

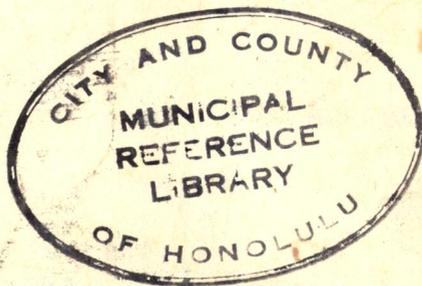
HEALTH DEPARTMENT

City and County of Honolulu



ANNUAL REPORT

BY DR. R. B. FAUS



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TERRITORY OF HAWAII

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Surgeons Of Sailing Ships First Medical Men In Isles

The following interesting history in brief of medicine in the Hawaiian Islands formed a part of the report submitted to the mayor and board of supervisors by Dr. Robert B. Faus, city and county physician:

The early history of medicine in Hawaii is exceedingly fragmentary and a few notes by Dr. C. B. Wood, whose informant, I believe, was the late Judge Sanford B. Dole, are very interesting. At the time of the birth of Mr. Dole there were very few doctors in the islands—almost none—except the missionaries, and they not thoroughly prepared. The first doctors who treated Hawaiians were on the sailing ships which called here. There wasn't enough money to induce outside doctors to come.

Kahunauism was common when Mr. Dole was a student at Punahou.

Dr. G. P. Judd was one of the first educated physicians, coming to Honolulu in 1828.

Mr. Dole remembered Dr. S. P. Ford, after whom Ford's Island was named.

Dr. Lowell Smith was not a doctor at all but just a missionary. However, he was fond of treating Hawaiians by bleeding, or venesection.

Dr. Hillebrand came in the 50's, marrying a Miss Bishop here.

At this time there were no doctors known by Mr. Dole outside of Honolulu.

Dr. Stangenwald came about the year 1855 as a daguerreo-typist. He was not a physician at the time but in the late 50's he went to Germany and studied medicine, and then returned here to practice.

Dr. Newcomb came in 1855 and stayed only a short time.

Dr. McGrew was here in 1868 when Mr. Dole returned from college.

A small pox epidemic broke out in 1853 in Honolulu, some cases appearing on other islands. Thousands of natives died.

There was a big camp of little thatched huts at Punahou, and another camp on the grounds belonging to the Athertons at King and Alapai streets.

WITH COOK

The oldest article pertaining to medicine that Dr. Wood was able to find was that written by Dr. Samwell who was with Cook at the time of the discovery of the Sandwich Islands in 1778.

Cook visited Kauai and Niihau in January. Eleven months later they called at Hawaii. Venereal disease was found prevalent there. They then revisited Kauai and found venereal disease existing there.

According to Dr. Samwell, Cook was very careful of the sailors who were allowed to land and he permitted no women to come aboard the ship. Dr. Samwell appears to be quite earnest in his argument and tries hard to prove that Cook's sailors did not introduce venereal disease in the islands. He does not deny that the sailors had venereal disease, nor claim that he examined everyone that went ashore at the first visit, nor does he offer any satisfactory explanation as to the means by which venereal disease reached the islands.

In an article written by Dr. Gerrit P. Judd, copied from the Hawaiian Spectator—1838, he notes that sudden deaths from native medicine are by no means uncommon. He states that

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the islands are remarkably free from all those epidemic diseases which are most destructive of human life on the continents, such as Typhus, Billious and Yellow Fever; also such contagious diseases as Small Pox, Measles, etc. He states that a dreadful epidemic prevailed during the years 1803 and 1804, destroying a multitude of inhabitants on all the islands, but since that time nothing of the kind had appeared. He notes that influenza prevailed every Spring, but was not often fatal. The Whooping Cough had been brought in a few years previous in some unknown manner.

WHITE PLAGUE RARE

He notes that Consumption, or Tuberculosis, is a rare occurrence in these islands, although he mentions scrofula or glandular tuberculosis as being rather common.

Up to 1838 the general health of the community was excellent.

Up to the time of the discovery of the islands, at least before the visit of Captain Cook in 1779, venereal disease was uncommon.

Native medicines used in the treatment of disease, Dr. Chapin comments, some of them are of value when skillfully employed, but used without principle or judgment, they are, as already stated, often the means of irremediable injury.

Leprosy was supposed to have been introduced into Hawaii by the Chinese. Dr. Hillebrand who came to Honolulu in the 50's, places the date at about 1848. The first case he diagnosed was seen in 1853.

Dr. Mauritz mentions four well established cases among Hawaiians in 1835-1838-1839 and 1840, and his book states that in the year 1864, the rapid spread and great increase of leprosy began to alarm the community.

Concerning epidemics Thrum's Annual for 1897 states that in 1804 "okuu" occurred. Wide spread and very fatal, there is no existing description of the disease, but may have

been plague introduced by Chinese, engaged in sandal wood trade.

In 1848-1849 measles was introduced from Mexico by the U. S. government vessel. The mortality was very high. The whooping cough was introduced from California with a very high mortality. A widespread epidemic of diarrhoea followed—then influenza. About 10,000 of the natives died. Nearly every child born that year succumbed.

FIRST SMALL POX

In May, 1853, small pox was introduced from California by the ship "Charles Mallory." At that time prompt steps were taken by the board of health to prevent its spread. On the commission the king appointed Dr. G. P. Judd, Dr. F. C. B. Rooke and Mr. W. G. Parke. This seems to be the first organized effort to control disease and its spread.

This commission reported 527 new cases for the week ending July 15, 1853. The epidemic lasted until October 14, with 5686 cases, 2109 deaths, in Honolulu; 2485 deaths occurred on the island of Hawaii, a mortality of about 26%.

