your own job.

- A. Maintenance of the records of all Section activities, including minutes of any meetings of the Section Council and of scientific sessions and Council meetings at the Annual Meeting. Keep a copy of records for yourself and the Section, and also forward one to the Administrative Office.
- B. The Chairman and the Vice-Chairman have responsibilities of leadership and stimulation of Section Committees. Frequently, the needed impetus must come from the Secretary.
- C. You are automatically a member of the Program Committee for the Annual Meeting. A meeting of Section Secretaries may be held immediately after the Annual Meeting for preliminary program planning. A meeting of the full Committee is usually held in February or early March. At that time you will be able to work with other Secretaries in developing joint sessions. You have primary responsibility for preparation of the scientific sessions of your Section for the Annual Meeting. Get all the help you can from anyone. The Section Council should be consulted in formulating plans and its approval obtained for the final product. Some Sections give responsibility for a specific session to other Section Council Members. The Section Secretary is the contact person for the finished program.
- D. You will prepare a preliminary Sectional Annual Meeting program for publication in the Journal and a final program for inclusion in the official program. We will need degrees and job titles of participants for the latter.
- E. Assure appointment by the Section Council of all Committee Members and see that each individual is advised of any appointment. Much of this can be done at the Annual Meeting but some of it may be left for completion afterwards. Some other member may be given the task of writing letters of appointment but you will submit a complete Sectional Committee list in time for inclusion in the AJPH for February or earlier. You should aim to have a complete Sectional Committee list in the Administrative Office no later than January 1.

- F. You will process through your Council for approval, applications for new Association members wishing to affiliate with your Section. Lists of new membership applicants and transfer requests to your Section will be furnished to you periodically throughout the year for approval by the Council Members. Another "Section election" takes place at the Annual Meeting and at this time you secure Section Council action on the Fellowship applications that the Section's representative to the Committee on Eligibility will give to you.
- G. Most Sections have established Membership and Fellowship Committees. The Section Secretary can help in suggesting (1) lists for sources of new members for the Section and (2) solicitation of eligible Members for Fellowship. The Administrative Office will gladly assist in any promotional plans by checking lists, duplicating letters, mailing invitations, etc.
- H. Action must be taken on certain essential matters by the Section or Section Council at the Annual Meeting. Complete instructions are sent out prior to each Annual Meeting. You should assure:
1. Election of new Officers and two Section Council Members prior to the second meeting of the Governing Council (usually Wednesday afternoon), and appointment of members to the following two Committees:
 - a. Association Nominating Committee for Elective Councilors every year.
 - b. Standing Committee on Eligibility - every other year.

A list of all new Officers should be delivered to the Membership Secretary at the Annual Meeting immediately after elections.
 2. Receipt from authors and Committee Chairmen of Annual Meeting papers and reports and their transmittal to the Administrative Office.
 3. Action on applications for Fellowship. (Applications will be brought to the Section Council by the Section representative on the Eligibility Committee.)

4. Transmittal of resolutions passed by the Section for consideration by the Association Resolutions Committee.* Resolutions are classified as policy or non-policy in nature. Policy Resolutions must be submitted over the name of the Secretary of the Section or the Chairman of the Section's Resolutions Committee acting in his capacity as Secretary or Chairman. (Provision is made for submission by others, but that is not discussed in this tabulation of Section information.) Policy Resolutions must be submitted to the Association Office at least 60 days before the beginning of an Annual Meeting. Resolutions can be deposited in the resolutions box (near the registration desk) at the Annual Meeting, but if they are of a policy nature, they can not be referred to the Governing Council until the following year unless the Governing Council votes a specific waver. All resolutions must pass through the Association Resolutions Committee before going to the Governing Council, so the Section Resolutions Committee must be appointed by the Section several months in advance of the Annual meeting to permit consultation and preparation. Resolutions passed on to the Association Resolutions Committee should be typed and in at least 5 copies.

5. Action the Section desires to take in recommending persons for consideration for the Sedgwick Memorial Award. A nomination should be accompanied by a one-page biographical sketch including a clear statement on the contributions to public health made by the nominee.

I. In consultation with the Chairman you should make arrangements for necessary business meetings of the Council and Section at the Annual Meeting. If the Section has members who are on any of the Standing Committees, it would do well to have such members report briefly on the activities of interest being undertaken by those Standing Committees.

=====

* The Resolutions Committee always has a difficult job in considering all suggested resolutions. The suggested form for all resolutions is:

"Whereas, the
 and
 Whereas, there are
 therefore be it
 Resolved, that the
 and be it further
 Resolved, that"

- J. You should also make arrangements for publication of a Section Newsletter. Preparation of the Newsletter could be made the responsibility of someone else. Some Sections have "Publications Committee" whose job it is to round up the news. It will be to your advantage, and that of your successor, to establish a permanent file of all Newsletters for reference purposes. The Administrative Office will see to it that you receive Newsletters distributed by other Sections.

- K. You will submit to the Administrative Office a complete list of the membership for all Section Committees. A permanent file of these for your use and that of your successor will be useful.

- L. A Secretary-Elect may assist the Secretary in his duties. This office is now provided for in the Constitution & By-Laws but the use of that office is left to the discretion of the Section.

IV. Suggested Chronological Order for Action to be Taken

Beginning with the Annual Meeting at which you take office:

- A. Obtain all records and files from the outgoing Secretary. He can also pass on many suggestions to you. Your responsibilities commence with the close of the Annual Meeting.
- B. Procure Minutes of all Annual Meeting sessions and Section Council meetings held at the last Annual Meeting as prepared by the past Secretary. See that copies are transmitted to the Administrative Office also.
- C. Complete Committee appointments. This will probably be done as recommended at business meetings of the Section. Be sure a complete list of all Committees, in final form, is transmitted to the Administrative Office in time for publication in the February issue of the Journal. The deadline to aim for is January 1.
- D. Prepare general plans for the Annual Meeting program of the Section. This should be completed in time for the meeting of the Program Committee, usually in February or early March. Included should be a consideration of:
 1. The number of sessions necessary, and
 2. Suggestions of joint sessions with other Sections, including topics for discussion and designation of the Section to take prime responsibility.Consideration of the above topics by the Council Members before the Program Committee meeting should be encouraged.
- E. If other members of the Council are to take responsibility for preparation of specific portions of the program, settle the general arrangements so that you can start work immediately after the Program Committee meeting.
- F. The Section Secretary automatically becomes a member of the Section Nominating Committee to be appointed by the Section Chairman. The Committee must be named at least 90 days before the time of the Annual Meeting. However, the Executive Board has urged the appointment of Section Nominating Committees well in advance of the Annual Meeting so that names of nominees can be decided upon early enough for publication in the Annual Meeting program - both preliminary and final. This available early listing can encourage nomination by petition thereby making possible much wider participation in selection of Council Members and Section Officers by all Members and Fellows.

You and the Section Chairman will receive a letter on this subject from the Executive Director early in the year. Actual election is conducted at the business meeting. The list of nominees for Section office must be submitted to the Section membership by publication in the Journal or by direct mail not less than 30 days before the Annual Meeting.

- G. Following the Program Committee meeting the Section Program should be completed promptly. A well-formed preliminary program should be submitted for publication in the Journal. The specific "due" date will vary from year to year but June 1 is a good target date for this preliminary form. The final, completed program should be submitted to the Administrative Office by a date announced later in the year.
- H. Coincidental with "G" above will be selection and notification of persons to present papers. You will probably receive many requests for a place on Section sessions. However, you may find it necessary to do some stimulating. Joint programs must be worked out with the Sections involved. The Secretary of the Section responsible for a joint program is the person who must make the final decision on speakers and papers, but this should be settled in conference with the other participating Secretaries.
- I. About 3 months before the Annual Meeting be sure Chairmen of Section Committees are alerted to the need for Committee reports at the Annual Meeting. This alerting can well be done by the Council member working with the Committees. Each Committee Chairman should be encouraged to have his report duplicated if the report will be of a definitive nature. Copies should be available at the Annual Meeting and also by mail after the Meeting for those who request them.
- J. Agenda for business sessions of the Section and meetings for the Council should be in good shape at least two weeks before the Annual Meeting. Agreement should be reached with the Chairman as to the number and time of these meetings. Memoranda outlining many needed actions will be sent to you from the Administrative Office about 6 weeks before the Meeting.
- K. As soon as possible after each Annual Meeting transmit to the Administrative Office a copy of the Section and Section Council Minutes and of all Committee Reports.
- L. If you are relieved of your Secretarial duties at the Annual Meeting, complete all Minutes for the entire meeting and transmit them to the Administrative Office, turn over all records and files to the new Secretary, and take a well-deserved bow!

V. PREPARATION OF ANNUAL MEETING PROGRAM

Preparation of the Annual Meeting program is the biggest task of the Secretary. Although each Secretary will develop his own routine for shaping up the final details, the past experiences of other Secretaries may be helpful to new Secretaries.

These few general observations may be superfluous, but they are made in the realization of this danger with the hope that for some they may be helpful.

- A. To a great extent, each Annual Meeting is the culmination of work during the preceding year. It provides the opportunity to show and tell the Section members what has been done by the Council, Committees and Officers. Make use of that opportunity.
- B. The success or lack of success of an Annual Meeting program frequently sets the pace for activities of the Section for the following year.
- C. Although many members of the Section will have an interest in hearing papers dealing with the narrow interests of the Section, the presence of the many disciplines at any Annual Meeting provides an opportunity to bring in the viewpoints of other specialists that should not be ignored. Likewise, the chance to present the view of the Section to other Sections should be utilized.
- D. Many members of the Association, and of each Section, value broad subjects equally with narrow, specialized programs.
- E. Meeting room facilities at some meeting cities are limited. There are times when a limitation must be put on the number of sessions that can be held at any one time. This is one other reason for developing sessions jointly with another Section, or even with several.

