

EDITORIAL SECTION

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POSTVACCINAL ENCEPHALITIS

SINCE the days of Sir Edward Jenner, vaccination against smallpox has held its own as one of the greatest preventive measures ever discovered. It has been attacked on various grounds, religious and otherwise, but the world has accepted and practised it to the great benefit of mankind, and the saving of human life.

The mistake of holding that a single vaccination protects throughout life has been generally made. Waterhouse, 1799, said: ". . . A person who has undergone the local disease and specific fever occasioned by the cow-pox infection is thereby rendered ever after insusceptible of the small-pox." We have pointed out this fallacy in these columns and urged vaccination and revaccination, statistics in armies and other bodies where control is complete showing the value of this procedure as against the single inoculation.

A new factor has recently appeared. We were startled a few years ago by the appearance of encephalitis following vaccination. In Holland the cases were comparatively numerous, but at worst, they were small in number compared to the total number of vaccinations, though they led to a temporary suspension of vaccination. Cases were reported from England, and a few from other European countries. Our Public Health Service has been awake to the situation from the beginning, has made extensive studies, and kept close watch on developments. Altogether, some 57 cases of encephalitis have occurred in

America during the last ten years. In the light of the facts now known, what should the responsible physician recommend?

Ordinarily there is not the slightest ground for the omission of vaccination against smallpox. Exceptionally, it may be prudent to postpone it. Even if the number of bad results of which we are aware is smaller than the actual truth, still the procedure does vastly more good to society than harm. We have become so accustomed to the mild types of smallpox that many have grown careless. Sanitarians and physicians have warned people that the neglect of vaccination would be followed sooner or later by a return to the old virulent type in which the mortality was close to 50 per cent. This prediction has been verified in Kansas City, Detroit, Minneapolis, and Denver fairly recently. An analysis of the results of vaccination in many of these epidemics will convince all reasonable people that the disease was tremendously fatal in the unvaccinated, very slightly so in those once vaccinated, while the revaccinated were practically free from danger. Further, the epidemics were arrested in comparatively short order by vaccination. Within the memory of many living people the terrible experience of Montreal stands out against these favorable results.

So far from being afraid of vaccination we should urge it more than ever before, and recommend especially vaccination during the early months of life, before teething, since untoward results at this early age are exceptional. Revaccination should follow at proper intervals, especially in early life, and at school age, since smallpox is a disease of that period.

No human procedure is infallible. Health officers and physicians should arm themselves with the facts as to the occurrence of smallpox before the introduction of vaccination, and at the present time. We should acknowledge the very slight risk which attends the procedure. We can no longer tell people that it is entirely devoid of danger, but we can assure them that the beneficial results to the community far outweigh the danger. Further, there is some reason to believe that encephalitis following vaccination may be connected with the greater prevalence of epidemic encephalitis and poliomyelitis observed in several countries, and that with their decrease, postvaccinal encephalitis will also diminish.

After more than a century of experience under all conditions, we can unhesitatingly endorse the findings of the College of Physicians of London: ". . . that the public may reasonably look forward with some degree of hope to the time when all opposition shall cease, and the general concurrence of mankind shall at length be able to put an end to the ravages at least, if not to the existence, of small-pox," and the Re-

port of the National Vaccine Establishment: "The Board have infinite satisfaction in stating the two following important and decisive facts in proof of the efficacy and safety of vaccination, viz., that in the cases which have come to their knowledge, the small-pox after vaccination, with a very few exceptions, has been a mild disease; and that, out of the many hundred thousand persons vaccinated, not a single well-authenticated instance has been communicated to them, of the occurrence of a fatal small-pox after vaccination."

STANDARD METHODS OF COST ACCOUNTING FOR PUBLIC CLEANSING WORK

THE cost of street cleaning and collecting and disposing of garbage, ashes and other solid municipal wastes is now largely a matter of conjecture, so far, at least, as American cities are concerned. Nobody knows how much a city ought to pay for this service per capita or how much it does pay. Few, if any, keep records which attempt to cover the whole cost, including the work done by private scavengers, much less are able to report correctly on the cost of machine sweeping or of hauling or disposing of the wastes produced.

An attempt to standardize cost keeping in street cleaning and refuse collecting and disposition in American cities is being made through the Committee on Uniform Street Sanitation Records. This committee represents primarily the International Association of Public Works Officials, formerly called the International Association of Street Sanitation Officials. Other organizations represented in an advisory capacity include the National Committee on Municipal Standards, the International City Managers' Association, the American Society of Municipal Engineers, the Governmental Research Association, the American Society of Civil Engineers, the American Municipal Association, the American Road Builders' Association, the National Municipal League, and the American Public Health Association. The work is financed and staffed by the International City Managers' Association, through funds supplied by the University of Chicago and the Julius Rosenwald Fund.

The committee has issued what it calls a preliminary report and is now engaged in promoting a scheme of cost accounting based on certain standard work units which it proposes shall be universally employed in American cities. One of these units is called the "street cleaning mile." The theory is that distance rather than area is the important thing to record, the idea being that "the work is all applied in a lineal direction." The general custom up to now has been to consider the number of square yards cleaned as giving the best indication