In 1881 small pox was again introduced into Honolulu by the steamer *Quinta* from China. This epidemic lasted five months with a total of 780 cases, 282 deaths—27 3/5 per cent mortality. During the epidemic 2875 persons were quarantined.

Cholera developed in 1895 and lasted two months. This was introduced by the steamer *S. S. Belgic*, arriving in August.

On August 20 Dr. Murray reported that he had treated two suspicious cases.

The board of health at that time consisted of Dr. N. B. Emerson, Dr. C. B. Wood and Dr. F. R. Day.

Dr. Day was able to isolate the bacteria from the cases reported by Dr. Murray. This epidemic was confined entirely to Honolulu. A total of 88 cases were reported with 24 recoveries, 64 deaths. So far as was known

the only bodies of water infected were the harbor, Nuuanu stream and surrounding ponds, the rice patches and ditch at Waipilopilo and the taro patches above the Insane Asylum.

It was about this time that Dr. C. B. Cooper was appointed City and County Physician. He devoted much of his time directing the control of the venereal disease situation, manifesting in Iwilei district.

In 1900 an epidemic of Bubonic Plague developed in Honolulu; the first case was discovered December 12th, 1899 and the last one occurred March 31st, 1900.

There were 71 cases in Honolulu, 8 on Maui and 1 in Hilo. There were 61 deaths and 10 recoveries.

Dr. Herbert diagnosed the first case and Dr. Hoffman performed the post mortem in the presence of Dr. Herbert, Dr. Day and Dr. Carmicheal, of the U. S. Public Health Service. Before night 4 other cases were reported in the same neighborhood in Chinatown.

A PEST HOLE

Chinatown at that time was exceedingly dirty and congested. The City of Honolulu was absolutely unsewered. All waste of every description, i. e., laundry water, kitchen waste water, the washings from livery stables and poi shops as well as human excrement was received in cess-pools. There was not a sufficient depth of soil, owing to its proximity to the sea and with this understanding, one can readily appreciate why the Asiatics living in their business section and the American people, did not make a much sharper dividing line between the two sections than that formed by Nuuanu Avenue. Chinatown was bounded by River, King, Nuuanu and Kukui Streets.

The Board of Health and the community were now confronted with the following situation: Plague had broken out in the center of town in a section the most crowded and the most insanitary in the community—and consequently the most favorable for its rapid propagation. Quarantined

and held in by a military guard and compelled to remain in this pest-infected locality were 10,000 human beings—mostly Orientals.

Cases were increasing daily and it seemed only a question of time until the imprisoned population would be decimated. Cases were already occurring in other localities.

The infected locality contained thousands of plague infected rats.

It was realized perfectly that the best method of dealing with the problem was to immediately remove the entire population to a clean sanitary locality and then deal with the infected district—minus its inhabitants. A quarantine camp was established at Kakaako for the inhabitants. The personal effects of the inhabitants of the buildings, together with the stock in the stores, was taken in charge by the Board of Health for disinfection and stored until such time as the owners were out of quarantine.

The first sanitary fire was started December 21st, by an order of the Board of Health on a row of wooden buildings on Nuuanu Avenue, across from Block 10—the hotbed of the pest.

On January 20th, another sanitary fire was started, but got away and wiped Chinatown out of existence—and practically wiped plague out at the same time.

Only two or three new cases developed among the quarantined people, proving rather conclusively that it was the locality, rather than the individual that was dangerous.

On May 1st the Board of Health proclaimed Hawaii free from plague.

We pause awhile here to mention that Dr. Homer Hayes about the year 1908 was made City Physician. He was directly under the supervision of the Board of Health and received a monthly salary of \$150.00 per month. He cared for all the indigent sick in Honolulu and examined all school children from the district of Wallupe to Moanalua. Finding his duties numerous and his recompense too small he tendered his resignation.

Up to this time the City and County of Honolulu had been under the Board of Health and had continued as such to the present. However, in June 1909, Dr. Bruce McB. Mackall was appointed City and County Physician to take effect July 1st, 1909. He visited all the indigent sick, and conducted a dispensary until his resignation April 14th, 1911. Dr. N. B. Emerson was appointed to replace him.

On April 18th, 1911 Dr. James T Wayson was appointed City and County Physician with Dr. Emerson as Police Surgeon.

Dr. Wayson resigned August 12th, 1918, pending the appointment of a City and County Physician. In the year 1915 an unfortunate death occurred at the Police Station and the Board of Supervisors at the request of Sheriff Rose decided to establish an Emergency Station there, with Dr. R. G. Ayer as Police Surgeon. The first police ambulance was purchased February 22nd, 1916. During the year 1917 Attendants William Meyers and William McCullen were added to the hospital staff. In June, 1919 Mrs. Kaipo Kay, R. N. and Attendant Samuel Kaiwi were employed. By this time the Emergency Hospital was well established and handling a great number of cases, for that time.

Dr. A. K. Hanchett was appointed City and County Physician by Ordinance No. 1487, February 4th, 1919. a position which he filled until January 1st, 1930.

The Emergency Hospital under Dr. Ayer continued to grow. At the time of his death in 1925, Dr. R. B. Faus was appointed by Dr. Hanchett as Police Surgeon.

The rapid growth of Honolulu, its ever increasing number of automobiles and traffic congestion necessitated the appointment of an additional police surgeon. Dr. King C. Chock was appointed in the year 1926 as second Police Surgeon.

The ever increasing number of cases being handled at the Emergency Hospital further necessitated its removal

to a site near the general hospital to facilitate care of major injuries.

Following the resignation of Dr. A. K. Hanchett the Health Department was re-organized by his successor, a unit being created at the present site at Punchbowl and Vineyard Streets. housing the Emergency Unit and the City and County Physician with his staff.