A recent move that should aid new Secretaries in developing Annual Meeting programs is the meeting of all Secretaries at the close of the Annual Meeting. This meeting not only provides a chance to "post-mortem" the recently completed meeting but also to start work on the new. Secretaries have an opportunity to visit and meet the other Secretaries. Topics of unusual interest can be discussed and any over-all plans for the next Annual Meeting can be reviewed. This early meeting also means that the new Secretary can begin his "learning by doing" experience early.

The main Program Committee meeting brings together not only the Secretaries but also the other members of the Committee who bring in general interest. Prior to attending this meeting each Secretary should expand his ideas for the program of his particular Section by any means possible. Some Sections:

- Canvass everyone attending technical sessions for ideas to be used in the following Annual Meeting program.
- Send out questionnaires early in the year asking for ideas.
- Send out a check list of possible topics so that the Section membership can indicate, readily, topics of special interest.
- Maintain a cumulative file of topics to be used in avoiding over-emphasis, spotting weaknesses, etc.

Each Secretary should utilize all resources in developing his ideas of what subjects could be used effectively at the meeting of his Section. He should also assemble ideas on joint sessions. Names of good speakers should be accumulated. Any occurrence of special interest, such as an anniversary, important international development, presence of an outstanding international practitioner, can serve as the core of a successful session.

During the meeting of the Program Committee, each Secretary will be called upon to outline general plans for individual Section meetings and for joint sessions with other Sections. These plans are not considered rigid and they may change before the final program is submitted. The Administrative Office needs this advance information for room assignment planning. If there are to be any limitations on the number of sessions that any Section can hold, this will be announced during the meeting. Otherwise, the Secretary is free to plan as he wishes. He will want to confer with the Secretaries of Sections to discuss possible sessions. He will want to hear what topics are being considered by other Sections so that he can fertilize his own thinking and perhaps see other chances for joint sessions. He will also want to hear of any plans for a symposium session so that the special subject selected can be tied in with the Section program if that is going to be possible.

Following the Program Committee meeting each Secretary will then have the task of "jelling" his program. He should confer with his Council. If arrangements have been made for joint planning and action he should start that. He may be able to farm out preparation of one or more sessions to some member of the Council or other member of the Section. Topics and speakers should be selected and a preliminary program readied for submission to the Administrative Office by June 1. (The exact deadline date will be announced during the Program Committee Meeting.) Speakers should be advised and any special arrangements cleared. If a session might be of interest to other Sections the Secretaries of those Sections should be kept advised of plans.

Several technical observations have been made during many years of Annual Meetings. These may help Secretaries in avoiding pitfalls and in preparing successful meetings:

- A. Discussion is often the most valuable part of a technical session. Allow ample time for this. Generally speaking, it is unwise to schedule more than four 20 minute papers in any session.
- B. Adhering to a timetable is important--but difficult. Every time a session starts late or a paper runs over, someone is inconvenienced. A good Chairman will start on time and will use a fully explained method for obtaining adherence to a fixed timetable. Some Chairmen have used laboratory alarm clocks. Others have warned all speakers that they will be alerted a minute or three minutes before the expiration of their time and subjected to a positive cut-off on the termination of their time.
- C. Use of stereopticon slides are usually used as a crutch by poor speakers. From the Association standpoint, they are an expense. From the listeners' standpoint, they are not so effective nor time saving as mimeographed graphs or tables that can be taken home and studied at leisure.
- D. A big name is not always a good speaker. Try to get people who speak well.

VI. ADMINISTRATIVE OFFICE HELP

Be assured of the desire of the Administrative Office to assist you in any way possible. This help can be obtained by correspondence or personal visit if such is convenient. The past Secretary should prove of continuing help to you.

Here are some of the specific ways the Administrative Office stands ready to help:

- A. Provide stationery, postage, etc.
- B. Provide a file of Members and Fellows of the Section.
- C. Reproduce and mail out Section Newsletters during the year. Arrangements for these letters should be discussed with the Administrative Office in advance of preparation.
- D. Reimbursement of necessary out-of-pocket expenses. This might cover necessary:
 - 1. Telephone calls
 - 2. Postage
 - 3. Secretarial help for time spent exclusively on Association work. This cannot be used to augment the salary of office help who work on Association affairs incidentally. Clearance should be obtained from the Executive Director in advance of contemplated expenditure.
- E. Advice as to program subjects, speakers, etc.
- F. Preparation and mailing of letters on Membership and Fellowship promotion by the Section.
- G. Provision of secretarial help during the Annual Meeting for typing of letters, resolutions, minutes, etc. Such assistance will be available in the Annual Meeting Association Office.

VII. SHARING RESPONSIBILITIES

Some Sections have spread responsibilities among Sectional Officers and others to relieve the Secretary of some work. This is commendable and to be encouraged even though the Administrative Office will still consider the Secretary as the contact person for information on many Sectional activities.

Among some of the actions taken by some Secretaries to spread the work load are the following:

- A. The Chairman or Vice-Chairman has the task of organizing Sectional Committees. This would mean reviewing present Committee membership; obtaining suggestions for new members; notifying people appointed to Committees and preparing the complete Committee list for publication.
- B. Having the Chairman or Vice-Chairman responsible for stimulation of the various Committees during the year; advising Committee Chairmen of the need for a report at the Annual Meeting and developing working arrangements between Section Committees interested in similar problems.
- C. Delegating to the Chairman, Vice-Chairman or some other Section Fellow or Member responsibility for preparation of a Sectional Newsletter. This is best done by someone in the Council because of familiarity with plans and programs. The Secretary usually retains the responsibility if no other provision has been made.
- D. Appointing a Membership Committee for the specific purpose of stimulating Fellowship and Membership. Frequently, it is the representative to the Committee on Eligibility who serves as Chairman. A few Sections have set up their Committees on a regional basis.
- E. Some responsibilities for the preparation of the Sectional program for the Annual Meeting have been given to other Members of the Section Council. In any event, all Members of the Section Council should be used widely in developing the program. One device used has been to give the responsibility for organizing a specific session to some Member of the Section Council.

You will be able to see other ways by which you can ease the pressure on yourself. We encourage you to involve others in Section affairs. We shall continue to look to you for our answers to problems arising in connection with the "duties of Section Secretaries".

VIII. SOME ADMINISTRATIVE OFFICE STAFF MEMBERS

Some of the Administrative Office staff members with whom you may have contact are:

Berwyn F. Mattison, M.D., the Executive Director. The Executive Director is responsible to the Executive Board for the administration of Association affairs. He is responsible for the supervision of all employees of the Association and is Managing Editor of the AJPH.

Mrs. Jeanne Bicket Edwab, the Association bookkeeper, responsible for payment of expense vouchers, etc.

Francis B. Elder, M.S.P.H., Engineering Associate and Assistant Director of Professional Programs and Associate Secretary for the Committee on Evaluation and Standards. He has special interests and responsibilities in the publication of technical publications.

Charles B. Frasher, Field Consultant, works with the Professional Examination Service, and is our expert on merit systems and personnel problems.

Mrs. Marion Fry, Membership Secretary, handles matters pertaining to Membership and Fellowship. Section Secretaries should contact her on general sectional activities. She is also the Administrative Secretary for the Committee on Affiliated Societies and Regional Branches.

Thomas R. Hood, M.D., Deputy Executive Director. In addition to assisting Dr. Mattison, he develops the professional program of APHA, is the liaison with professional societies, staffs TDB, and maintains general supervision over field surveys and recruitment studies.

Joseph K. Lane, M.S.A.M., writes the "news" half of the Journal - "News of the Field," "News of Affiliated Societies and Branches," "Credit Lines," etc.

Lillian D. Long, Ph.D., Director, Professional Examination Service, the staff member responsible for the preparation, distribution and processing of our professional examinations.

Robert E. Mytinger, M.P.H., Director of the APHA Western Regional Office, is also Field Representative of the Committee on Affiliated Societies and Regional Branches. His address is: Western Regional Office, APHA, 693 Sutter Street, San Francisco 2, Calif.

George Rosen, M.D., Editor of the AJPH.

Noble Swearingen, Director of the Washington, D. C. office, is also the Associate Secretary of the Committee on Public Policy and Legislation. His address is: 224 E. Capitol St., Washington 3, D. C.

Mrs. Frances Toorock, Associate Editor of the AJPH and the person who whips much of the published material of the Association into proper editorial shape.

James E. Troupin, M.D., Director of Professional Education, in charge of developing programs of graduate and post-graduate education for public health workers, in cooperation with official and voluntary health agencies, as well as with educational institutions.

Mrs. Willimina R. Walsh, Associate Director, in addition to general office administration, is responsible for Annual Meeting arrangements and the business affairs of the Association.

Edward Wellin, Ph.D., Field Director, Study of Behavioral Sciences in Public Health.

IX. A RESUME

As Secretary of your Section you hold a position of vital concern to the Section and to the Association.

-You are the one who will maintain most of the relationships that the Association has with the Section, the Section with the Association, and the Section with other Sections.
-You will be asked to express opinions for the Section and to suggest nominees for committee appointment.
-Yours is the duty to keep the Association advised of Section action and plans.
-You are the Section representative on the Program Committee which prepares the general modus operandi for the Annual Meeting.
-You are responsible for the preparation of the program of your Section for the Annual Meeting.
-You will be in a position to contribute considerably to the success with which Section activities are maintained between Annual Meetings.

We hope that this discussion will make your assignment somewhat easier and also enable you to accomplish a more successful term of office than would have been possible otherwise. Please give us any suggestions you have to assist us in preparing a revision of this Manual for use next year. If you find that the Manual serves you no special purpose, we'd like to know that also. We want to know, too, about your trials and joys as Secretary.

=====
December 1, 1960

(Copies have been sent to the Section Council Members and the Secretary-Elect, if any, for their information and interest.)

