CHAPTER V

LOCAL HEALTH DEPARTMENTS

A LOCAL health department is one organized by law to serve a political subdivision of a State, such as a county, township, city, town, village, borough, or a group of communities or counties. The local health department consists, as a rule, of a duly constituted board of health and a duly appointed health officer, with such assistants as may be deemed necessary. In a number of communities, particularly in some of the larger cities, the health department consists only of a health officer or commissioner of health with a corps of assistants.

The system of local health departments in the United States and Canada preceded by many years the organization of state and provincial health departments, most of which were created in the period from 1869 to 1900. The first board of health in this country was appointed in 1793 for the City of Baltimore, and the second came into existence in Philadelphia in the following year.[1] In both instances these boards of health were organized for the purpose of coping with epidemics of yellow fever, although the scope of their activities was broadened in subsequent years.

The importance of the local health department has been ably set forth by the Committee on Local Health Units of the American Public Health Association in the following words:

> Whatever may be the functions of the federal government and state governments authorized by law to protect and promote the health of the people of the United States, it can be assumed now from the unanimity of professional opinion and the practical attitude of local government that the delivery of the half-dozen essential, basic, or primary services of public health should continue to be, as has been the case in the past in this country, an important function of units of local government responsive intimately, and it may be said personally, to the needs of the families of each community, and provided for chiefly if not wholly through tax resources appropriated by the elected officers of local government, except in instances where the lack of financial resources of local jurisdiction makes aid from state and federal sources imperative.[2]

This report also states that it is not a matter of primary importance or of sharp distinction whether local units of health jurisdiction are

1. See page 11.

2. H. Emerson and M. Luginbuhl: *Local Health Units for the Nation,* New York, Commonwealth Fund, 1945, p. 1.

created by local initiative or authority and by cooperative or legally specified procedures, or are developed under mandatory or permissive legislation by state health departments. What is essential is that no population unit or area of the United States shall be without a full-time medically directed health service responsive to the needs and wishes of the people.

Local Government

Political subdivisions of a State have a different relationship to the State than has the State to the Federal Government. Whereas the United States may exercise only those powers granted to it by the people of the States, as expressed in the Constitution, local governments not only have ceded no powers to the State, but they are purely creatures of legislative enactment possessing only those powers actually conferred upon them by the State, either through statutes or in charters. A political subdivision of a State may, therefore, exercise only those powers granted to it by the State, or which are incidental to its creation or organization, or which can be reasonably implied from statutory authority.

State legislatures have given extensive powers to municipal corporations, and in recent years have also bestowed upon them an increasing measure of home rule. Other political subdivisions of the State are likewise given wide authority, although it is usually somewhat less extensive than that of municipal corporations. These agencies are, however, always subject (within certain limitations) to the will of the legislature, and they are also subject to reasonable control by the executive and judicial branches of the state government.

The significance of political subdivisions and local governments varies in the different States. In all States, municipal corporations such as cities of various classes and incorporated towns are important units of government. Every municipal corporation usually has a health department, since such a department is an obvious necessity for the protection of the public health in urban communities.

There are three types of local rural government in the United States. In New England and some other States the town is important; in the South the town is absent or rudimentary, but the county assumes importance; in many other States, such as New York and Pennsylvania, both the county and the town or township are important units of government. Local health departments outside cities may, therefore, be organized in towns or in counties, or in both.

In many States, local health departments of certain types are distinct political agencies of the State, created by legislative authority

and endowed with special powers. In most cases, however, local health departments are divisions of local governments, subordinate to them but possessing some special and unique powers.

That the police power of the State, including the power over the public health, may be delegated by the State to its political subdivisions, such as counties, municipal corporations, towns, and boards of health, is a well-established principle of American jurisprudence, which has been upheld on numerous occasions by the courts,[3] as has also the power of legislatures to provide for local health departments.[4]

County Health Departments

Although the county is now recognized as a logical unit of government for necessary health services, county health departments are of comparatively recent origin. The first county health department in the United States is reported to have been organized in Jefferson County, Kentucky, in 1908, and it was still in operation forty years later.[5] In 1911 the second and third full-time county health services in this country came into existence within a month of each other. On June 1, 1911, the Guilford County health department in North Carolina was organized, while on July 1, 1911, a similar unit was established in Yakima County, Washington. The fourth was in Robeson County, North Carolina, organized in 1912.[6]

Since that time the growth of the county health movement has been rapid, due largely to stimulation from the United States Public

3. *Salem* v. *Eastern R. Co.* (1868), 98 Mass. 431, 96 Am. Dec. 650. *Bryant* v. *City of St. Paul* (1885), 33 Minn. 289, 23 N.W. 220, 53 Am. R. 31. *Blue* v. *Beach* (1900), 155 Ind. 121, 56 N.E. 89, 80 A.S.R. 195, 50 L.R.A. 64. *Hengehold* v. *Covington* (1900), 108 Ky. 752, 57 S.W. 495, 22 Ky. L. 462. *Jacobson* v. *Massachusetts* (1905), 197 U.S. 11, 25 S. Ct. 358, 49 L. Ed. 643, 3 Ann. Cas. 765. *Butera* v. *Ayotte* (1933), 53 R.I. 366, 166 A. 820.

4. *Comm.* v. *Swasey* (1882), 133 Mass. 538. *Wallor* v. *Wood* (1884), 101 Ind. 138. *State* v. *Seavey* (1894), 7 Wash. 562, 35 P. 389. *Attorney General* v. *McCabe* (1899), 172 Mass. 417, 52 N.E. 717. *State* v. *Zimmerman* (1902), 86 Minn. 353, 90 N.W. 783, 91 A.S.R. 351, 58 L.R.A. 78. *Keefe* v. *Union* (1903), 76 Conn. 160, 56 A. 571. *Istan* v. *Naar* (1913), 84 N.J.L. 113, 85 A. 1012. *Crayton* v. *Larabee* (1917), 220 N.Y. 493, 116 N.E. 355, L.R.A. 1918 E 432. *Rock* v. *Carney* (1921), 216 Mich. 280, 185 N.W. 798, 22 A.L.R. 1178.

5. *Jefferson County* v. *Jefferson County Fiscal Court* (1938), 269 Ky. 535, 108 S.W. (2d) 181.