NEW REGIME LOWERS COST OF HOSPITAL

Report Made by Dr.
Faus to Board of
Supervisors

MORE PATIENTS
ARE CARED FOR

Long Statement Out-
lines Work of City
Medical Unit

Honolulu's health cost the city and county \$1,156,241.75 for two years, according to the annual report of Dr. Robert B. Faus, city and county physician, as submitted to Mayor Wright and the board of supervisors.

The figure seems a large one, but it includes care of indigent patients, maintenance of the emergency hospital, support of various clinics, food and milk control, collection and dis-

posal of garbage and refuse, and a multitude of other items seldom heard of and little appreciated by the layman.

The chief item of expense to the city and county, through official and other agencies, was for the care of communicable diseases in hospitals. Tuberculosis alone cost \$458,000 for two years.

On the other hand Honolulu saved money by establishment of its new emergency hospital unit, the report shows. Aside from the fact that the care of the injured, and more particularly mental cases, was removed from semi-police jurisdiction, the new hospital unit provided a 24 hour medical and surgical attention under supervision of graduate physicians and trained nurses.

The cost per patient, in accident cases, was reduced from \$5.12 to the startlingly low figure of \$1.58. The number of days spent by patients in general hospital was reduced by 3,782 with a consequent saving to the city and county of \$11,346 in the cases of 4,120 patients.

Claims for compensation by injured city and county employes, hitherto a huge item of the public health expense, was reduced markedly. With double the number of injuries reported the cost was cut down from \$15,521 in 1930 to \$1,181.32 in 1931 under the centralized public health system, according to the report.

The new home for indigent invalids, secured through the cooperation of Governor Judd, was established with an expenditure of \$43,000 although its value is estimated at \$150,000. It now costs but \$1.43 a day to care for such patients, in ideal surroundings, which is a saving of \$1.75 a day based upon the old system.

STRESS SOCIAL DISEASES

The menace of social diseases, in the face of serious lack of funds for the Palama clinic, is stressed in the report, which shows how vital it is that the excellent work carried on by the clinic be aided by additional funds.

The report in part follows:

Part II

THE HEALTH DEPARTMENT

The Health Department of the City and County has undergone, during 1931, a reorganization and development to a state where it is comparable to that of any similar sized city on the mainland.

Two of three major projects contemplated have been completed and placed in operation; the new Emergency Unit and the Home for Indigent Invalids. The third, an Isolation Hospital, has necessarily been postponed because of lack of funds, the demand, however, being met in every instance by placing such cases in general hospitals.

The guiding principle of the department has been to render service without delay and to render aid and give relief to all. Careful study has been made of all cases hospitalized to determine their eligibility for free service. No one in need has ever been refused hospitalization, no one injured has not been given aid, their wounds sutured and sterile dressings applied; an enviable record and one which will compare with any city in cost of operation.

THE EMERGENCY UNIT

The Emergency Unit was equipped at a cost of \$7,000.00; opened and ready for operation January 1st, 1931, being removed from the Police Station to its new home at Punchbowl and Vineyard Streets. The building is rented from Queen's Hospital for \$100.00 per month and consists of four rooms—a modern tile surgery, an examining room, the office of the City and County Physician and a reception room and office of the Financial Investigator.

Adjacent are the wards, rooms and baths of the "maluhia" or quiet wards of the Queen's Hospital where all mentally disturbed cases are received for observation and treatment while awaiting recovery or commitment to the Territorial Hospital. The cost of this procedure is \$5.00 per day

per patient, paid by the City and County to Queen's Hospital. Expensive, you may say, to have spent \$1,930.15 in 1931 for the care of 177 cases of mentally disturbed, but remember, it has cost the Queen's Hospital a similar amount—a total of \$5,000—to care for these sick entrusted to them, and there have been no patients battering their heads on cell walls as has occurred in jail cells in the past. Disturbed patients have been quieted by continuous baths and medication prescribed by Emergency Hospital doctors. Experienced nurses administer sympathetic care 24 hours of the day.

Two hundred insane examinations were made by the emergency physicians for commitment to the Territorial Hospital and 44 alcoholic examinations were made for commitment to the special ward at the same institution.

It has also been necessary from time to time to hospitalize suspects for Waimano Home as there is not at present time a "waiting" place for them before their cases are finally diagnosed as being feeble-minded, or not.

DOUBLED UP

Accident cases in 1931 almost double the number cared for in any previous year. Over 6,000 cases have been given relief. On admittance, every effort is made to provide comfort to the patient. While examination is being made to determine the extent of the injury, the family physician is located if possible, so that disposition can be made of the case according to his direction. If the injury is a major one, the case is carefully transferred to a general hospital as soon as contact has been established with the house physician or attending surgeon there, so that at no time will there be delay in available medical attention. If the wound is a minor one, the surgeon may request the case transferred to his office or he may come to the Emergency Unit where everything will be in readiness for him to care for the

case on his arrival. If the hour is late or the doctor busy or not located the case will be cared for and referred to his office the next day.

Tetanus antitoxin is given to indigents requiring it and is furnished through the courtesy of the Territorial Board of Health. If given to a private case or industrial accident case, replacement of serum is asked from the attending physician or the case sent to his office for administration.

At the end of the fiscal year it was requested of the Board of Supervisors that two additional doctors be staffed at the Emergency Unit, thereby placing the physicians on a 44 hour week basis. There is no doubt in your minds now, I know, after reading the foregoing, but that our physicians are taxed with a tremendous responsibility. The salaries, should be placed on the same basis as that paid the Deputy Attorneys — certainly they have the equivalent in professional training, experience, and hours of service rendered.

INDUSTRIAL ACCIDENTS

The problem of Industrial Accidents has ever been an annoying one. A system was instituted this year whereby each accident was reported immediately to the Emergency Unit and proper care given at once or transfer made to a general hospital under the care of City and County staff physicians. Proper records are kept and the case followed through to recovery and prompt reports furnished the Industrial Board. Some \$5,000.00 has been saved the City and County for such medical services this year rendered by this department rather than outside physicians as formerly; and I am told that compensation paid injured employees has been reduced by \$13,000. That employees have not been overpaid in compensation as before, is another result of this method.