A. P. H. A. SECTION OFFICERS

and

SECTION COUNCIL MEMBERS

1960-1961

DENTAL HEALTH SECTION

Chairman: Wesley O. Young, D.M.D., Dept. of Public Health, Box 640, Boise, Idaho

Vice-Chairman: Norman F. Gerrie, D.D.S., Public Health Service, Dept. of H.E.W.,
4th and 'C' Sts., S.W., Washington 25, D.C.

Secretary: David F. Striffler, D.D.S., New Mexico Dept. of Public Health
408 Galisteo St., Santa Fe, N. Mex.

Secretary-Elect: Viron L. Diefenbach, D.D.S., Div. of Dental Public Health, Region VIII,
Public Health Service, Denver, Colo.

MEMBERS OF SECTION COUNCIL

1961 -Quentin M. Smith, D.D.S., Dept. of H.E.W., South Bldg., Room 3330,
Washington 25, D.C.
-Philip E. Blackerby, D.D.S., W.K.Kellogg Foundation, Battle Creek,
Michigan

1962 -Donald J. Galagan, D.D.S., Div. of Dental Public Health, Public Health
Service, 4th and 'C' Sts., S.W., Wash. 25, D.C.
-Elizabeth M. Warner, Div. of Dental Public Health, Public Health
Service, 4th and 'C' Sts., S.W., Wash. 25, D.C.

1963 -Clifton O. Dummett, D.D.S., Dental Service, Veterans Hospital,
Tuskegee, Ala.
-Robert L. Weiss, D.D.S., Div. of Dental Public Health, 4th and 'C'
Sts., S.W., Wash. 25, D.C.

ENGINEERING AND SANITATION SECTION

Chairman: P. Walton Purdom, 319 E. Durham St., Philadelphia 19, Pa.

Vice-Chairman: Clarence W. Klassen, P.E., State Dept. of Health, Springfield, Ill.

Secretary: James A. King, National Institutes of Health, Room 307, Bldg. 1,
Bethesda 14, Md.

Secretary-Elect: Charles A. Farish, 1308 Brooks, Ann Arbor, Mich.

MEMBERS OF SECTION COUNCIL

1961 -Wesley E. Gilbertson, Div. of Sanitary Engineering Services, P.H.S.,
Washington 25, D.C.
-Jerome B. Trichter, 453 F.D.R. Drive, New York 2, N.Y.

1962 -A. Harry Bliss, Dr.P.A., Univ. of California, School of P.H.,
579 University Hall, Berkeley 4, Calif.
-Louva G. Lenert, 245 State Office Bldg., Atlanta, Ga.

1963 -Ray B. Watts, 1553 Pemberton Drive, Columbus 21, Ohio
-Andrew T. Dempster, Jr., P.E., Health Department, 400 Woodward,
Detroit 26, Mich.

EPIDEMIOLOGY SECTION

Chairman: Fred L. Soper, M.D., 4104 Rosemary St., Chevy Chase, Md.

Vice-Chairman: Kirk T. Mosley, M.D., Oklahoma University School of Medical,
Oklahoma City, Okla.

Secretary: Arthur C. Hollister, M.D., California State Dept. of Public Health,
2151 Berkeley Way, Berkeley 4, Calif.

Secretary-Elect: Timothy D. Baker, M.D., Johns Hopkins University School of Public Health,
Office of Asst. Director, Baltimore, Md.

MEMBERS OF SECTION COUNCIL

1961 -John P. Fox, M.D., Public Health Research Institute, Ft. of E. 15th
St., New York 9, N.Y.
-Thomas D. Dublin, M.D., National Institutes of Health, Bldg. 1,
Room 105, Bethesda 14, Md.

1962 -Alexander D. Langmuir, M.D., Communicable Disease Center, P.H.S.,
50 - 7th Street, N.E., Atlanta, Ga.
-Sidney Cobb, M.D., University of Pittsburgh, G.S.P.H., Dept. of
Biostatistics, Pittsburgh 13, Pa.

1963 -Brig.Gen. Joseph McNinch, Office of the Surgeon, Hq. U.S. Army, Europe,
APO 403, New York, N.Y.
-James H. Steele, D.V.M., Communicable Disease Center, P.H.S., 50 - 7th
St., N.E., Atlanta, Ga.

FOOD AND NUTRITION SECTION

Chairman: Robert E. Olson, M.D., University of Pittsburgh, G.S.P.H., Pittsburgh, Pa.

Vice-Chairman: Emil M. Mrak, Ph.D., Chancellor, University of California, Davis, Calif.

Secretary: Ruth E. Brennan, County Health Dept., 651 Brentwood Blvd., Clayton, 5, Mo.

MEMBERS OF SECTION COUNCIL

1961 -Jane C. Ebbs, 8 Devon Road, Silver Spring, Md.
-Horace Sipple, Ph.D., The Nutrition Foundation, Inc.
99 Park Avenue, New York 16, N.Y.

1962 -Ruth L. Huenemann, D.Sc., Univ. of California, School of Public
Health, Berkeley 4, Calif.
-James M. Hundley, M.D., National Institutes of Health, Bethesda 14,
Maryland

1963 -Robert E. Shank, M.D., 4 Garden Lane, Kirkwood, Mo.
-Martha F. Trulson, D.Sc., Harvard School of Public Health,
One Shattuck St., Boston 15, Mass.

HEALTH OFFICERS SECTION

Chairman: Ellis D. Sox, M.D., 101 Grove Street, San Francisco 2, Calif.
 Vice-Chairman: Charles Wilbar, M.D., 360 North 28th St., Camp Hill, Pa.
 Secretary: Harald M. Graning, M.D., Dept. of Health, Education, and Welfare,
 Region II, 42 Broadway, New York, N.Y.
 Secretary-Elect: Charles Sutton, M.D., State Dept. of Public Health, Division of
 Local Health Services, Springfield, Ill.

MEMBERS OF SECTION COUNCIL

1961 -Robert N. Barr, M.D., State Dept. of Health, University Campus,
 Minneapolis 14, Minn.
 -Emil E. Palmquist, M.D., 520 Cragmont Ave., Berkeley 8, Calif.
 1962 -Robert E. Coker, Jr., M.D., Univ. of North Carolina, School of
 Public Health, Chapel Hill, N.C.
 -John Venable, M.D., State Dept. of Public Health, Capitol Square,
 Atlanta, Ga.
 1963 -Harold Erickson, M.D., California State Dept. of Public Health,
 2151 Berkeley Way, Berkeley 4, Calif.
 -John J. Hanlon, M.D., City Health Dept., 500 S. Broad St.,
 Philadelphia 46, Pa.

LABORATORY SECTION

Chairman: William G. Walter, Ph.D., Montana State College, Bacteriology Dept.,
 Bozeman, Mont.
 Vice-Chairman: Earle K. Borman, P.O. Box 2340, Hartford 1, Conn.
 Secretary: Erwin Neter, M.D., Children's Hospital, 219 Bryant Street,
 Buffalo 9, N.Y.
 Secretary-Elect: Theodore A. Olson, Ph.D., Univ. of Minnesota, School of Public
 Health, Minneapolis 14, Minn.

MEMBERS OF SECTION COUNCIL

1961 -F. Wellington Gilcreas, P.O. Box 2055, University P.O. Station,
 Gainesville, Fla.
 -Alcor S. Browne, Ph.D., 1869 San Lorenzo, Berkeley, Calif.
 1962 -George D. Cummings, M.D., Bureau of Laboratories, Dept. of Health,
 Lansing, Mich.
 -Irving Gordon, M.D., Department of Medical Microbiology, School
 of Medicine, University Park, Los Angeles
 7, Calif.
 1963 -Robert D. Stuart, M.D., Provincial Laboratory of Public Health,
 Univ. of Alberta, Edmonton, Alta., Canada
 -Robert A. MacCready, M.D., State Dept. of Public Health, Diagnostic
 Laboratory, Boston, Mass.

MATERNAL AND CHILD HEALTH SECTION

Chairman: Madelene M. Donnelly, M.D., State Dept. of Public Health, State House, Des Moines, Iowa

Vice-Chairman: William M. Schmidt, M.D., Harvard School of Public Health, 55 Shattuck St., Boston 15, Mass.

Secretary: Alice D. Chenoweth, M.D., 1503 North Jefferson St., Arlington, Va.

MEMBERS OF SECTION COUNCIL

1961 -Goldie B. Corneliuson, M.D., State Dept. of Health, M.C.H. Division, Lansing, Mich.
-Jean Pakter, M.D., 1175 Park Avenue, New York 28, N.Y.

1962 -Donald C. Smith, M.D., Univ. of Michigan, School of Public Health, Ann Arbor, Mich.
-Katherine Bain, M.D., U.S.Children's Bureau, Dept. of H.E.W., Washington 25, D.C.

1963 -Paul A. Harper, M.D., Johns Hopkins Univ., School of Hygiene and Public Health, 615 No. Wolfe St., Baltimore, Md.
-Jean F. Webb, M.D., Dept. of National Health and Welfare, Div. of M.C.H., Ottawa, Ont., Canada

MEDICAL CARE SECTION

Chairman: Caldwell B. Esselstyn, M.D., 454 Warren St., Hudson, N.Y.

Vice-Chairman: Isidore S. Falk, Ph.D., RFD 1, Stonington, Conn.

Secretary: Henry C. Daniels, U.M.W.A., Medical Health & Hospital Services 907 - 15th St., N.W., Washington, D.C.

MEMBERS OF SECTION COUNCIL

1961 -Franz Goldmann, M.D., 48 Seaview Avenue, New Rochelle, N.Y.
-Alonzo S. Yerby, M.D., N.Y.City Dept. of Health, 125 Worth St., New York 13, N.Y.

1962 -Cecil G. Sheps, M.D., Beth Israel Hospital, 330 Brookline Ave., Pittsburgh, Pa.
-George G. Reader, M.D., Cornell Medical College, 1300 York Ave., New York 21, N.Y.