6. J. A. Ferrell and P. A. Mead, *History of County Health Departments in the United States,* Public Health Bulletin No. 222, U.S. Public Health Service, 1936. A. W. Freeman, *A Study of Rural Public Health Service,* New York, Commonwealth Fund, 1933. H. S. Mustard, *Rural Health Practice,* New York, Commonwealth Fund, 1936.

Health Service, the International Health Division of the Rockefeller Foundation, state health departments, and other agencies. By 1921, for example, there were 186 county health departments; in 1926 there were 347, and in 1931 there were 610 such units in 36 States. Along with this progress in rural health service, there has also occurred the discontinuance of a number of county health departments for various reasons. In 1938 there were about 1,000 health departments serving the 3,070 counties in this country, and in 1946 there were about 1,700.[7]

Authority for the organization and administration of a county health department is provided in state legislation, but the county board of health or health department has only such powers as are conferred upon it by the statutes, either expressly or by necessary implication.[8] The department generally consists of a county board of health and a full-time county health officer, with necessary assistants such as public health nurses, sanitary officers, or public health engineers, clerks, and others.

The county board of health is either appointed by the governing body of the county, which is known by various terms such as the board of supervisors, board of freeholders, county commissioners, or police jury (in Louisiana, where counties are called "parishes"), or it may be an ex-officio board consisting of all or part of the governing body of the county.

The county health officer, who is usually a physician,[9] is appointed by the county board of health for a definite term of years. In some States he may serve as both county health officer and as city health officer of a municipality within the county.[10] As a rule, however, a county health department has no jurisdiction over incorporated cities and towns, or cities of certain sizes, although in some States the laws provide that municipalities may elect to join a county health district, usually by vote or resolution of the mayor and council.

In Connecticut, by a law of 1893, county health officers are attorneys, whose chief duty is to appoint town health officers in all towns except those whose limits are coterminous with the limits of cities or boroughs. These county officers assist local health officers in legal mat-

7. *Directories of County Health Officers,* issued annually by the United States Public Health Service.

8. *Champion* v. *Vance County Board of Health* (1943), 221 N.C. 96, 19 S.E. (2d) 239.

9. In California the health officers of a county or district is required to be "the holder of a degree in medicine, in sanitary engineering, or in public health."

10. *State* v. *Waldo* (1928), 222 Mo. App. 396, 5 S.W. (2d) 653.

ters, and they may also fill vacancies in city or borough health officerships which have existed for more than thirty days.[11]

The county health officer is usually subject to considerable supervision by the state health department, which is often authorized by law to appoint, approve the appointment of, set qualifications for, and under certain conditions to remove the county health officer.[12]

The organization and powers of county health departments have been upheld by the courts on numerous occasions.[13] County boards of health are often empowered to adopt regulations to carry out the purposes of public health laws, although sometimes they operate only under state laws and the regulations of the state board of health. The county itself usually does not possess legislative powers, although sometimes counties are authorized by law to adopt ordinances for certain purposes.[14] A county is not a municipal corporation, but is generally regarded as a quasi-corporation.

Since county boards of health or health departments are established by the general laws of the State, special local laws passed for the purpose of organizing a board of health for a particular county will not be valid, according to recent decisions in North Carolina and Georgia.[15] In most state constitutions there are provisions that no special law shall be enacted for a purpose covered by existing general legislation.

Imposition of taxes by county authorities in accordance with state

11. I. V. Hiscock and F. M. Munson, Public health practice in small cities and towns in Connecticut, *Am. J. Pub. Health,* 14:934, November 1924.

12. *Ware* v. *State* (1916), 111 Miss. 599, 71 So. 868. *Mississippi State Board of Health* v. *Matthews* (1917), 113 Miss. 510, 74 So. 417. *State Department of Health* v. *San Miguel County* (1921), 26 N.M. 634, 195 P. 805.

13. *Valle* v. *Shaffer* (1905), 1 Cal. App. 183, 81 P. 1028. *Henderson County Board of Health* v. *Ward* (1900), 107 Ky. 477, 54 S.W. 725, 21 Ky. L.R. 1193. *City of Bardstown* v. *Nelson County* (1904), 25 Ky. L.R. 1478, 78 S.W. 169. *Yandell* v. *Madison County* (1902), 81 Miss. 288, 32 So. 918. *Daviess County Board of Health* v. *McFarland* (1923), 197 Ky. 838, 248 S.W. 179. *Miller* v. *Tucker* (1925), 142 Miss. 146, 105 So. 774. *State ex rel. Parish Board of Health* v. *Police Jury of Calcasieu* (1926), 161 La. 1, 108 So. 104. *Board of Health of Buncombe County* v. *Lewis* (1929), 196 N.C. 641, 146 S.E. 592. *City of Jackson* v. *Ferguson* (1933), 167 Miss. 819, 150 So. 531. *Jefferson County* v. *Jefferson County Fiscal Court* (1938), 269 Ky. 535, 108 S.W. (2d) 181.

14. *Gordon* v. *Montgomery County* (1933), 164 Md. 210, 164 A. 676. *Stanislaus County Dairymen's Prot. Ass'n* v. *Stanislaus County* (1937), 93 Cal. 230, 261, 65 P. (2d) 1305.

15. *Sams* v. *Board of County Comrs.* (1940), 217 N.C. 284, 7 S.E. (2d) 540. *Hood* v. *Burson* (1942), 194 Ga. 30, 20 S.E. (2d) 755.

laws, to support public health activities in counties and districts, is a valid exercise of the taxing power of the State.[16]

Multi-county Health Districts

In many of the States the laws permit or authorize the formation of multi-county health departments in accordance with procedures set forth in the statutes. Such multi-county health departments may be created by resolution of the boards of county supervisors, by vote of the people, or by a combination of these methods, as by the presentation of a petition to the county board from a certain percentage of the citizens, followed by a hearing and suitable action. Sometimes the approval of the state health department is also required.

When organized according to law, the health districts thus established have the same public health powers in the several counties as would the separate county board of health.