There have been 276 injured employees of the City and County treated this year; receiving medical serv-

ices valued at \$4,000.00; hospitalization to the extent of \$300.00, and compensation to the amount of \$6,181.32. Several cases are carry-overs from previous administrations, two of which were contested before the Industrial Accident Board because it was felt that they were being compensated for illness not in line of employment rather than injury or industrial accident. In one instance, our contention was sustained, in the other compensation was cut. Emphasis here must again be made that physical examination of employees be made before employment and our recommendations complied with, if we are not to be burdewed with compensation of chronically ill who allege their infirmity due to injury while working for the City and County.

The Industrial Accident Board reports the following:

Total number of accidents reported by all departments....	230
Cases open at end of 1931.....	2
Cases Closed	228

AWARDS MADE

Medical and hospital expense only	197
Awards for total disability only..	26
Awards for partial disability only	1
Award for total, succeeded by permanent partial.....	1
Award for dependents (Fatal case)	1
Claims denied	4

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DRUNK DRIVERS

The police department is assisted in determining whether an arrested driver is under the influence of liquor or not. Three hundred seventy-seven such cases were examined for the police department this year. One hundred eighty-six were found not drunk; nine were borderline cases; and one hundred eighty-two were pronounced drunk. Evidence was presented in court by our physicians in one hundred ninety-one cases and 98 cases convicted, 46 were appealed to. Circuit

court, and the remaining 47 were either stricken from the calendar, discharged or nolle prossed.

A nationality scale made up of defendants for nine and a half months will be of interest:

Americans	164 or 58.78%
Japanese	31 or 11.12%
Portuguese	22 or 7.88%
Part-Hawaiians	20 or 7.17%
Hawaiians	20 or 7.17%
Porto Ricans	7 or 2.50%
Koreans	6 or 2.15%
Filipinos	4 or 1.43%
Russians	2 or .71%
Chinese	2 or .71%
Spanish	1 or .34%
Army personnel	35 or 12.92%
Navy personnel	43 or 15.86%

Problem cases of defective vision are examined for the Examiner of Chauffeurs. There were seven such cases.

SOCIAL DISEASES

All prisoners are given physical examinations and treatment as required. Five hundred and thirty-one cases were examined last year, before incarceration. Those with venereal disease are referred to Palama Venereal Disease Clinic for treatment. This clinic is supported to the extent of \$4,200 per year by the City and County. This figure does not include the sum of \$1500 which is paid by the court of domestic relations for the care of juveniles.

I am informed by Dr. Phillip Platt of Palama Settlement that this clinic has doubled since being dropped by the board of health. As a menace to public health, venereal disease control holds an important place in every public health program. It will be necessary to give this clinic further financial aid this year to carry on the excellent work it is now doing. If this clinic were transferred to this department to carry on—appealing to departments concerned, (namely: the board of health and the juvenile court) for financial assistance it would cost far more than the present cost and

would also entail rental of additional space in which to conduct the clinic at Queen's.

Dr. Platt of Palama presents a few facts regarding the venereal disease clinic as operated by the Palama Settlement.

This clinic was taken over by Palama Settlement July 1st, 1929 following the failure of the legislature to re-appropriate its biennial appropriation of \$16,685.00 which it had appropriated since July 1st, 1921.

Beginning February 1st, 1930, the board of supervisors appropriated \$350 a month or \$4200 a year towards the operation of this clinic.

During the year 1931 the cost was \$6,964.94.

The sum of \$4200 from the City and County plus \$1500 from the court of domestic relations, or a total of \$5700, is \$1300 less than the actual cost of operating the clinic this year.

WORK PERFORMED

During the last year of the clinic under the board of health, ending June, 1929, there were 271 new cases diagnosed and 5060 treatments given. During the 11 months of the calendar year, 1931, our clinic had diagnosed 435 cases and given 14,686 treatments. In other words we have diagnosed and treated almost double the number of new cases and given three times as many treatments.

During the last year under the board of health the clinic offered 20 hours of medical service per month plus 149 hours of nursing service. Today our clinic is paying (at half the previous rate) for 26 hours of medical service and 298 hours of nursing service.

ESSENTIAL NEEDS

In order to conduct this V. D. clinic in conformity to the mini-

mum requirements of safe and effective medical practice, it will be necessary to double the amount of medical service provided for at the present time. In other words instead of six hours of medical service per week twelve hours of service is imperative.

In order to secure these 26 additional hours of medical service per month \$250 a month additional, or \$3000 a year, will be required.

At this rate our physician will be remunerated at the rate of \$6.75 an hour. Under the Territory the physician was remunerated at the rate of \$12.50 an hour. At the customary private medical rates the work which Dr. Millard performs at the clinic would represent \$250 per hour.

If this sum were granted the total appropriation to the V. D. clinic would amount to \$8700 plus \$500 receipts from patients, or a total of \$9200. The actual cost of the clinic would be considerably over \$10,000.

THE ALTERNATIVE

Palama Settlement cannot be asked to continue to take the grave risks which it is now taking in conducting the V. D. clinic as it is being conducted. If additional funds are not forthcoming to employ the necessary medical service to do this job adequately and wisely, Palama Settlement will find it necessary to make drastic cuts in the service which it is now rendering, and the reasons for these restrictions will be made clear to the public.

These possible forms of restrictions are as follows:

Refuse to treat any patient, with the exception of the Juvenile court cases, who do not pay 25c for each treatment. This would cut down the clinic to less than half its present load.