1963 -Agnes Brewster (Mrs.), 4 Burning Tree Court, Bethesda 14, Md.
-Leonard Rosenfeld, M.D., 1301 Grayton St., Grosse Point Park, Mich.

MENTAL HEALTH SECTION

Chairman: Rema Lapouse, M.D., Public Health Research Institute, Ft. of E. 15th St., New York 9, N.Y.

Vice-Chairman: Alan D. Miller, M.D., Public Health Service, 621-17th Street, Denver 2, Colo.

Secretary: Joseph J. Downing, M.D., County Department of Health and Welfare, M.H. Section, 225-37th Ave., San Mateo, Calif.

MEMBERS OF SECTION COUNCIL

1961 -Joanna F. Gorman (Mrs.), State Board of Health, P.O. Box 210, Jacksonville 1, Fla.
-Joseph Zubin, Ph.D., 722 West 168th Street, New York 32, N.Y.

1962 -S. Eleanor Gill, R.N., Univ. of Michigan, School of Public Health, Ann Arbor, Mich.
-Elias Marsh, M.D., State Dept. of Health, State Office Bldg., Hartford, Conn.

1963 -Ellen M. Donnelly, Ed.D., Community Health Project, 38 Woodland St., Hartford, Conn.
-Stanley F. Yolles, M.D., 1802 Alberti Drive, Silver Spring, Md.

OCCUPATIONAL HEALTH SECTION

Chairman: Fred R. Ingram, P.E., 90 Panoramic Way, Walnut Creek, Calif.

Vice-Chairman: Mitchell R. Zavon, M.D., Kettering Laboratory, Eden & Bethesda Sts., Cincinnati 19, Ohio

Secretary: Melvin M. Udel, M.D., Metropolitan Life Insurance Company, One Madison Ave., New York 10, N.Y.

MEMBERS OF SECTION COUNCIL

1961 -Clyde M. Berry, Ph.D., State Univ. of Iowa, Medical College, Inst. of Agricultural Medicine, Iowa City, Iowa
-Bernard E. Conley, Ph.D., 707 Prospect, Lake Bluff, Ill.

1962 -Elston L. Balknap, M.D., 561 North 15th St., Milwaukee, Wis.
-Lewis J. Cralley, Ph.D., Public Health Service, 1014 Broadway, Cincinnati, Ohio

1963 -Ernest Mastromatteo, M.D., Parliament Bldgs., Room 5412, Toronto, Ont., Canada
-Emil T. Chanlett, Univ. of North Carolina, Dept. of Sanitary Engineering, Chapel Hill, N.C.

PUBLIC HEALTH EDUCATION SECTION

Chairman: Theron H. Butterworth, Ph.D., National Society for Crippled Children and Adults, 55 West 42nd St., New York 36, N.Y.

Vice-Chairman: Mr. Alfred E. Kessler, 615 North Alabama St., Room 335, Indianapolis, Ind.

Secretary: Mr. Ben D. Kiningham, Jr., 730 South 6th St., Springfield, Ill.

MEMBERS OF SECTION COUNCIL

1961 -Morey R. Fields, Ed.D., New York University, Bureau of P.H.Educ., New York, N.Y.
 -Malcolm A. Mason, 1725 North Winfield, Indianapolis, Ind.

1962 -William Griffiths, Ph.D., Univ. of California, School of Public Health, Berkeley 4, Calif.
 -George Stenhouse, 722 Medlock Road, Decatur, Ga.

1963 -Chester S. Bowers, Alameda County Health Dept., 499-5th Street, Oakland 7, Calif.
 -Rosemary M. Kent, Ph.D., Univ. of North Carolina, School of Public Health, Chapel Hill, N.C.

PUBLIC HEALTH NURSING SECTION

Chairman: Anne Burns, R.N., 2355 Andover Road, Columbus, Ohio

Vice-Chairman: Margaret G. Arnstein, R.N., Public Health Service, Division of Nursing, S.S.Bldg., Washington 25, D.C.

Secretary: Jane B. Taylor, R.N., Public Health Nursing Assn., Armory Bldg., E. 1st and Des Moines, Des Moines 9, Iowa

Secretary-Elect: Eva M. Reese (Mrs.), 3513 Hacienda Ave., San Mateo, Calif.

MEMBERS OF SECTION COUNCIL

1961 -Kathleen M. Leahy, R.N., Univ. of Washington, School of Nursing, Seattle, Wash.
 -Ella E. McNeil, R.N., Univ. of Michigan, School of Public Health, Ann Arbor, Mich.

1962 -Anna Fillmore, R.N., 5 Peter Cooper Road, New York 10, N.Y.
 -Janet F. Walker, R.N., St.Louis University School of Nursing, 1402 S. Grand St., St.Louis 4, Mo.

1963 -Agnes L. Fuller, Dept. of Health, Education, and Welfare, Region II, 42 Broadway, New York, N.Y.
 -Dorothy I. Rusby, R.N., 3300 Chester Ave., Cleveland 14, Ohio

SCHOOL HEALTH SECTION

Chairman: Florence L. Fogle, R.N., Ohio State Univ., 320 W. 10th Ave.,
Starling-Loving Hall, Columbus 10, Ohio

Vice-Chairman: C. Adele Brown, M.D., 105 East 6th Street, Oswego, N.Y.

Secretary: Marian V. Hamburg, Ed.D., American Heart Assn., 44 East 23rd St.,
New York 10, N.Y.

Secretary-Elect: Mildred E. Doster, M.D., School Administration Bldg., 414 - 14th St.,
Denver, Colo.

MEMBERS OF SECTION COUNCIL

1961 -Wesley P. Cushman, Ed.D., Ohio State Univ., 337 W. 17th Avenue,
Columbus 10, Ohio
-Wesley M. Staton, Ed.D., Colorado State College, Greeley, Colo.

1962 -David A. Van der Slice, M.D., USOM/Panama, PO Box 'J', Balboa, C.Z.
-Dora A. Hicks, Ed.D., Univ. of Florida, College of Health
Education, Gainesville, Fla.

1963 -Fred V. Hein, Ph.D., American Medical Association 535 N. Dearborn
St., Chicago 10, Ill.
-J. Keogh Rash, H.S.D., Indiana Univ., Dept. of Health and Safety,
Bloomington, Ind.

STATISTICS SECTION

Chairman: Robert D. Grove, Ph.D., 2114 N. Powhatan St., Arlington, Va.

Vice-Chairman: Mr. Sam Shapiro, 58 Johnson Ave., Teaneck, N.J.

Secretary: Fay M. Hemphill, Ph.D., National Institutes of Health, Bldg. T-6,
Room 1205, Bethesda 14, Md.

Secretary-Elect: Sidney Cutler, National Cancer Institute, Biometrics Section, Bldg.
T-6, Room 2201, Bethesda 14, Md.

MEMBERS OF SECTION COUNCIL

1961 -Albert P. Iskrant, Dept. of H.E.W., Special Health Services,
Washington 25, D.C.
-Margaret F. Shackelford, State Dept. of Health, Oklahome City,
Okla.

1962 -Howard West, 1224 Stafford Road, Alexandria, Va.
-Jacob Yerushalmy, Ph.D., Univ. of California, School of Public
Health, Berkeley 4, Calif.

1963 -Felix E. Moore, Univ. of Michigan, School of Public Health,
Ann Arbor, Mich.
-Margaret E. Rice, State Board of Health, Div. of Public Health
Statistics, Jackson 113, Miss.

File in Shank

AGENDA

RESEARCH POLICY COMMITTEE
AMERICAN PUBLIC HEALTH ASSOCIATION

September 9, 1960 - 9:30 a.m.
Room 5026 HEW South Building
Washington, D.C.

Attachment

1. Minutes - Meeting of March 9, 1960
2. APHA Research Policy No. 1
3. Functions of Committee on Research Policy
 - a. Delineation of Areas of Research Need (Hardy) No. 2
(Attachment No. 2--see Hardy memo
of August 17, 1960, not enclosed)
 - b. Stimulation and Promotion of Research (Tayback) No. 3
 - c. Encourage Research Training No. 4
 - d. Liaison with Other Organizations No. 4-b
4. Regional Research Conferences
(cont. discussion)
5. Letter: Chairman, Health Services Research Study Section, No. 5
NIH, to Chairman, APHA Research Policy Committee
6. Dr. James Rafferty, M.D. No. 6
(by invitation at 2 P.M.)
7. Resolutions for Governing Council re Research (Hardy) No. 7
8. Report of APHA Legislative Representative (Swearingen)
9. APHA Research Applications
 - a. Nutrition Research
 - b. APHA - general support
10. Other Business!
11. Announcements

Research Booth - San Francisco

Next meeting: San Francisco, October 31, 1960
6:30 p.m., Room 261, Sheraton-Palace
(dinner)

RD:hc

Revised 3/30/60

STATEMENT ON RESEARCH POLICY BY THE
AMERICAN PUBLIC HEALTH ASSOCIATION

Research is defined as planned and organized scientific efforts carried out under controlled conditions and designed to obtain findings which will have general application. The American Public Health Association has a history and tradition of the encouragement and conduct of research useful to the health profession. The continuation and expansion of this position of the Association is important to the continued development and support of our national public health efforts.

The American Public Health Association recognizes research as one of the important fundamental responsibilities of public health and of public health agencies. Research is essential to good public health programs because it facilitates sound planning, efficient administration, and careful evaluation. The Association believes that research in itself and research as a part of health programs requires an investment in time, money, personnel, and effort; an investment not to be confused with administration. It believes that research in all its forms is essential to the continuing benefit of mankind. The Association recognizes the importance of laboratory research as one of the foundations on which clinical studies and community research are developed. It believes that community research should be given a high priority at this time. The Association recognizes as its responsibility the need for defining and pointing out areas of public health research, the need for the application of laboratory and clinical research to community studies, the need for the development and improvement of research methodologies, and the need for demonstrations and evaluations of research knowledge.