Municipal Health Departments

Counties are further divided into smaller political units, such as townships, cities, towns, villages, and boroughs, although occasionally a large city, such as New York, may include in its boundaries one or more counties. Cities and towns, and some villages, are incorporated by the State, which grants charters to them. These municipal corporations are agents of the State for governmental purposes, such as the protection of the public health and safety, but they are also business organizations which undertake certain proprietary functions, such as various types of public works, for the benefit of the local inhabitants.

The health departments of municipal corporations are generally major units of the local government, under the ultimate control of the mayor and council, but in some instances they are divisions of other major units of the government, such as a department of welfare. In a relatively few jurisdictions local health departments are virtually independent governmental units, and in one or two States they are or have been incorporated.[17]

A municipal health department may consist of a board of health and a health officer, which is the customary form of organization in

16. *People ex rel. Wangelin* v. *Pennsylvania R. Co.* (1939), 372 Ill. 223, 23 N.E. (2d) 38. *Yazoo and M.V.R. Co.* v. *Bolivar County* (1939), 186 Miss. 824, 191 So. 426.

17. *Forbes* v. *Board of Health* (1891), 28 Fla. 26, 9 So. 862, 13 L.R.A. 549. *Board of Health* v. *Copcutt* (1893), 140 N.Y. 1, 35 N.E. 320, 23 L.R.A. 481, 37 A.S.R. 522.

smaller cities and towns, or merely of a health officer or commissioner of health acting under the immediate direction of the mayor, city manager, or one of the city commissioners where there is a commission form of government. The single commissioner of health without a board of health is found most frequently but not exclusively in the larger metropolitan cities.

As to which is the better system is a matter that has caused some difference of opinion among both political scientists and sanitarians. In favor of a board of health it is stated that the membership of the board usually consists of physicians and other persons familiar with or interested in the public health; that it is a continuing body, since its membership usually does not change all at one time; that it represents more than one political party; that where it appoints the health officer the appointment is less likely to be influenced by politics; and, finally, that the board serves not only as an advisor to the health officer, but as a sympathetic supporter and interpreter of his activities, and as a tribunal to which both he and the public may appeal under certain conditions.[18]

On behalf of the single commissioner of health, it is stated that the trend in municipal government is properly toward the strong city executive, either a mayor or city manager, with single executives in charge of each department under his direction, and that such a system makes for efficiency in administration.[19]

Under the proper conditions of qualified personnel and official and public support, either system works effectively. Both are legal, when authorized by the statutes.

The Board of Health

A municipal board of health may consist of from three to fifteen members, although five or seven is the usual number. In some States all members of the board are required to be licensed physicians, although the better system, in effect in most States, is to require that two or three members shall be physicians and the remainder non-medical persons. Women are eligible.

The members of the board of health are generally appointed by the mayor or other head of the municipal government, sometimes

18. *Municipal Health Department Practice for the Year 1923*, Public Health Bulletin No. 164, U.S. Public Health Service, 1926.

19. C. E. McCombs, *City Health Administration*, New York, Macmillan, 1927. A local law creating a department of health consisting of a single commissioner, and replacing a board, was upheld in *Fisher* v. *Kelly* (1942), 264 App. Div. 596, 36 N.Y.S. (2d) 497, affirm. in 289 N.Y. 161, 44 N.E. (2d) 413.

with the approval of the city council, for stated terms of from two to five years, so arranged that the terms do not all expire in any one year. Occasionally there are ex-officio boards of health, as in cities having the commission form of government where the commissioners may be the board, or in towns where the board of selectmen act in this capacity. The health officer is usually not a member of the board, although he may be its president or chairman, its secretary, or ex-officio a member. In a few instances, the selection of local boards of health may be vested in the state health department.[20]

The board of health usually has quasi-legislative and quasi-judicial powers, but less frequently possesses direct administrative authority except in the appointment of the health officer. The board may adopt rules and regulations to carry out public health laws or ordinances, and it may hold hearings preliminary to taking necessary action in quasi-judicial proceedings, such as the abatement of nuisances, the issuance or revocation of licenses, and similar matters. It is, in general, a well-recognized legal principle that the duties of local boards of health are purely governmental.[21]

Suggestions for an ideal type of municipal health organization have been given by the Committee on Administrative Practice of the American Public Health Association as follows:

> A board of health or advisory council is considered an essential factor in the administrative plan, to advise the health officer in regard to general policies, to assist him in preparing a sound budget, and to promulgate a sanitary code that will conform to state regulations. . . .
>
> The board of health or council might consist of five unpaid members, preferably appointed by the mayor from representative professional and lay groups, to serve for overlapping terms. Members of such a board should be appointed on a non-partisan basis, and at the time of appointment should not be employees or elected officers of local government. The term of office for members of a board of this size should be five years, with provision for replacement or reappointment of one member annually.
>
> The composition of boards or councils varies with local conditions, but experience indicates the value of a mixed board having both medical and lay representation. Although it may frequently be desirable to appoint a woman who is active in civic affairs, a business man,

20. *Davock* v. *Moore* (1895), 105 Mich. 120, 63 N.W. 424, 28 L.R.A. 783. *McCullers* v. *Wake County* (1912), 158 N.C. 75, 73 S.E. 816, Ann. Cas. 1913 D 507.

21. *Taylor* v. *Philadelphia Board of Health* (1855), 31 Pa. 73, 72 Am. Dec. 724. *Williams* v. *Indianapolis* (1901), 26 Ind. App. 628, 60 N.E. 367. *Watts* v. *Princeton* (1911), 49 Ind. App. 35, 96 N.E. 658. *Detroit Civil Service Comm.* v. *Engil* (1915), 184 Mich. 269, 150 N.W. 1081.

an educator, or an engineer to such a board, it would seem wise not to establish specific requirements for the composition of this body beyond the stipulation that it shall have both lay and medical representation. Whether or not the members of the board or council represent the professional groups suggested, it is fundamental that they be known to have interest in and familiarity with public health work and public affairs.[22]

Meetings of the board of health are generally required to be held at regular intervals, usually once a month. Action at such meetings can be taken, as a rule, only when a quorum is present. The board usually has a chairman or president, elected by the members, and a secretary or clerk who keeps permanent records of the action at all meetings. The clerk may amend or correct the records at a future time to make them conform to the truth.[23]

Members of the board of health usually can be removed before the expiration of their terms only on charges and after a hearing. It has been held that a member of a city board of health vacates his office by holding another office under the city government, in this case as a member of the board of education.[24]

The personal liability of members of boards of health is discussed in Chapter XVIII.