WHERE PUBLIC HEALTH FUNDS OF HONOLULU COME FROM AND GO

SUPPORT FOR LOCAL HEALTH WORK:

Total amounts expended locally for health in 1930 and 1931, according to the following subdivision:

	Exp. of Official Agencies		Exp. of Non-Official Agencies		—Two-year Period—		
	1930	1931	1930	1931	Total C. & C.	Total Terr.	Total Others
a. Administration (inc. education & pub.) (Sal. & Pay. C. & C. Phy. Ass't. Clerk, Financial Investigator & Stenographer & M. S. I.).....	\$ 18,500.00	\$ 16,260.00	\$	\$	\$ 33,260.00	\$	\$
b. Vital Statistics (Board of Health) .....	.....	.....	.....	.....	.....	.....	.....
c. Prevention and treatment of communicable disease (exclusive of hospitalization):							
1. Tuberculosis control (Terr.).....*	12,000.00	12,000.00	.....	.....	.....	24,000.00	.....
2. Venereal disease control (City and County—11 months) (Juvenile Court—City and County).....	3,850.00 1,500.00	4,200.00 1,500.00	.....	.....	8,050.00 3,000.00	.....	.....
Deficit—Palama .....	.....	.....	400.00	1,300.00	.....	.....	1,700.00
3. All other prevention and treatment of c. d. in clinics and in the homes: Terr.....*	.....	5,000.00	.....	.....	.....	5,000.00	.....
(Chamber of Commerce—T. A. T.).....	.....	.....	4,330.00	2,543.00	.....	.....	6,873.00
d. Conservation of Child Health:							
1. Medical Work for school children—Terr.							
(Dental Hygiene)	26,000.00	26,000.00	.....	.....	.....	52,000.00	.....
(Nutrition)	4,000.00	4,000.00	.....	.....	.....	8,000.00	.....
2. Other conservation of child life and maternal hygiene (Dental Clinic—Palama) .....	.....	.....	31,618.00	31,618.00	.....	.....	63,236.00
(Dental Clinic—City and County).....	3,000.00	3,000.00	.....	.....	6,000.00	.....	.....
e. Food and milk control:							
1. Milk and dairy control (City and County bacteriologist)	2,640.00	2,640.00	.....	.....	5,280.00	.....	.....
2. Other food control (City and County poi, fish, meat) ..	7,440.00	7,440.00	.....	.....	14,880.00	.....	.....
f. Laboratory service (Queen's Hospital laboratory).....*	3,062.00	.....	.....	.....	.....	6,124.00	.....
g. Sanitation (excluding garbage and refuse collection and disposal) City and County.....	.....	.....	25,500.00	25,500.00	.....	.....	51,000.00
h. Public health nursing:							
1. Public health nursing (exclusive of bedside care) Territory and Palama	24,000.00	24,000.00	6,000.00	6,000.00	.....	48,000.00	12,000.00
2. Bedside nursing (private nursing in hospital City and County)	1,352.00	60.00	30,352.00	30,352.00	1,412.00	.....	60,704.00
i. Other health expenditures (enumerate principal items):							
(Emergency hosp. & ambulance service—City & County)	17,100.00	23,000.00	.....	.....	40,100.00	.....	.....
(City and County hospital expense).....	93,000.00	85,385.00	.....	.....	178,385.25	.....	.....
(City and County burials).....	11,000.00	11,000.00	.....	.....	22,000.00	.....	.....
City and County.....	\$183,382.00	\$178,485.25	\$	\$	\$312,367.25	\$	\$
*Territory	45,062.00	50,062.00	.....	.....	.....	143,124.00	.....
Others .....	.....	.....	98,200.00	97,313.00	.....	.....	195,513.00
TOTAL	\$228,444.00	\$228,547.25	\$ 98,200.00	\$ 97,313.00	\$312,367.25	\$143,124.00	\$195,513.00
CARE OF COMMUNICABLE DISEASES IN HOSPITALS:							
1. Tuberculosis (City and County).....	215,000.00	243,000.00	.....	.....	458,000.00	.....	.....
(Territory)	84,000.00	84,000.00	.....	.....	.....	168,000.00	.....
2. Other communicable diseases (Children's, Queen's and Japanese hospitals).....	2,500.00	5,754.85	.....	.....	8,254.85	.....	.....
GARBAGE AND REFUSE COLLECTION AND DISPOSAL.....	167,209.25	147,209.25	.....	.....	314,418.50	.....	.....
CAPITAL EXPENDITURES:							
(Indigent Home, \$43,000; Emergency, \$7000; Ambulance, \$4600) .....	.....	54,600.00	.....	.....	54,600.00	.....	.....
DEFICITS	7,235.00	1,368.15	.....	.....	8,601.15	.....	.....
City and County	\$391,944.25	\$451,932.25	\$	\$	\$843,874.50	\$	\$
*Territory	84,000.00	84,000.00	.....	.....	.....	168,000.00	.....
Others .....	.....	.....	.....	.....	.....	.....	.....
TOTAL	\$475,944.25	\$535,932.25	\$	\$	\$843,874.50	\$168,000.00	\$
TOTAL (a) to (i).....	228,444.00	228,547.25	98,200.00	97,313.00	312,367.25	143,124.00	195,513.00
GRAND TOTAL	\$704,388.25	\$764,479.50	\$ 98,200.00	\$ 97,313.00	\$1,156,241.75	\$311,124.00	\$195,513.00

Restrict treatment to those patients only who are regular in attendance. Patients coming irregularly would be rejected.

Restrict the clinic to certain patients, some 160 in number and all of whom are infectious and discontinue the service to the 230 patients who are now on hand under treatment for other diseases of this type. These patients are not in the infectious stage.

Restrict the clinic only to cases referred by institutions or organizations and the juvenile court. This would reduce it from a third to a half.

PUBLIC HEALTH MEASURES

If the clinic is to be discontinued or reduced in the scope of its work, this mass of infected and diseased persons for the most part will go without treatment, the remainder will treat themselves or receive drug store treatment. Only a handful would seek private medical service and that only for a very brief period.