It is the policy of the American Public Health Association to encourage and assist health agencies to formulate research policies for their organizations; to encourage health agencies and institutions to create and support an environment favorable to research; to encourage the development and support of research training; to encourage the initiation and promotion of research by the component sections and committees of the American Public Health Association; to encourage and participate in cooperative research with other institutions, agencies, and groups concerned with health; to encourage the support of community research by government, voluntary health agencies, and private foundations; and to encourage those concepts of research which promote improvement of the quality of life, as well as the preservation of life. The American Public Health Association believes it has a responsibility for leadership in the coordination, the promotion of cooperative sponsorship, the stimulation, and the evaluation of research, and in establishing guides for improving the quality of public health research. The Association desires to work with and assist, within its resources, those interested in building the foundation of new knowledge and new methods on which the future of public health practice may be established. The Association will, through its component organizational elements, seek to implement this policy and encourages all such elements to cooperate and participate in the discharge of the Association's responsibilities for public health research.

- (1) A report on the regional conference on research in Atlanta
- (2) Summary of recommendations on "Delineation of Research"

Please refer to memorandum dated August 17, 1960 from Albert V. Hardy, M.D.
to Research Policy Committee

RDmJ
9-1-60

Stimulation and Promotion of Research

- a. The Committee on Research Policy should convene expert committees in specific subject areas of public health research in order to consider the need for community type investigations and the potential of local and state health departments to accomplish such studies.
- b. The Committee on Research Policy should take whatever action is appropriate in order to encourage State Health Departments to appropriate funds to be spent categorically for research.
- c. State Health Departments should be encouraged to provide funds at a 100 per cent support level for pilot investigations by County or City Health Departments.

ND:mj
9-1-60

Research Training

- a. The Committee on Research Policy should endorse the program of Epidemiology and Biometry training grants by National Institutes of Health and should encourage extension of the epidemiology training grant program to medical schools and to selected qualified health departments.
- b. The Committee on Research Policy should take appropriate measures in order to stimulate research activities in departments of preventive medicine within medical schools as a device for attracting medical students into public health research.
- c. Effort should be made to make fellowships available to pre-doctoral and post-doctoral candidates in the social science fields for study and research within Schools of Public Health. Concomitantly Schools of Public Health should be encouraged to develop curricula and research training opportunities for social scientists in the public health field.

Function 7: "Maintain liaison with other organizations and agencies concerned with public health research."

A. Statement:

In order to insure further the complimentary stimulation and development of public health research in the various professional, scientific, and service organizations concerned with research in this area, the APHA Committee on Research Policy will establish and maintain liaison with these organizations. There will be two classes of liaison relationship: (1) attending liaison members and (2) corresponding liaison representatives.

(1) Attending Liaison Members:

Organizations which are concerned with the development of public health research broadly and which have designated a committee on research, research policy, or related matters, can be invited, where appropriate, to send a designated liaison member to the annual meeting of the APHA Committee on Research Policy and to such other meetings of the Committee on Research Policy as the Chairman feels appropriate. An example of such an organization might be the Association of State and Territorial Health Officers. The Chairman or Secretary of the APHA Committee on Research Policy, or their designate, will usually serve as the liaison representative to the participating organization.

(2) Corresponding Liaison Representatives:

Organizations which are concerned with the development of specific professional or disciplinary aspects of public

health research and which have designated a committee on research, research policy, or related matters, can be invited, where appropriate, to designate a corresponding liaison representative to the APHA Committee on Research Policy. An example of such an organization might be the Biometrics Society. A member of the Committee on Research Policy will be designated by the Chairman to maintain an active relationship with the corresponding liaison representative.

B. Discussion:

This mechanism provides a means by which selected organizations concerned with the development of public health research broadly can participate actively in the discussions of the APHA Committee on Research Policy. It implies that the Chairman, or Secretary, of the Committee on Research Policy may be invited to attend appropriate meetings of the Committee of these organizations. It is hoped that this mechanism will provide for an active, working relationship between the APHA Committee and the Committees of other organizations. It is expected that the attending liaison relationship will be restricted to a maximum of 3 to 5 organizations.

The corresponding liaison relationship, on the other hand, should provide a means by which the needs and developments of specialized areas of public health research will be brought to the attention of the Committee and an active, but less formal working relationship developed between specialized organizations and the Committee on Research Policy. The limiting factors on the number of such liaison relationships are the number of Committee members, the time available to them for this function,

and the wishes and facilities of other organizations to participate in this manner.

C. Questions:

1. What professional, scientific, educational, service, etc., organizations should be invited to designate attending liaison members?
2. What professional, scientific, educational, service, etc., organizations should be invited to designate corresponding liaison representatives?

3.*

*Number 3 is left blank for any suggestions of questions you may wish to add.

ED:mj
9-2-60

COPY

Attachment No. 5

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

Bethesda 14, Md.

National Institutes of Health
Oliver 6-4000

Reply to: 130 De Soto Street
Pittsburgh 13, Pa.

August 18, 1960

Dr. Robert Dyar
State Department of Public Health
Berkeley, California

Dear Dr. Dyar:

As you may perhaps know, recently the Public Health Study Section and the Hospital Facilities Research Study Section were disbanded and two new Study Sections were formed - one on "Human Ecology - Biological and Social", and the other - "Health Services Research."

It is in connection with the latter that I'm writing to you as Chairman of the APHA Committee on Research Policy. We should like very much to explore ways of improving and expanding research activities dealing with health services. Preparatory to discussing this at the first meeting of our Study Section, which is scheduled for September 12, I would appreciate it very much if you could tell us briefly something of the objectives of your Committee, and if you would let us know if you think a useful purpose would be served if a meeting were arranged of your research committee and related committees of other associations together with representatives of our Study Section.

Yours sincerely,

s/s Cecil G. Sheps

Cecil G. Sheps, M.D., M.P.H.
Chairman, Health Services Research

CGS/ar

CC: Mr. Lamson

COPIED 9-2-60

HD:mj

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

MALCOLM H. MERRILL, M.D.
DIRECTOR OF PUBLIC HEALTH



EDMUND G. BROWN
GOVERNOR

2151 BERKELEY WAY
BERKELEY 4, CALIFORNIA

September 2, 1960

Dr. Cecil Sheps
Chairman, Health Services Research
Study Section
National Institutes of Health
130 De Soto Street
Pittsburgh 13, Pennsylvania

Dear Doctor Sheps:

This is in reply to your letter of August 18 relative to the mutual interests of Health Services Research Study Section, National Institutes of Health and the American Public Health Association Committee on Research Policy. I should like very much to discuss your letter with members of the committee on Research Policy when we meet in Washington on September 9.

Rather than address myself to your question of the objectives of the committee which are in essence the objectives of the Association, I would prefer to write concerning the functions of the Committee for I believe they are more germane to the mutual interests which we are exploring here.

Among the functions of the Committee on Research Policy of the American Public Health Association are the following:

1. To recommend research policy to the Association.
2. To delineate areas of research need in public health.
3. To stimulate and promote research and to improve the quality of research.
4. To encourage research training.
5. To coordinate the American Public Health Association research interests and policies with those of relative organizations.
6. To maintain an inventory of American Public Health Association research.
7. To maintain liaison with other organizations and agencies concerned with and interested in public health research.

C
O
P
Y

September 2, 1960

8. To develop guides for community research.
9. To provide a clearing house or information center for public health research.

To foster our working relationships with those organizations with mutual interests, the Committee has a group of non-voting liaison representatives from those associations. They include representation from the Association of State and Territorial Health Officers, from the Association of American Teachers of Preventive Medicine, from the American College of Preventive Medicine, from the National Institutes of Health and the Bureau of State Services in the United States Public Health Service. In the past we have worked closely with members of the Public Health Study Section in promoting research interest and improving the quality of research through regional research conferences. As for the future, although as you appreciate the Committee's interests in research are of necessity broader than those of any one study section, I am sure they will welcome the opportunity to consider a close working relationship with your group. A report of our deliberations of the ninth will be available to you for your meeting of the twelfth.

Sincerely,

Robert Dyar, M.D.
Chief, Division of Research

RD:mj

cc - Mr. Glen Lamson
Dr. Murray Goldstein

NEW APPROACHES TO PROGRAMS AND MANPOWER

Dr. Kandle, in accordance with the Board's wish to bring people before the Board who may have new and fresh ideas about problems in public health, invited Dr. James A. Rafferty to appear.

Dr. Rafferty is an M.D. (President of Executive Research Council, Inc., Alexandria, Va. - R.D.) with a background in biostatistics and operations research. He stated that he had become concerned with problems of measuring effectiveness of programs and the problem of replacing obsolescent programs. He investigated the process by which the NIH allocated money to research and reached the following conclusions: that the procedure of making research money available represents an antiquated form of dealing with the problem; that the Surgeon General should be authorized to make grants for research as well as contract for it at his administrative discretion; that federal money should go to researchers outside as well as in universities and medical schools; that there needs to be a real, imaginative, comprehensive projection of what real research problems are; that if money was made available there would be no shortage in man power since there are researchers in industrial research fields outside public health that could be brought in; that there should be a mechanism to bring organizations, such as the APHA, AMA, in to "marry" fund dispersing sources with the scientific community; that there is a need for continuation of the National Advisory Council but that it should use the Study Sections and act

more positively in developing long-range research programs rather than acting just as a screen; that there should be development of little NINAs all over the country, e.g. regional, state, universities; that state and territorial health officers persuade their legislators to provide money for research in their budgets. The Board was asked to comment on Dr. Rafferty's presentation. Some felt that there was a much greater degree of fiscal control in the contract mechanism than in the grant mechanism; that social returns of research are greater where research is controlled by an administrative bureaucracy; that it may not be true research when done for private industry where the product is being produced for someone who wants it and there is restriction of publication. It was also thought that there should be an institution grant or formula grant and that there should be flexibility in making grants - grants, grants to institutions, contracts, grants-in-aid to states. The question was asked if this issue of research support has relevance for TDB. Dr. Rafferty stated that he considered TDB a regenerative force and suggested that the APHA apply for a research support grant, break down programs into steps and do a systems analysis of some program. It was suggested that a work party, consisting of people from the Committees on Research Policy and Evaluation and Standards, might draft an application or proposal in some area of public health development and if carried out that liaison be established with an operations research organization or management organization. Dr. Bensen and Dr. Rafferty prepared a charter for a work group to prepare a grant request (see attached). Dr. Kandle asked Dr. Breslow to communicate with Dr. Dyar,

Chairman of the Committee on Research Policy, about the foregoing discussion. It was suggested that Dr. Dyar might arrange to meet with Dr. Rafferty and that this subject might be pursued further at the time of the San Francisco meeting. The Board agreed to give consideration to the issue of centralization versus decentralization of making grants.