The powers granted by the State to municipal and other local boards of health will be liberally construed by the courts,[25] whose proper function it is to review the actions of health officers and boards of health when they seem clearly to trespass upon the constitutional rights of individuals and to abuse the discretion conferred upon them.[26]

Health Officers

The appointment, qualifications, compensation, powers and duties, and removal of health officers are discussed at length in Chapter VI.

22. I. V. Hiscock, editor, *Community Health Organization*, 3d ed., New York, Commonwealth Fund, 1939, pp. 35-36.

23. *Inhabitants of Swansea* v. *Pivo* (1929), 265 Mass. 520, 164 N.E. 390.

24. *Metzger* v. *Swift* (1931), 248 N.Y.S. 300, 231 App. Div. 598.

25. *State* v. *Taft* (1896), 118 N.C. 1190, 23 S.E. 970, 54 A.S.R. 768, 32 L.R.A. 122. *Blue* v. *Beach* (1900), 155 Ind. 121, 56 N.E. 89, 80 A.S.R. 195, 50 L.R.A. 64. *Miles City* v. *State Board of Health* (1909), 39 Mont. 405, 102 P. 696, 25 L.R.A. (N.S.) 589. *Covington* v. *Kollman* (1913), 156 Ky. 351, 160 S.W. 1052, 49 L.R.A. (N.S.) 354. *State ex rel. Horton* v. *Clark* (1928), 320 Mo. 1190, 9 S.W. (2d) 635.

26. *Naccari* v. *Rappelet* (1907), 119 La. 272, 44 So. 13, 13 L.R.A. (N.S.) 640. *State* v. *Withnell* (1912), 91 Neb. 101, 135 N.W. 376, 40 L.R.A. (N.S.) 898. *Birchard* v. *Board of Health* (1918), 204 Mich. 284, 169 N.W. 901, 4 A.L.R. 990.

Municipal Ordinances[27]

The governing bodies of municipal corporations usually consist of an executive and a council, board of aldermen, or other group of selected representatives who have been empowered by the State to adopt ordinances to regulate persons and things within the jurisdiction of the city or town. Such ordinances must be consistent with the state laws and all other higher grades of legislation or quasi-legislation, and they cannot exceed the powers actually granted in a charter or by statutes to the municipality. The governing authorities of cities are, in general, prohibited by constitutions and statutes from entering a field of legislation that has been occupied by general legislative enactments, but this limitation does not extend to those ordinances which are permitted by or are in harmony with constitutional and statutory provisions.[28]

An ordinance cannot, as a rule, be inconsistent with a state sanitary code or the regulations of a state board of health made in conformity to law.[29] Such regulations are not laws, but they have the force and effect of law, and emanate from a higher authority of the State than the municipality. A penalty for violation may generally be prescribed in a municipal ordinance.

Municipal ordinances pertaining to the public health have been upheld as constitutional and valid by the United States Supreme Court on numerous occasions.[30] Where, for example, a city ordinance stated that all school children in the city must be vaccinated as a condition precedent to attendance at school, the United States Supreme Court sustained the ordinance as constitutional, and pointed out in a brief decision that it is within the police power of the State to provide for compulsory vaccination,[31] that the State may delegate

27. See H. Walker, *Federal Limitations Upon Municipal Ordinance Making Power*, Columbus, Ohio State University Press, 1929.

28. *Prescott* v. *City of Borger* (Tex. 1942), 158 S.W. (2d) 578.

29. *City of Seattle* v. *Cottin* (1927), 144 Wash. 572, 258 P. 520.

30. *Jacobson* v. *Massachusetts* (1905), 197 U.S. 11, 25 S. Ct. 358, 49 L. Ed. 643, 3 Ann. Cas. 765. *California Reduction Co.* v. *Sanitary Reduction Works* (1905), 199 U.S. 306, 26 S. Ct. 100, 50 L. Ed. 204. *Gardner* v. *Michigan* (1905), 199 U.S. 325, 50 L. Ed. 212. *North American Cold Storage Co.* v. *Chicago* (1908), 211 U.S. 306, 29 S. Ct. 101, 53 L. Ed. 195, 15 Ann. Cas. 276. *Laurel Hill Cemetery* v. *San Francisco* (1910), 216 U.S. 358, 30 S. Ct. 301, 54 L. Ed. 515. *Adams* v. *Milwaukee* (1913), 228 U.S. 572, 33 S. Ct. 610, 57 L. Ed. 971. *Hutchinson* v. *Valdosta* (1913), 227 U.S. 303, 33 S. Ct. 290, 57 L. Ed. 520. *Schmidinger* v. *Chicago* (1913), 226 U.S. 578, 33 S. Ct. 182, 57 L. Ed. 364. *Northwestern Laundry Co.* v. *Des Moines* (1916), 239 U.S. 486, 36 S. Ct. 206, 60 L. Ed. 396.

31. See Chapter XIV, on Vaccination.

to a municipality the authority to determine under what conditions health regulations shall become operative, and that the municipality may vest in its officials broad discretion in matters affecting the application and enforcement of a health law.[32]

Municipal ordinances on public health subjects have also been upheld by state courts of last resort in many decisions.[33]

Board of Health Regulations

The power to make necessary rules and regulations to supplement existing health legislation is usually conferred by the State upon local boards of health. Unlike municipal ordinances, which are generally regarded as legislation, board of health regulations are administrative rules or orders. They are accorded the force and effect of legislation, however, and for all practical purposes may be considered as health laws, even though they are in the category of quasi-legislative acts. "Health regulations are of the utmost consequence to the general welfare, and, if they be reasonable, impartial, and not against general policies of the State, they must be submitted to by individuals for the good of the public."[34] This power has often been upheld by the courts,[35] who will construe such regulations liberally except when the rights of individuals under the common law or under constitutional requirements are infringed, when they may be more strictly construed.[36] They will not be set aside unless the power has been transcended.[37]

32. *Zucht* v. *King* (1922), 260 U.S. 174, 43 S. Ct. 24, 67 L. Ed. 194.