It would be an irreparable calamity to the community to discontinue this service or to curtail it. There is not a city with a population of

30,000 or over in the country that has not its Venereal Disease Clinic. This is not the type of clinic which should be conducted by private funds. Public funds should be found to conduct it properly. It would be unthinkable for Honolulu to curtail or abandon its clinic.

NEW CASES DIAGNOSED

	Jan.-Dec. 1930	Jan.-Dec. 1931
Total	376	480
Referred for		
Diagnosis	1106	1381
Treatments		
Given	10,427	16,104
Cases on hand ..	253	362
Total attendance.	9779	15,506

A spirit of cooperation has been shown mutually with the board of health. A poi inspector, two fish inspectors, a milk bacteriologist and a meat inspector paid by this department, have been assigned to work out from the food commission laboratory to avoid all possible duplication of effort along this line. Their reports have been promptly made and their work satisfactorily performed in so far as I have been able to ascertain by inquiry.

Benevolent Honolulu Cares For 2500 Hospital Patients During Twelvemonth Period

The following are further items, in addition to those already published by The Advertiser, in the report submitted to the Mayor and Board of Supervisors by Dr. Robert B. Faus, city and county physician.

The report of the Assistant City and County Physician, charged with

the care of indigent cases in General Hospitals, is as follows:

During the year 1931, 3,524 patients were cared for by the City and County at the various general hospitals, i. e., Queen's, St. Francis, Children's, Japanese and Kapiolani Maternity Hospital. Two thousand five hun-

dred and thirty patients were cared for fully by the City and County while partial payments were made by patients in 231 instances, direct to the hospital in which they were confined. The chart which is attached will tell you how the remaining 596 City and County patients were cared for at the various nursing homes and plantation hospitals, together with costs incurred in the general hospitals.

It is difficult to effect economies with a child but a year old and growing rapidly. I believe that the work of the department shows efficiency and economy. Every possible means to reduce costs and improve service to an increased number of deserving sick has been taken. The efficiency and economy of handling City and County Industrial Accidents has been shown. It must be realized that there are no sources of income to reduce costs although it has been repeatedly recommended that we be enabled by ordinance to charge for service rendered those able to pay, such as for ambulance service, for the use of the resuscitator in drowning, electric shock, revival of new born, and for the use of the surgery for those injured in traffic accidents covered by insurance. However, it must be remembered the cost of collecting such accounts would nearly obliterate any profit derived therefrom.

CAN'T REDUCE

There is no possibility of reducing General Hospital costs further. The new Indigent Invalid Home is operating at 13c less than the \$1.50, estimated cost per patient per day. This will assist in reducing the cost of caring for such patients in a General Hospital at \$3.40 per day. Unless we could enter into a contract for hospitalization at a definite amount we are helpless to make an accurate estimate for the coming year for no one can anticipate the number of needy that will require

hospitalization the coming year. During times of depression the increased number of unemployed increases the number entitled to free care. Many people in Honolulu do not resent charity—they more often seek it—especially when sick, as it is the same service rendered any one else seeking ward rates, the same fine surgeons, specialists and nurses contributing their services.

It is well to remind you here that the work of Dr. Mossman, the Assistant City and County Physician by no means ceases here with the mere responsibility of hospitalizing indigents. You have already been told that he checks daily on those in the general hospitals and cares for the Indigent Invalid Home. His office duties consist in caring for the city and county industrial accident cases of which there were 319 reported to him. He is directly responsible for all men employed as laborers and examined 617 during the year. Five hundred thirty-one City and County Prisoners were examined and those afflicted with venereal disease were referred to Palama for regular treatment, while others needing medical or surgical care, were taken care of during their stay in Jail or until they recovered. At the request of the Mayor and Board of Supervisors 32 pensioners were examined to determine the extent of disability of each and every individual receiving a city and county pension. One hundred twenty seven autopsies and investigations were made. Office patients numbered 1142 and house visits were made daily, totaling 872. Assault and Battery cases, venereal cases and O. B. cases were cared for by him, chiefly.

FINANCIAL INVESTIGATOR

The report of the Financial Investigator shows well the great assistance received in her work of keeping City and County patient days at a minimum.

PATIENTS IN QUEEN'S HOSPITAL DURING 1931

Cases carried over	434	
New Cases	1731	2165
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Approved City and County (new cases)	1123	
Approved Part City and County	138	
Disapproved	470	1731
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Referred by:		
Palama	335	
Leahi Home	38	
Salvation Army Homes	13	
Humane Society	2	
Follow-up Clinic	8	
Hospital Social Service Dept.	24	
Chinese Home	8	
Sussannah Wesley Home	1	
King's Daughters' Home	2	
Lunalilo Home	11	
Detention Home	5	
Minoaka Home	1	
Juvenile Court	10	
Police	21	
Social Service Bureau	15	
Board of Health	4	
County Jail	9	
St. Mary's Home	1	
Referred through the Emergency Hospital	241	
Transferred from the Indigent Home	4	
Other Cases	978	1731
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PATIENTS IN THE CHILDREN'S HOSPITAL DURING 1931

Cases carried over	197	
New Cases	790	987
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Approved City and County (new cases)	494	
Approved Part City and County	69	
Disapproved	227	790
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Referred by		
Palama	375	
Kalihi Orphanage	2	
Leahi Home	1	
Shriner's Hospital	1	
Salvation Army Homes	11	
Humane Society	3	
Follow-up Clinic	3	
Preventorium	5	
Hospital Social Service Dept.	1	
Tuberculosis Bureau	2	
Nutrition Department	1	
Columbus Welfare	1	
Susannah Wesley Home	5	
International Institute	1	