RD:jv
9/2/60

Draft

A. Whereas new areas of research call for new research methodologies and
Whereas wider understanding is essential for effective interdisciplinary
studies which are needed increasingly and
Whereas regional exchanges of information may lead to indicated
cooperative studies of regional significance and
Whereas research grants provide major support to current research and
Whereas guiding experience in the planning and presentation of grant
proposals increases both the probability of approval and the
productivity of studies;

Now therefore be it resolved that the APHA recommends the organization
of periodic regional conferences on research in state and local
health departments and commends this to the attention of the U. S.
Public Health Service (Regional Offices, Bureau of States Services
and NIH) the Children's Bureau, State Health Departments, and
Departments of Preventive Medicine.

9-3-60
ED:hc

Draft

B. Whereas public health practice is expanding with the addition of responsibilities in chronic disease control, community mental health, radiological health, air pollution and other programs and
Whereas there is urgent need for new knowledge to guide in the formulation or strengthening of all programs and
Whereas studies directed towards the improvement of public health procedures can be done advantageously in operating health agencies and
Whereas state health departments receive categorical heart, cancer and mental health funds appropriated to the National Institutes of Health for the advancement of research and for extending the benefits of research and
Whereas health departments have established by their own experience the value of the investigative approach through their effective programs for the control of communicable diseases;
Now therefore be it resolved that the APHA affirms (1) the need for a research approach to new problems and programs, (2) that research is an essential component of public health practice and (3) that all health departments should give increasing attention to the advancement of programs through well conceived programs of research.

9-2-60
ED:hc

The Nutrition Foundation, Inc.

NINETY-NINE PARK AVENUE
NEW YORK 16, N. Y.

*Food + Nutri. Section
Am. P. H. Assoc.*

August 30, 1960

TELEPHONE
MURRAY HILL 7-4830

MEMORANDUM TO THE COMMITTEE ON
NUTRITION INFORMATION, FOOD AND
NUTRITION SECTION,
AMERICAN PUBLIC HEALTH ASSOCIATION

Mr. H. E. O. Heineman
Mrs. Mary Horton
Dr. Robert E. Shank ✓
Mrs. Alice H. Smith

I enclose the Report of the APHA Food and Nutrition Section, Committee on Nutrition Information filed August 30th with the Section's Secretary.

This Report, which I hope is in at least general agreement with the views of all Committee members, will be acted upon by the Section Council on October 31st.

Sincerely yours,

Horace L. Sipple

Horace L. Sipple
Chairman
Committee on Nutrition Information

HLS:laf
Enclosure

Report of the Committee on Nutrition Information
Food and Nutrition Section of the
American Public Health Association

October 31, 1960

The Committee on Nutrition Information submits the following report:

1. The session entitled, "Combatting Health Fads and Frauds," arranged as a part of the APHA 1959 meeting program was carried out successfully. Topics and speakers were as follows: "Activities of the Federal Trade Commission with Respect to Foods, Drugs, and Related Products," Mr. Frederick W. Irish, Chief, Division of Scientific Opinions, Federal Trade Commission; "Combatting Health and Food Fads Through Educational Programs," Dr. Martha Trulson, Department of Nutrition, Harvard School of Public Health; and "Health and Food Fads and the Consumer," Dr. Edward Wellin, American Public Health Association.

The planned publication and reprint distribution of papers presented has not been effected. The two papers accepted by the APHA Journal have not been published and apparently have not been assigned a publication date. This situation, arising from the Journal's policy which we understand gives minimum priority for papers other than invited contributions, seems to block this channel of communication insofar as use by our Committee is concerned.

2. The Committee again recommends that members of the Section continue to make use of nutrition education materials applicable in offsetting food fads, quackery and misinformation that are available through the A.M.A., F.D.A., the National Better Business Bureau, and other well recognized and reliable sources.

3. The Committee suggests that Section members make use of current or recent information materials bearing on the important point of establishing and maintaining public confidence in the safety and high nutritive quality of our food supply.

The following publications available through the Nutrition Foundation or the Manufacturing Chemists' Association are specifically suggested:

- (a) WHAT CONSUMERS SHOULD KNOW ABOUT FOOD ADDITIVES, U. S. Dept. of Health, Education and Welfare, Food and Drug Administration
- (b) REPORT OF THE PANEL ON FOOD ADDITIVES, The President's Science Advisory Committee, made public by The White House May 14, 1960
- (c) THE GOOD IN YOUR FOOD, reprint of a symposium presented at the 1960 meeting of the Supermarket Institute, under the Chairmanship of Dr. Detlev W. Bronk, President, National Academy of Sciences

4. In consideration of the importance of the problem of good nutrition for teen-agers, the Committee recommends to the attention of Section members Public Affairs Committee Pamphlet #299, "Personality Plus Through Diet - Foodlore for Teen-Agers," by Dr. C. G. King and Gwen Lam available from Public Affairs Pamphlets, 22 East 38th Street, New York 16, New York

5. It is again recommended that the Section either through it's Committee on Nutrition Information or an equivalent committee continue to work with the organizations represented in the meeting described in our 1957 Report and with other professional organizations interested in combatting misinformation through a positive program of disseminating sound nutrition information.

6. As indicated in previous reports, it is suggested that the Section continue to have a committee dealing with the subject of nutrition information. It is further suggested that the scope of the work of the committee be interpreted as including possible study of the nature and extent of instruction in nutrition now prevailing in professional schools such as dental schools and medical schools.

Horace L. Sipple
Chairman

Members of the Committee on Nutrition Informations:

H. E. O. Heineman
Mary Horton
R. E. Shank
Alice H. Smith
Horace L. Sipple

Source: Application for Research Grant
July 1, 1960

INTRODUCTION

The Association of directors of nutrition programs in State Health Departments is the Association of State and Territorial Nutrition Directors, an affiliate of the Association of State and Territorial Health Officers. At its meeting last October in connection with the American Public Health Association, the membership expressed the need to examine nutrition programs in relation to current and future trends in public health. A Committee on Nutrition in Public Health established three objectives:

1. To learn what is now being done in public health nutrition.
2. To determine the action essential to establishing a more dynamic role for nutrition in health programs.
3. To ascertain how this action may be accomplished in terms of staff, pre-service training, in-service training, education and program realignment.

The Committee has completed phase one of its assignment, the survey of states to learn what is now being done in public health nutrition. At a meeting in May at Baltimore the Committee examined the survey findings in relation to trends in public health and expressed a strong opinion that the lack of research components in nutrition programs was one of the most serious defects blocking the development of vital progressive programs. The Committee reviewed its thinking with Drs. William Henry Sebrell, James M. Hundley, William J. Darby and Jerome A. Uram, who encouraged exploration of its ideas with leaders in public health administration. The mechanism for this exploration was to be a small working conference of public health administrators, nutrition scientists, directors of training programs and applied nutritionists.

Consultation on financing and sponsorship of such a meeting was sought from Dr. Robert Dyar, Chairman of the Research Policy Committee of the American Public Health Association, Dr. Wilson T. Sowder, President of the Association of State and Territorial Health Officers, Dr. Malcolm H. Merrill, Chairman, Research Committee of the Association of State and Territorial Health Officers and President of the American Public Health Association, and Dr. Herman E. Hilleboe, Chairman of the Long Range Planning Committee of the Association of State and Territorial Health Officers. They encouraged a multidisciplinary sponsorship through the American Public Health Association.

I. RESEARCH PLAN

A. Specific Aims

To explore and define the role of the State Health Department in Nutrition Research.

B. Method of Procedure

A two-and-a-half day conference designed to bring together public health administrators, nutrition scientists, educators, and applied nutritionists,

with appropriate statistical and epidemiological consultation, will be held at Arden House, Harriman, New York, in the Spring of 1961.

The participants will be restricted to twenty-five persons. The per diem and travel expenses will be paid to all participants except those on the federal pay roll.

The American Public Health Association will handle the funds and the mechanical arrangement for the meeting. The Committee on Nutrition in Public Health of the Association of State and Territorial Nutrition Directors (Miss Helen E. Walsh, Chairman), augmented by representatives from the fields of public health administration, research, training and applied nutrition, will assume responsibility for all aspects of the planning of the conference. Consultation from Drs. Floyd S. Daft, Robert E. Shank, Charles Glen King, Jerome A. Uram, Bertlyn Bosley, William F. Mayes, Jr., and Ruth Huenemann will be requested.