33. See 39 *Corpus Juris Secundum* 811 and cases cited. *Walker* v. *Jameson* (1894), 140 Ind 591, 37 N.E. 402, 39 N.E. 869, 49 A.S.R. 222, 28 L.R.A. 679. *Ex parte Hennessey* (1929), 95 Cal. App. 762, 273 P. 826. *City of Albany* v. *Newhof* (1930), 246 N.Y.S. 100, 230 App. Div. 687; affirm. in 256 N.Y. 661, 177 N.E. 183. *Pemberton* v. *City of Greensboro* (1935), 208 N.C. 466, 181 S.E. 258. *City of Rockford* v. *Hey* (1937), 366 Ill. 526, 9 N.E. (2d) 317. *Spitler* v. *Munster* (1938), 214 Ind. 75, 14 N.E. (2d) 579, 115 A.L.R. 1395.

34. 12 *Ruling Case Law* 1271, and cases cited.

35. 29 *Corpus Juris* 241 ff., and cases cited. *State* v. *Martin* (1918), 134 Ark. 420, 204 S.W. 622. *State* v. *Wood* (1927), 51 S.D. 485, 215 N.W. 487, 54 A.L.R. 719. *State ex rel. Horton* v. *Clark* (1928), 320 Mo. 1190, 9 S.W. (2d) 635. *Abel* v. *State* (1941), 190 Ga. 651, 10 S.E. (2d) 198.

36. *Crayton* v. *Larabee* (1917), 220 N.Y. 493, 116 N.E. 355, L.R.A. 1918 E 432.

37. *Barrett* v. *Rieta* (1922), 93 So. 636, 207 Ala. 651. *Simon* v. *City of Cleveland Heights* (1933), 46 Oh. App. 234, 188 N.E. 308. *People on Complaint of Yonofsky* v. *Blanchard* (1942), 288 N.Y. 145, 42 N.E. (2d) 7. *Kurinsky* v. *Bd. of Health of Lakewood* (1943), 128 N.J.L. 185, 24 A. (2d) 803.

Local health regulations have the force of state laws,[38] but they must not be inconsistent with state laws.[39] Higher standards may, as a rule, be imposed by a city ordinance than are contained in the state law, provided that the local ordinance remains consistent with the state law.[40] A local board of health may not by vote authorize doing what a general city ordinance forbids.[41] The great criterion of all health regulations is that they must be reasonable and without discrimination. As to what is "reasonable" is for the courts to decide, but if there is a responsible body of competent professional opinion in favor of a certain regulation it will usually be upheld.[42] The presumption is in favor of legality.[43] The board of health's own interpretation of its rules will be followed, if possible.[44] Any unreasonable regulation or one contrary to state law will be held void.[45]

The regulations promulgated by a board of health must be properly drafted,[46] officially considered at an open meeting of the board at which a quorum is present and the public is permitted to be heard in favor or opposition, published in a stated number of issues of the

38. *Anable* v. *Montgomery County* (1904), 34 Ind. A. 22, 71 N.E. 272, 107 A.S.R. 178.

39. *In re Keeny* (1890), 84 Cal. 304, 24 P. 34. *Hurst* v. *Warner* (1894), 102 Mich. 238, 60 N.W. 440, 47 A.S.R. 525, 26 L.R.A. 484. *State* v. *Burdge* (1897), 95 Wis. 390, 70 N.W. 347, 60 A.S.R. 123, 37 L.R.A 157. *Blue* v. *Beach* (1900), 155 Ind. 121, 56 N.E. 89, 80 A.S.R. 195, 50 L.R.A. 64. *Chicago* v. *Union Ice Cream Mfg. Co.* (1911), 252 Ill. 311, 96 N.E. 872, Ann. Cas. 1912 D 675. *New Orleans* v. *Stein* (1915), 137 La. 652, 69 So. 43. *State* v. *Temple* (1916), 99 Nebr. 505, 156 N.W. 1063. *Rock* v. *Carney* (1921), 216 Mich. 280, 185 N.W. 798, 22 A.L.R. 1178. *Fougera* v. *City of New York* (1918), 224 N.Y. 269, 120 N.E. 642, 1 A.L.R. 1467. *Moorehouse* v. *Hammond* (1922), 60 Utah 593, 209 P. 883.

40. *Kansas City* v. *Henre* (1915), 96 Kan. 794, 153 P. 548. *New Orleans* v. *Ernst* (1924), 155 La. 426, 99 So. 391. *People* v. *Dept. of Health* (1932), 256 N.Y.S. 856, 235 App. Div. 819, holding that powers of health department are not subordinated to zoning ordinances. *City of Phoenix* v. *Breuninger* (1937), 50 Ariz. 372, 72 P. (2d) 580.

41. *Kelly* v. *Board of Health of Peabody* (Mass. 1924), 143 N.E. 39.

42. *Borden* v. *Montclair* (1911), 81 N.J.L. 218, 80 A. 30. *State* v. *Morse* (1911), 84 Vt. 387, 80 A. 189, 34 L.R.A. (N.S.) 190, Ann. Cas. 1913 B 218.

43. *Smith* v. *St. Louis R. Co.* (1901), 181 U.S. 248, 21 S. Ct. 603, 45 L. Ed. 847.

44. *Thomas* v. *State Board of Health* (1913), 72 W. Va. 776, 79 S.E. 725, 49 L.R.A. (N.S.) 150.

45. *State* v. *Robb* (1905), 100 Me. 180, 60 A. 874, 4 Ann. Cas. 275. *Mobile* v. *Orr* (1913), 181 Ala. 308, 61 So. 920, 45 L.R.A. (N.S.) 575. *Jardine* v. *City of Pasadena* (1926), 199 Cal. 64, 248 P. 225, 48 A.L.R. 509. *Simon* v. *City of Cleveland Heights* (1933), 46 Oh. App. 234, 188 N.E. 308.