Juvenile Court	6	
Detention Home	2	
St. Mary's Home	1	
Police	1	
Social Service Bureau	7	
Board of Health	12	
Transferred from the Queen's Hospital	3	
Transferred from the Emergency Hospital	94	
Other Cases	254	790

PATIENTS IN THE ST. FRANCIS HOSPITAL DURING 1931

Cases carried over	68	
New Cases	272	340
Approved City and County (new cases)	183	
Approved Part City and County	23	
Disapproved	66	272
Referred by Palama	14	
Kalihi Orphanage	11	
Columbus Welfare	1	
Police	1	
Social Service Bureau	2	
Transferred from the Emergency Hospital	106	
Other Cases	137	272

PATIENTS IN THE JAPANESE HOSPITAL DURING 1931

Cases carried over	2	
New Cases	3	5
Approved City and County (new cases)	3	
Referred by Hospital Social Service Dept	1	
Referred by Detention Home (contagious disease)	1	
Other Cases	1	3

PATIENTS IN WAIPAHU HOSPITAL DURING 1931

Cases carried over	3	
New Cases	30	33
Approved City and County (new cases)	30	

PATIENTS IN EWA HOSPITAL DURING 1931

Approved City and County	2	
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PATIENTS IN AIEA HOSPITAL DURING 1931

Cases carried over	1	
New cases	2	
Approved City and County (New Cases)	2	

PATIENTS IN KAHUKU HOSPITAL DURING 1931

Approved City and County	3	3
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PATIENTS IN KAPIOLANI MATERNITY HOME DURING 1931

Approved City and County	20	
Approved Part City and County	2	
Placed on Endowed Beds	2	
Disapproved	65	90
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Referred by Palama	75	
Referred by Investigator	1	
Other Cases	14	90

PATIENTS DETAINED IN MALUHIA UNIT DURING 1931

Cases carried over	7	
New Cases	208	
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Approved City and County (New Cases)	161	
Approved Part City and County	6	
Disapproved	41	208
Referred by:		
Palama	3	
County Jail	5	
Chinese Home	1	
Police	34	
Social Service Bureau	5	
Leahi Home	1	
Queen's Hospital	2	
Hospital Social Service Department	1	
Through the Emergency Unit	23	
Other Cases	133	208

PATIENTS IN MINOAKA HOME DURING 1931

Cases carried over	349	
New Cases	86	
<hr/>		
Approved City and County (New Cases)	82	
Approved Part City and County	3	
Disapproved	1	86
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Referred by the Social Service Bureau	4	
Transferred from the Queen's Hospital	52	
Transferred from the St. Francis Hospital	5	
Transferred from the Waipahu Hospital	1	
Transferred from the Chinese Home	4	
Transferred from the Lunalilo Home	3	
Placed through the Emergency Hospital	5	
Other Cases	12	86

PATIENTS ADMITTED TO THE INDIGENT INVALID HOME DURING 1931

Readmissions	3	
Approved City and County	75	
Approved Part City and County	1	79

Referred by Palama	1	
Referred by Social Service Bureau	6	
Referred by Leah; Home	2	
Referred by Lunalilo Home	3	
Referred by Chinese Home	3	
Forwarded	15	
Referred by Korean Old Men's Home	3	
Transferred from the Queen's Hospital	43	
Transferred from the St. Francis Hospital	6	
Other cases	9	76

INVESTIGATIONS ONLY, FOR 1931

For the Queen's Hospital	11	
For the Lunalilo Home	13	
For the Maluhia Unit	1	
For the Children's Hospital	3	
For the Veterans' Hospital case	1	
For Dental care referred from Lunalilo Home	1	30

INVESTIGATIONS FOR BURIALS FOR 1931

Approved City and County	176	
Approved Part City and County	25	
Disapproved	81	282
Referred by:		
Indigent Home	9	
Queen's Hospital	36	
St. Francis Hospital	15	
Palolo Chinese Home	13	
Mincaka Home	27	
Leahi Home	33	
Morgue	47	
Children's Hospital	7	
Lunalilo Home	4	
Japanese Hospital	2	
Waipahu Hospital	1	
Police (suicide).....	2	
Other Cases	86	282

THE AMBULANCE

The emergency ambulance was purchased at a cost of \$4600 and delivered the early part of April, 1931. Since that time it has traveled 8000 miles, answering 353 emergency calls and transferring 785 patients. On 96 occasions when the ambulance was called and the destination reached, it was only to learn that some passing motorist had transported the patient to the hospital.

Cost of Ambulance	\$4,600.00	
Cost of Gas & Repairs	254.40	\$4,854.40
Cost per call inc. purchase price.....	3.93	
Cost per call inc. gas & repairs	21	
Cost Upkeep & Stretcher Bearers	7,800.00	
Less 50% Janitor Duties	3,900.00	
Cost of operation inc. upkeep, help—Apr.-Dec....	8,754.40	
Cost per trip inc. upkeep, help—Apr.-Dec.....	7.09	

INDIGENT INVALID HOME

The City and County Indigent Invalid Home admitted its first patients on the 5th of October, 1931, 34 being transferred there from Minoaka Home. Of this number there were 28 males and 6 females. The institution had accommodations for 50 males and 10 females, with additional space available, if needed. It is now caring for 70 patients, 57 male and 13 female.

The establishment of the "home" has many times met its purpose through the care of indigent invalids and convalescent cases from the general hospitals, when hospitalization is no longer a necessity.

This little chart shows the work done for the three months of this year.

	Pts.			Aver. General		
	Admitted	Discharged	Pt. Expired	Pt. Days	Hospital Conv. Cases	
October	67	12	3	1025	39.4	13
November	24	13	7	1556	51.9	15
December	29	16	4	1747	56.4	21
Total	120	41	14	4328	49.7	49

There were 120 patients cared for, a total of 4328 patient days, with a daily average of 49.7 patients. The cost of operation for the three months was \$6722. (Less drugs and staples on hand—\$800), the cost per patient day being \$137.