The interest and support of the following groups is being sought. It is anticipated that the twenty-five persons who are invited to the conference by the Planning Committee will be representative of such groups:

Research Policy Committee - American Public Health Association
Food and Nutrition Section - American Public Health Association
Research Committee and Long Range Planning Committee - Association
of State and Territorial Health Officers
Research and Training Committee - Association of Teachers of Pre-
ventive Medicine
Research Committee - American College of Preventive Medicine
Directors of Course of Study in Nutrition - Schools of Public Health
Council on Foods and Nutrition - American Medical Association
Committee on Nutrition in Public Health - Association of State and
Territorial Nutrition Directors
Federal Government - Department of Health, Education and Welfare by:
Bureau of State Services
National Institutes of Health
Children's Bureau
Federal Food and Drug

As stated in an editorial in Lancet "...the principal problems in human nutrition on which the general public, the clinician and the research worker would all like more information include: 1) the relation of dietary habits to degenerative processes of aging and particularly to atheroma and the growth rate of tumors; 2) the effects on health of the manifold chemical and physical treatments involved in the processing of human foods, which is inevitable in an industrial community; 3) the effects of various foods and dietary habits on the efficiency and working capacity of the industrial population; 4) the effects of diet on resistance to infections; and 5) the constitution of diets most favorable to human growth and development at all stages from prenatal life to senescence."

The Conference agenda will be built around a discussion of the public health aspects of these problems. The unique opportunities of selected State Health Departments to develop and apply the methodology for study of nutrition problems requiring long-term follow-up of free-living citizens in their day-to-day

environment will be emphasized. Consideration will also be given to the academic preparation of workers engaged in such studies, the recruitment of personnel to the field of public health, and the legal and financial aspects of research in a state health agency.

C. Significance

To our knowledge, this will be the first time that selected state health officers, nutrition researchers, directors of training programs, and applied nutritionists will have met together to explore the role of public health departments in nutrition research.

The exchange of ideas and viewpoints of these disciplines should serve:

1. To pinpoint for health administrators the responsibilities for study and investigation emerging as a result of the changing character of our food supply and of our American diet.
2. To acquaint clinician and nutrition scientists with public health opportunities for closer liaison in joint field research.
3. To acquaint directors of training programs for clinicians, researchers, and applied nutritionists with the training needs and experiences for public health nutrition research.
4. To point up responsibilities, as well as opportunities, for nutritionists in public health programs to increase the scope and effectiveness of their current activities through research.
5. To change the concept of the role of nutrition in public health practice from that of a service program to one that shares with other administrative units in a State Health Department the responsibility for providing continuing knowledge of the health status of its citizens, for identifying conditions associated with ill health and for developing new technical and administrative methods of disease prevention and control.
6. To stimulate selected State Health Departments to develop nutrition programs other than strictly consultative, which will attract research oriented nutritionists.

Proceedings of the Conference, including recommendations, will be published.

It is hoped that the Conference will stimulate the initiation of program activities in nutrition which will include study and investigation and which will result ultimately in a significant contribution to our knowledge of the relation of food to health status and to specific diseases.

APHA
F+N sec.

June 24, 1960

Miss Eleanor L. McKnight
Editor
Food and Nutrition NEWSLETTER
620 North Carolina Street
Baltimore 5, Maryland

Dear Miss McKnight:

I think the material utilized in the September 1959 issue will be quite suitable for me for listing on the ballot.

Unfortunately, I do not have this at hand, but as I recall it was authentic information.

Very sincerely yours,

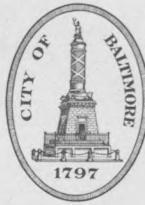
Robert E. Shank, M. D.
Danforth Professor of
Preventive Medicine

RES:j

HUNTINGTON WILLIAMS, M. D., DR. P. H.
COMMISSIONER

ROSS DAVIES, M. D., M. P. H.
ASSISTANT COMMISSIONER

REED GAITHER
SECRETARY



BALTIMORE CITY HEALTH DEPARTMENT

15 June 1960

Robert E. Shank, M.D.
Danforth Professor of Preventive Medicine and Public Health
Washington University School of Medicine
Euclid Avenue and Kings Highway
St. Louis, Missouri

Dear Doctor Shank,

Congratulations on being one of the candidates for office in the Food and Nutrition Section, American Public Health Association for 1960-61.

As Editor of the Section NEWSLETTER, I would like you to tell me exactly how you would like your name to appear on the ballot, and to send me a brief biographical sketch that would include :

Name
Present position and title
Degrees and schools
Association memberships
Offices held in the Food and Nutrition Section
Honorary scientific societies
Past positions that would be of interest

The Nominating Committee knew some of these things, of course, but it is of interest to the total membership to have some personal information about their candidates.

I would like to include this in the September issue of the NEWSLETTER. May I have this material before the first of August?

Thank you very much.

Sincerely yours,

Eleanor L. McKnight
Editor
Food and Nutrition NEWSLETTER

620 North Caroline Street
Baltimore, 5, Maryland

Note : If what was used last year in the Sept. issue was suitable to you, please let me know, or make the necessary corrections and additions.

C. R. PAYNTER, M. D.
TALCOTT BUILDING
321 WEST STATE STREET
ROCKFORD, ILLINOIS
WO 8.5955

DIAGNOSIS

INTERNAL MEDICINE

GASTROENTEROLOGY

June 2, 1960

Doctor Robert Shank
Professor of Preventive Medicine &
Head of the Department
Washington University
St. Louis, Missouri

Dear Doctor Shank:

I am a member of the American Public Health Association. I desire to become a Fellow of the association. I have chosen the Food & Nutrition Section because of my interest and training and experience in this field.

Would you kindly be one of my references.

I am enclosing my application so that you may review it. Would you kindly return the application and enclosures to me.

Thank you very much.

Sincerely,



C. R. Paynter, M. D.

June 7, 1960

Dr. C. R. Paynter
Talcott Building
321 West State Street
Rockford, Illinois

Dear Dr. Paynter:

I would be pleased to be listed as one of your references for your application for Fellowship in the American Public Health Association. I have placed my name and address under "References" on your application.

Sincerely yours,

Robert E. Shank, M. D.

May 13, 1960

Miss Helen Stacey
Department of Health, Education
and Welfare
Room 164
50 Seventh Street, N.E.
Atlanta 23, Georgia

Dear Helen:

The address given for me in your letter of May 6th is correct. I would prefer, however, to be listed as the Danforth Professor of Preventive Medicine and Public Health.

With kind regards.

Sincerely yours,

Robert E. Shank, M. D.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
REGIONAL OFFICE

SOCIAL SECURITY ADMINISTRATION

Room 164
50 Seventh Street, N.E.
Atlanta 23, Georgia
May 6, 1960

Robert E. Shank, M. D.
Professor of Preventive Medicine
and Public Health
Department of Preventive Medicine and
Public Health
Washington University School of Medicine
Euclid Avenue and Kingshighway
St. Louis, Missouri

Dear Dr. Shank:

May I acknowledge your letter of April 4, indicating your willingness to allow your name to appear on the ballot of the Food and Nutrition Section, APHA, for the office of a Section Councilor.

Will you please check the above address for accuracy and indicate any changes for listing on the ballot? If I do not hear from you, I shall assume that no corrections are indicated.

Sincerely yours,

Helen Stacey

Nominating Committee
Gertrude Austin
Robert S. Goodhart, M.D.
Lester J. Tepley, Ph.D.
Helen Stacey, Chairman

*Food's Note. Section
A. P. H. A.*

April 4, 1960

Miss Helen Stacey
Social Security Administration
Room 164
50 Seventh Street, N.E.
Atlanta 23, Georgia

Dear Helen,

You may have my permission to put my name on the Section ballot, if that is really your desire!

This would be more fun if you also were a Section Councilor!

Sincerely,

Robert E. Shank, M. D.

RES:j

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
REGIONAL OFFICE

SOCIAL SECURITY ADMINISTRATION

Room 164
50 Seventh Street, N.E.=
Atlanta 23, Georgia
March 24, 1960

Robert E. Shank, M. D.
Professor of Preventive Medicine
and Public Health
Washington University School of Medicine
Euclid Avenue and Kingshighway
St. Louis, Missouri

Dear Dr. Shank:

The Nominating Committee, Food and Nutrition
Section, American Public Health Association, would like
your permission to place your name on the Section ballot
for the office of a Section Councilor. I am confident
that you will not find the duties arduous.

We trust that we may have an early and favorable
reply.

Sincerely yours,

Helen Stacey

Nominating Committee
Gertrude Austin
Robert S. Goodhart, M.D.
Lester J. Tepley, Ph. D.
Helen Stacey, Chairman

*We need you again - Hope
will see you in Memphis*

H

The Nutrition Foundation, Inc.

NINETY-NINE PARK AVENUE
NEW YORK 16, N. Y.

TELEPHONE
MURRAY HILL 7-4830

September 2, 1959

MEMORANDUM TO THE COMMITTEE ON NUTRITION
INFORMATION, FOOD AND NUTRITION SECTION
AMERICAN PUBLIC HEALTH ASSOCIATION

A. June Bricker
H. E. O. Heineman
Mary Horton
Robert E. Shank ✓

I enclose the report of the A.P.H.A. Food and Nutrition
Section Committee on Nutrition Information filed September 2 with
the Section's Secretary. This report, which I hope incorporates
the views and recommendations of all members of the Committee,
will be acted upon by the Section Council on October 19.

Sincerely yours,



Horace L. Sipple
Chairman
Committee on Nutrition Information

HLS:drh
Encl.