46. See Chapter XX, on Health Legislation.

local press, finally adopted by the board, reduced to writing, signed, and recorded, and issued in pamphlet form for the convenience of the public.[47] In some States a hearing is not required by law for the adoption of health regulations, and the lack of such a hearing does not vitiate them.[48] Furthermore, in some States certain local boards of health may adopt temporary but not permanent regulations, such temporary regulations being in the nature of orders for the correction of specific nuisances or causes of disease.[49] Sometimes a city loses its powers to pass health ordinances or adopt health regulations when it becomes a part of a county health department.[50] An ordinance or regulation adopted under one form of municipal government is continued in force under another form, such as a change from the mayor and council system to the commission or city manager plan, unless the ordinance or regulation is expressly repealed.[51] A mayor usually has no veto power over a board of health regulation, although he may veto a municipal ordinance. A regulation may prescribe only the penalty for its violation that is set forth in the statutes, and the penalty must usually be collected by a civil action.

A board of health regulation may properly incorporate by reference in the regulation any duly enacted statute, ordinance, code, standard, or other appropriate material, such for example as the United States Public Health Service Milk Ordinance, the standards of the American Association of Medical Milk Commissions, the pharmacopeia, or federal regulations or standards. The entire material thus incorporated by reference, insofar as it affects rules of conduct to be observed, must be published when the regulation is published in the public press according to law. This is because satisfactory notice must be given to the public, and can not be so given by mere reference to rules or terms on file in the office of the health department.[52]

Among some novel subjects of board of health regulations and ordinances which have been upheld by courts in recent years are the location and conduct of cemeteries and mortuaries,[53] regulating the

47. *State* v. *Trask* (1927), 170 Minn. 6, 211 N.W. 673.

48. *Draxton* v. *Fitch* (1926), 166 Minn. 498, 207 N.W. 689.

49. *State* v. *Moher* (1929), 57 N.D. 929, 224 N.W. 890.

50. *City of Jackson* v. *Ferguson* (1933), 167 Miss. 819, 150 So. 531.

51. *Quacci* v. *City of Union City* (1932), 10 N.J. Misc. 1102, 163 A. 719.

52. *State* v. *Waller* (1944), 143 Oh. St. 409, 53 N.E. (2d) 654.

53. *City of Tucson* v. *Arizona Mortuary* (1929), 34 Ariz. 495, 272 P. 923. *Gordon* v. *Montgomery County* (1933), 164 Md. 210, 164 A. 676. *Moore* v. *U. S. Cremation Co.* (1937), 275 N.Y. 105, 9 N.E. (2d) 795, 11 N.E. (2d) 743, 113 A.L.R. 1124.

local distribution of contraceptives,[54] regulating the installation of gas appliances,[55] and authorizing the distribution of impounded dogs to medical schools and hospitals.[56] In several cities regulations have been adopted for the control of blood donors.

Jurisdiction

The jurisdiction of a health department obviously extends over the area embraced by the municipality and includes all persons and things within its boundaries. It does not extend beyond in the absence of a state law conferring extra-territorial jurisdiction,[57] but the board or the municipality may take action to bring about the abatement of a nuisance outside the municipal limits if the health of its inhabitants is affected thereby. Where matters arise which concern the health of several communities, and they cannot be satisfactorily adjusted without outside interference, it is the function of the state health department to take charge and alleviate the conditions. A local board of health may, moreover, place a quarantine against another city, according to one court decision,[58] but it cannot quarantine against the county or the whole State. A local health department may make inspections of dairies beyond the city limits, but its only redress for violations of sanitary regulations is to debar the sale within the city of the milk from the outside dairy, or by its seizure and destruction in the city as a nuisance.[59]

Licenses and Permits

A frequent method of control employed by municipal health departments is that of licensing. A license has been defined as a formal

54. *McConnell* v. *City of Knoxville* (1937), 172 Tenn. 190, 110 S.W. (2d) 478.

55. *Portsmouth Stove and Range Co.* v. *Baltimore* (1929), 156 Md. 244, 144 A. 357.

56. *Ill. Antivivisection Soc.* v. *City of Chicago* (1937), 289 Ill. App. 391, 7 N.E. (2d) 379.

57. *State* v. *Temple* (1916), 99 Nebr. 505, 156 N.W. 1063. *City of Rockford* v. *Hey* (1937), 366 Ill. 526, 9 N.E. (2d) 317. *Ex parte Ernst* (1940), 138 Tex. Cr. R. 441, 136 S.W. (2d) 595. The Baltimore City Charter states (Sec. 6) that "The Mayor and City Council of Baltimore shall have full power and authority: To preserve the health of the city. To prevent and remove nuisances. To prevent the introduction of contagious diseases within the city, and within three miles of the same upon land, and within fifteen miles thereof upon the navigable waters leading thereto. . . . "

58. *Allison* v. *Cash* (1911), 143 Ky. 679, 137 S.W. 245.

59. See Chapter XI, on Milk Control.

permission from the proper authority to perform certain acts. The State has the undeniable right to license and regulate professions, trades, and occupations, and it may delegate this power to municipal corporations and other political subdivisions of the State. Licenses and permits may be required by a municipality either for the purpose of regulation, in accordance with the police power, or in order to raise revenue, under the taxing power, or for both these purposes, but a fee charged for a license issued under the police power must be reasonable and not so high as to become a tax. Health departments have no power to tax. The precise extent and scope of the licensing power of a municipal health department must be ascertained in each case from state health legislation, or, possibly, from the charter of the municipal corporation. As a rule, however, the licensing power includes also the right to determine the necessity for the issuance of the permit, the prescribing of conditions prerequisite to such issuance, the enforcement of the power, and, where the public health is involved, discretion as to the individuals who may be recipients of the permits.[60]

As in the case of the exercise of other public health powers, municipal ordinances or regulations imposing licenses must be reasonable. Since the right to issue a permit carries with it the right to refuse to issue it for cause, it has been held that where an ordinance states that licenses "may" be issued, an aggrieved party cannot compel a board of health to grant a permit as a matter of course.[61] Where an ordinance requiring permits is not actually based on public health needs or other public policy, it is an infringement of personal rights.[62] Where, for instance, plumbers were required to be licensed solely as an alleged public health measure, the ordinance was held to be invalid.[63] Various trades and callings are, nevertheless, legitimately subject to licensing, and there are many decisions upholding the requirement of such permits. The classification and even the sub-classification of businesses for licensing purposes is not unconstitutional.[64] A license granted by a municipality does not excuse the maintenance

60. *Hanzal* v. *San Antonio* (Tex. 1920), 221 S.W. 237. *Brown* v. *City of Seattle* (1928), 150 Wash. 203, 272 P. 517. *City of Dayton* v. *Jacobs* (1929), 120 Oh. St. 225, 165 N.E. 844.