COMMENDABLE WORK

Too much credit cannot be given Miss Ethel Thomas, R.N., Supervisor of the Indigent Home. Her careful painstaking care of patients and efficiency in management of the institution are indeed commendable.

The "laundry" at this institution is now caring for all such work of the department, including the Emergency Unit. Figuring at commercial rates approximately \$116.00 worth of laundry is done for the Emergency Unit and \$565.00 worth for the Indigent Home, or a total cost of \$681.00 per month, at an actual operating cost of \$225.00 per month, thereby saving the City and County approximately \$456.00 monthly.

Official recognition or thanks is due the physicians and surgeons of Honolulu who have so unselfishly contributed their skill. involving many hours of time and worry in caring for unfortunates in the hospitals of Honolulu.

The value of their service rendered at rates charged for Industrial Accidents totals nearly \$100,000.00, about \$5,000.00 per doctor, of service contributed to charity.

COMPARES COSTS

An interesting comparison of costs is made possible by a recent report from Kansas City Health Department—assuming Honolulu to have a population of 140,000 and Kansas City a population of 400,000, Oahu in 1931, 205,000.

Kansas City spends \$2.10 per capita for operation of city hospitals. This included general hospitalization, emergency, contagious disease and tuberculosis.

GOVERNMENTAL EXPENDITURES ON OAHU, 1931

	C. & C.	Terr.	Total	Kansas City
Administration	\$ 16,260		\$ 16,260	\$ 38,519 .097
Vital Statistics		20,112	20,112	7,500 .019
Communicable Disease Control and Tuberculosis		17,000	17,000	23,802 .06
Venereal Disease Control.....	5,700		5,700	10,000 .025
Milk Control	2,640		2,640	18,810 .047
Other Foodstuffs Control	7,440	12,193	19,633	19,700 .05
Public Health Laboratory, Board of Health (Queen's)..		3,062	3,062	16,420 .041
General Sanitation & Housing	147,209	109,367	256,576	54,320 .137
Hospital:				
General	85,385		85,485	683,860 1.925
Communicable Disease	23,000		23,000	31,600 .080
Tuberculosis	242,000	84,000	326,000	112,547 .284
Total Health Dept. Expend..	\$529,634			\$1,017,141 2.565
School Hygiene		30,000	30,000	73,600 .186
Territorial Institutions:				
Leprosy		368,615	368,615	
Waimano Home, Feebleminded		100,000	100,000	
Terr. Hospital for Insane.....		300,000	300,000	
Total Public Agcy Expend...	\$529,634	\$1,044,349	\$1,573,983	\$1,090,741 2.751

In conclusion to assist you in answering the questions propounded in the opening statement, the following figures are given by Mr. Hiscock as average amounts that should be expended in a well balanced program for the following:

	Payment Per Capita Med. City 1931 Oahu	
Protection to Person and Property	6.51	3.70
Conservation of Health .....	.67	1.64
Sanitation	2.00	1.34
Charities and Hospitals	1.34	*2.12

*Hospitals only.

Using Kansas City per capita figures Honolulu should spend on:

	Should	Do
General Hospitals	\$353,625.00	\$118,607.00
Tuberculosis Hospitalization	52,220.00	326,000.00
Contagious Disease	16,400.00	*
Leprosy—Territory .....	.....	368,615.00
Total, exclusive of leprosy	\$422,245.00	\$444,607.00

*Included in Gen. Hosp.

It is obvious comparing the above that we are spending more money on tuberculosis and leprosy, our greatest problems, and scrimping on general hospitalization.

WISE SPENDING

The facts that make our general hospitalization figure as low as it is, are:

- Low cost per patient day at General Hospitals.
- Contributed medical and surgical skill.
- Low salary schedule for services rendered.
- Assistance of voluntary agencies in caring for out-patients.
- No general nor contagious hospital overhead.
- No laboratory overhead.

Had we not leprosy and tuberculosis to contend with we would rank quite low in cost of caring for unfortunate sick. We are spending money wisely and well in combating these diseases hoping to some day eliminate them as a menace.

It is apparent now that the General Hospital appropriation cut to \$64,000.00 annually will be exceeded from \$1,500.00 to \$2,000.00 a month. The twenty thousand dollar cut was too great even though the Invalid Home appropriation was ample, (\$31,720.00 for year). To stay within this budget it would be necessary to deprive General Hospitals of much needed income with disastrous results to their very existence or deny acutely ill individuals free hospitalization.

You can readily realize that total cost analysis is a tremendous maze of figures expended by governmental and private agencies. Necessarily many of the Territorial Board of Health figures have to be close approximations because of differences of their fiscal year and our calendar year.

The sum total expended on Health Hospitals and charities seems great on Oahu.

Bd. of Health (Health & Leper Control)	\$ 500,000.00-\$600,000.00
City & County (Hospitals and charities)	510,000.00
United Welfare (Relief)	450,000.00
Other Agencies (Shrine Hospital, etc.)	50,000.00
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Total (Annually)	\$ 1,510,000.00
Population 205,000—\$7.36 to 9.75 Per Capita.	



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Honolulu. Dept. of Health.

Annual report.

Honolulu: 1931-1966.

Library holdings: 1931 (2c.), 1932,
1936 (2c.), 1937, 1938, 1939, 1940-41,
1942, 1943 (Jan.-June), 1944, 1945
(2c.), 1953, 1955 (3c.), 1956 (3c.),
1957 (3c.), 1958 (3c.), 1959 (3c.), 1960
(2c.), 1961 (Jan.-June 3c.), 1961/62
(3c.), 1962/63 (2c.), 1963/64 (3c.),
1964/65 (3c.), 1965/66 (2c.).