Report of the Committee on Nutrition Information
Food and Nutrition Section of the American Public Health Association
October 19, 1959

The Committee on Nutrition Information submits the following report:

1. The statement regarding the F.D.A., A.M.A., N.B.B.B. film "The Medicine Man" proposed in Item 2 of the Committee's October 27, 1958 report was submitted to several journals and appeared in the Journal of the American Home Economics Association, What's New in Home Economics, Journal of Practical Home Economics, Forecast for Home Economics and Food Technology. A showing of the film arranged for the American Diabetes Association staff resulted in publication of a note by the Association regarding the film's availability.
2. The Committee again recommends that members of the Section make use of the educational motion picture on food quackery entitled "The Medicine Man" which is available through the A.M.A. communications division.
3. At the request of the Section officers the Chairman of this Committee, with the counsel of some Committee members, has obtained speakers for a session on health fads as a part of the A.P.H.A. 1959 meeting program. Entitled "Combatting Health Fads and Frauds," the session has been scheduled for 9:30 A.M. Thursday, October 22. Topics and speakers are as follows:
"Activities of the Federal Trade Commission With Respect to Foods, Drugs and related Products", Mr. Charles A. Sweeny, Legal Adviser for Radio and Television, Federal Trade Commission; "Combatting Health and Food Fads Through Educational Programs", Dr. Martha Trulson, Department of Nutrition, Harvard School of Public Health; and "Health and Food Fads and the Consumer", Dr. Edward Wellin, American Public Health Association.

The Committee proposes to seek suitable publication of these papers. It is recommended that the Section, through its Committee on Nutrition Information, arrange publication of these papers either in the A.P.H.A. Journal or in other journals in related fields. Most importantly it is recommended that arrangements be made to obtain a quantity of reprints which could be made available for distribution as educational material by the Section and by other interested organizations.

4. In order to implement the reprint publication proposal contained in Item 3 it is recommended that the Section make the necessary request for funds to defray the cost of the reprints and their distribution.
5. It is again recommended that the Section, through its Committee on Nutrition Information, continue to work with the organizations represented in the meeting described in our 1957 report and with other professional organizations interested in combatting misinformation through dissemination of sound nutrition information.

6. With respect to future programs, the Committee suggests that emphasis on activities involving dental schools and professional dental organizations is strongly indicated and well warranted.
7. As indicated in our 1958 report it is suggested that the Section continue to have a Committee on Nutrition Information and that funds be requested by the Section to meet expenses necessarily involved in implementing direct activities of the Committee.

HORACE L. SIPPLE
Chairman

The members of the Committee on Nutrition Information are:

A. June Bricker
H. E. O. Heineman
Mary Horton
R. E. Shank
Horace L. Sipple

The Nutrition Foundation, Inc.

NINETY-NINE PARK AVENUE

NEW YORK 16, N. Y.

TELEPHONE
MURRAY HILL 7-4830

July 8, 1959

MEMORANDUM TO THE COMMITTEE ON NUTRITION
INFORMATION, FOOD AND NUTRITION SECTION
AMERICAN PUBLIC HEALTH ASSOCIATION

A. June Bricker
H. E. O. Heineman
Mary Horton
Robert E. Shank ✓

The Committee's October 27, 1958 report, copy enclosed, was accepted by the Section.

Acting for the Committee, the Chairman submitted the statement regarding the film "The Medicine Man", shown in Item 2 of the report, to several journals. The statement was published in: The Journal of the American Home Economics Association, What's New in Home Economics, Journal of Practical Home Economics, Forecast for Home Economics and Food Technology. The film was shown to the American Diabetes Association staff with the result that the Association published a note regarding its availability. The Journal of the American Dietetics Association did not publish our statement inasmuch as A.D.A. had published its own comment on the film.

As a part of a joint meeting held in Berkeley, California last January by the Nutrition Foundation and the Institute of Food Technologists, Northern California Section, four papers dealing with food fads were presented. Following this section of the program we arranged a showing of "The Medicine Man." The talks regarding food fads which were presented at this meeting have been reprinted by the Foundation. A copy of this booklet is enclosed.

At the request of the section officers, the Chairman of this Committee, with the counsel of some Committee members, has arranged a session on health fads as a part of the A.P.H.A. meeting program in Atlantic City. Entitled "Combatting Health Fads and Frauds", the session has been scheduled for 9:30 A.M. Thursday, October 22, 1959. Topics and speakers are as follows:

"Activities of the Federal Trade Commission With Respect to Foods, Drugs and Related Products", Mr. Charles A. Sweeny, Legal Adviser for Radio and Television, Federal Trade Commission

"Combatting Health and Food Fads Through Educational Programs", Dr. Martha Trulson, Department of Nutrition, Harvard School of Public Health

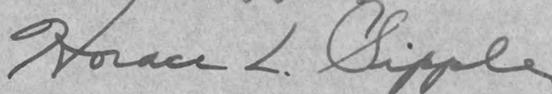
"Health and Food Fads and the Consumer", Dr. Edward Wellin, American Public Health Association

It has occurred to me that it might be of value to have these three papers published, preferably in the A.P.H.A. Journal and to try to arrange to obtain a number of reprints which could be made available for distribution as educational material. I would appreciate having your reaction to this suggestion. If you think the idea has merit please let us have your thoughts as to how and to what extent distribution might be effected. As you know, the Section's Committee has no funds.

Please submit your suggestions and recommendations with regard to any activities which should and could be undertaken by the Committee.

We plan an early meeting, at least of the Committee members in the New York area, and would like to have the suggestions of all members for consideration at that time.

Sincerely yours,



Horace L. Sipple
Chairman

Committee on Nutrition Information

HLS:drh
Encls.

Report of the Committee on Nutrition Information
Food and Nutrition Section of the American Public Health Association
October 27, 1958

The Committee on Nutrition Information submits the following report:

1. The Committee recommends that members of the Section make use of the new educational motion picture on food quackery entitled "The Medicine Man" which has been prepared by the American Medical Association in cooperation with the Food and Drug Administration and the National Better Business Bureau. This film exposing dangers created by itinerant health lecturers who give misinformation on nutrition and food supplement peddlers who misrepresent the value of their nutritional products, shows, also, how the medical profession, Food and Drug Administration and voluntary agencies such as the National Better Business Bureau cooperate in fighting food quacks. "The Medicine Man" which will be shown to Section members following the independent session on Tuesday afternoon, October 28, is available through the A.M.A. communications division.

2. The Committee proposes to submit a statement such as the following for publication in appropriate journals such as the A.P.H.A. Journal, the American Dietetic Association Journal, A.H.E.A. Journal and Nutrition Reviews:

"The Committee on Nutrition Information of the Food and Nutrition Section of the American Public Health Association recommends to the attention of all who are interested in combatting food fads and nutritional quackery the new film entitled 'The Medicine Man' which has been prepared by The American Medical Association in cooperation with the Food and Drug Administration and the National Better Business Bureau. 'The Medicine Man' represents a valuable and timely contribution to a concerted educational program to alert the public to the dangers of substituting food fads for sound nutrition.

"Designed for use initially in local television programs, the twenty-seven-minute, black-and-white sound motion picture, exposes the dangers created by itinerant health lecturers who give misinformation on nutrition and by food supplement peddlers who misrepresent the value of their nutritional products. How the medical profession, Food and Drug Administration and voluntary agencies such as the National Better Business Bureau cooperate in fighting food quacks is shown, also.

"'The Medicine Man' is available through the A.M.A. Communications Division for showing to school, church, club and community audiences."

3. It is recommended that the Section, through its Committee on Nutrition Information, continue to work with the organizations represented in the informal meeting described in our 1957 report and with other professional organizations having a common purpose of combatting misinformation through dissemination of sound nutrition information.

4. As implied in Item 3, it is suggested that the Section continue to have a Committee on Nutrition Information. It is suggested, also, that one appropriate

future action might be to have the Committee prepare and issue a periodic statement or bulletin to the proper person or committee in the various cooperating professional organizations so as to indicate that the A.P.H.A. Food and Nutrition Section is actively engaged in combatting food misinformation. In order to implement direct activities of this nature, it is recommended, also, that funds be provided to meet expenses necessarily involved.

HORACE L. SIPPLE
Chairman

The members of the Committee on Nutrition Information are:

Marjorie M. Morrison
Fredrick J. Stare
A. June Bricker
H. E. O. Heineman
Mary Horton
Horace L. Sipple

July 7, 1959

Mrs. Lois B. Earl
Nutrition Consultant
300 Indiana Avenue, N.W.
Washington 1, D. C.

Dear Mrs. Earl:

In answer to your request for a bibliography, I submit the following data.

Dr. Robert E. Shank, Danforth Professor of Preventive
Medicine
Head of the Department of Preventive
Medicine since 1948
Graduated from Washington University School of Medicine,
St. Louis, Mo. - 1939
Engaged in research at the Hospital of the Rockefeller
Institute for Medical Research - July 1941 - 1946
Member of the Food and Nutrition Board, National Research
Council, 1949 - present
Chairman of its Committee on Dietary Allowances - 1956
Associate Editor of Nutrition Reviews, 1949 - present 1957
Currently ~~am~~ Secretary of the American Board of Nutrition

I hope this is the information you require. If any further information is desired, please do not hesitate to write me.

Sincerely yours,

Robert E. Shank, M. D.
Danforth Professor of Preventive
Medicine

The American Public Health Association

Please reply to:
(Mrs.) Lois B. Earl
Nutrition Consultant
300 Indiana Avenue, N.W.
Washington 1, D.C.

Dr. Robert E. Shank
4 Garden Lane
Kirkwood, Missouri

Dear Doctor Shank:

The Nominating Committee for the Food and Nutrition Section of the American Public Health Association would like permission to place your name on this coming year's ballot for the office of Chairman, Nominating Committee, to serve for the year 1959-1960. Two names are presented on the ballot and election takes place by mail. The Chairman of the Nominating Committee also functions as a member of the A.P.H.A. Committee on Elective Councilors for the same period.

The Chairman of the Section appoints the other members of of the Nominating Committee~~er~~ to work with the Chairman.

The work of the Nominating Committee should be completed by June 1. This deadline was not given to the present committee and we must apologize for functioning late. I would appreciate it if you could send me your answer by return Airmail Special Delivery.

Thank you.

Sincerely yours,

Lois B. Earl
Lois Burman Earl
Chairman, Nominating Committee

*Shank
Wirt (encl 215)*

6/25/59

*6/25/59
for Nominating
RES*