61. *Doben* v. *Board of Health of Paterson* (1925), 3 N.J. Misc. 38, 127 A. 38.

62. *Wyeth* v. *Cambridge Board of Health* (1909), 200 Mass. 474, 86 N.E. 925, 128 A.S.R. 439, 23 L.R.A. (N.S.) 147 (undertakers). *Philips* v. *City of Siloam Springs* (1930), 182 Ark. 139, 30 S.W. (2d) 220.

63. *Replogle* v. *Little Rock* (1924), 166 Ark. 617, 267 S.W. 353, 36 A.L.R. 1333.

64. *Gundling* v. *Chicago* (1899), 177 U.S. 183, 20 S. Ct. 633, 44 L. Ed. 725.

of a nuisance by the licensee.[65] Licenses may be revoked for cause, and if public health is in jeopardy such action may be summary; otherwise a hearing must be held.[66]

Barbers and the trades of barbering, hairdressing, beauty culture, manicuring, and cosmetics may be licensed and regulated in the interests of the public health,[67] but such regulations must be reasonable or they will be void. The courts have held in a number of cases that local ordinances or regulations requiring that barber shops must be closed between certain hours, such as from 6:30 p. m. to 8:00 a. m., are void as having no reasonable relation to the public health.[68] Sanitary requirements for barber and beauty shops, to prevent any possible spread of communicable diseases from patron to patron or from operator to patron, are proper and valid, and the municipality has the right to inspect the shops and enforce such regulations.

Expenditures and Contracts

Budgets for health departments are usually drawn up by the health officer and submitted to the board or council for adoption, though sometimes statutes or charters require a different procedure, as the preparation by a fiscal officer. The health department itself cannot appropriate municipal funds for its own use, but such monies must be granted to the health department by the governing body of the

65. *Garrett* v. *State* (1886), 49 N.J.L. 693, 7 A. 29. See Chapter XIII, on Nuisances.

66. *People ex rel. Lodes* v. *Department of Health of New York* (1907), 189 N.Y. 187, 82 N.E. 187, 13 L.R.A. (N.S.) 894.

67. *Stoll* v. *Zeno* (1900), 79 Minn. 80, 81 N.W. 748, 79 A.S.R. 422, 48 L.R.A. 88. *State* v. *Sharpless* (1903), 31 Wash. 191, 71 P. 737, 96 A.S.R. 893. *La Porta* v. *Board of Health of Hoboken* (1904), 71 N.J.L. 88. *Moler* v. *Whisman* (1912), 243 Mo. 571, 147 S.W. 985, 40 L.R.A. (N.S.) 629. Ann Cas. 1913 D 392. *Gerard* v. *Smith* (Tex. 1932), 52 S.W. (2d) 347. *Ransone* v. *Craft* (1933), 161 Va. 332, 170 S.E. 610. *Mundell* v. *Graph* (1934), 62 S.D. 631, 256 N.W. 121. *Turner* v. *Bennett* (Tex. 1938), 108 S.W. (2d) 967. *Unit Enterprises* v. *Dubey* (1942), 128 F. (2d) 843.

68. *Newman* v. *City of Laramie* (1929), 40 Wyo. 74, 275 P. 106. *Marx* v. *Maybury* (N.D. 1929), 30 F. (2d) 839. *Knight* v. *Johns* (1931), 161 Miss. 519, 137 So. 509. *Ernesti* v. *City of Grand Island* (1933), 125 Neb. 688, 251 N.W. 899. *Patton* v. *City of Bellingham* (1934), 179 Wash. 566, 38 P. (2d) 364, 98 A.L.R. 1076. *Ganley* v. *Claeys* (1935), 2 Cal. (2d) 266, 40 P. (2d) 817. *City of Huron* v. *Munson* (1939), 67 S.D. 88, 289 N.W. 416. *Kellerman* v. *City of Philadelphia* (1940), 139 Pa. Super. 569, 13 A. (2d) 84. *City of Louisville* v. *Kuhn* (1940), 284 Ky. 684, 145 S.W. (2d) 851. *Saccone* v. *City of Scranton* (1941), 341 Pa. 526, 20 A. (2d) 236. See page 201 for cases upholding state laws regulating barbers and beauty shops.

municipality. They may then be used in accordance with the approved budget. Whether this can be changed or not during the course of a fiscal year depends upon the requirements of statutes, ordinances, or charters, but in the absence of an authorized procedure it cannot be changed. Of course sudden emergencies may arise in which funds may of necessity have to be diverted, but such use must be ratified and usually special funds can be obtained for use during exigencies. All expenditures must be properly audited,[69] although methods vary widely. As a general proposition the auditing should be done by another branch of the municipal government.

Contracts may be entered into between the health department and individuals, firms, partnerships, corporations, and others, since this right is necessary to the proper conduct and administration of the department.[70] A health officer may not contract with himself as a private individual, however, and it is improper for a board to contract with one of its members,[71] though there may arise conditions when such a contract may be valid if properly safeguarded.[72] The health officer must have the approval of his board for all contracts unless he has blanket authority to make them, and if contracts are made without such authority they will not be good against the board unless ratified by it. A contract is an agreement made between two or more competent parties for a valuable consideration to do or refrain from doing some lawful thing. An agent may be authorized to contract for his principal, and the health officer is, generally speaking, the agent of his board. In fact, in Massachusetts, the executive of a local board of health is officially called the "Agent." When contracts of importance are to be arranged, the health department should seek the aid of a competent lawyer, as there are many legal technicalities which may need consideration.

In paying bills, local health departments should require submission of all claims and bills on standard vouchers, preferably the same as those used by the municipal authorities for financial transactions. When approved, these vouchers are forwarded to the fiscal officer of the municipality for payment out of the appropriation of the health

69. *Dawe* v. *Board of Health* (1906), 146 Mich. 316.

70. *Lambrie* v. *Manchester* (1879), 59 N.H. 120, 47 Am. R. 179. *Delano* v. *Goodwin* (1868), 48 N.H. 203, 97 Am. Dec. 601. *Elliot* v. *Kalkaska* (1885), 58 Mich. 452, 25 N.W. 461, 55 A.S.R. 706. *Frankfort* v. *Irvin* (1904), 34 Ind. 280, 72 N.E. 652, 107 A.S.R. 179.

71. *Spearman* v. *Texarkana* (1894), 58 Ark. 348, 24 S.W. 883, 22 L.R.A. 855. *Fort Wayne* v. *Rosenthal* (1881), 75 Ind. 156, 39 Am. R. 127.

72. *St. John* v. *Board of Supervisors* (1897), 111 Mich. 609, 70 N.W. 131.

department. A copy or copies are retained for the records of the health department. In some instances, health departments have their own funds in suitable bank accounts and pay bills with checks signed by the president and secretary. These accounts are subject to annual audit by the municipal authorities, as are also all revenues obtained from license fees and other fees.[73]

Organization

The organization of a local health department is primarily an administrative matter, but it may have legal implications. The organization suggested by the Committee on Administrative Practice of the American Public Health Association for a large city health department under the direction of a health officer is as follows:[74]

Bureau of Administration
  Division of Administration
  Division of Public Health Education
Bureau of Vital Statistics and Records
Bureau of Communicable Disease Control
  Division of Epidemiology
  Division of Tuberculosis
  Division of Venereal Diseases
Bureau of Maternal and Child Health
  Division of Maternal, Infant, and Preschool Health
  Division of School Health
Bureau of Public Health Nursing
Bureau of Environmental Sanitation
  Division of Public Health Engineering
  Division of Milk Control
  Division of Food Control
Bureau of Laboratories

In smaller community health departments and in county health departments, several of these functions may, of course, have to be combined in one administrative division.

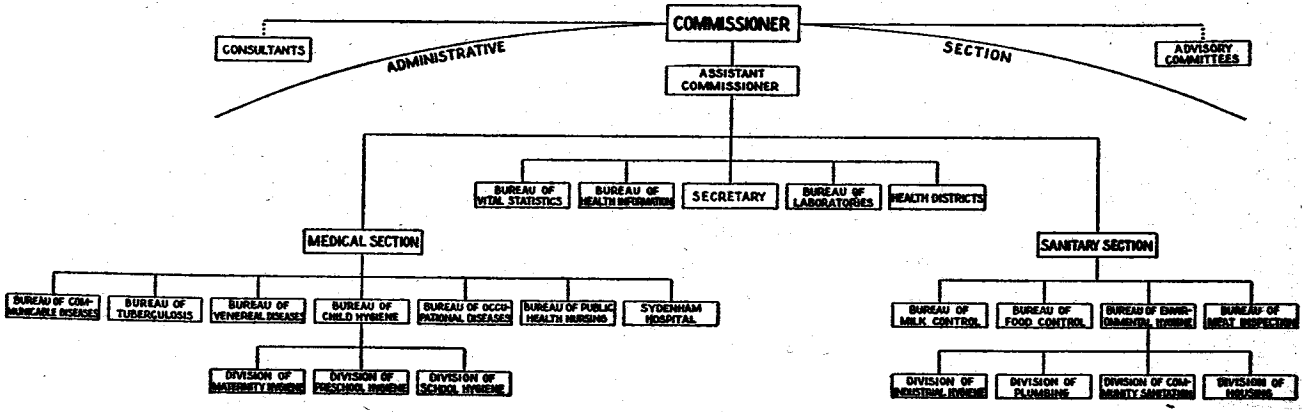
Health departments must, of course, be provided with adequate headquarters for the proper conduct of their activities. Statutes often require, in fact, that municipalities shall furnish sufficient and suitable offices and quarters for the use of the health department. It has been ruled by the Attorney General of Ohio that a law stating that

73. See Payment of health board bills, New Jersey Department of Health, *Public Health News*, March 1930.

74. I. V. Hiscock, editor, *Community Health Organization*, 3d ed., New York, Commonwealth Fund, 1939.

ORGANIZATION CHART

BALTIMORE CITY HEALTH DEPARTMENT



county commissioners and city councils may furnish suitable quarters for boards of health and health departments is mandatory, and means that they must do so.

Personnel

Since the quality of local health service depends upon the quality of the personnel engaged in public health activities, such personnel should be professionally trained, and adequate in number for the area, population, local problems, resources, and type of community served.

Recommendations for the personnel needed in various communities have been given by the Committee on Local Health Units of the American Public Health Association. For a city of 50,000 population it is stated that there will be needed one full-time professionally trained and experienced medical officer of health, a full-time public health or sanitary engineer, a sanitarian of nonprofessional grade, ten public health nurses, one of whom should be of supervisory grade, and three persons for clerical work. Part-time medical services will also be needed in most such units of population for diagnosis and control of tuberculosis and venereal diseases, and for antepartum, infant, preschool, and school health services. Specialist or consultant and advisory services should also be available from the state health department.

For a city or population unit of 150,000 there should be in addition to the full-time commissioner of health, two other administrative medical officers, in charge of bureaus of communicable diseases and maternity and child hygiene, respectively; a chief of the bureau of environmental sanitation, who should be of professional grade; five assistant sanitary officers; thirty public health nurses, of whom four would be of supervisory grade; and ten persons of secretarial and clerical grades, and one statistician or statistical clerk, one full-time veterinarian, three persons for public health laboratory work (one of professional grade, and one technician), one full-time dentist and two full-time dental hygienists, and one health educator.

In 1945 there were in the United States 1,160 full-time local health departments serving approximately 2,100 cities and counties. The Committee on Local Health Units of the American Public Health Association has recommended that there should be 1,197 units of local health jurisdiction in this country.[75]

75. H. Emerson and M. Luginbuhl, *Local Health Units for the Nation*, New York, Commonwealth Fund, 1945. M. E. Altenderfer, Full-time public health positions in local health departments, *Pub. Health Rep.* 61:866-874, June 14, 1946.

Duties and Functions

While the powers of health authorities are often outlined in detail in statutes, it may be said that they embrace everything which can be reasonably included as affecting the public health. In discussing the scope of health regulations, a leading encyclopedia of law says, "So far as concerns the subject matter, it may be stated as a general proposition that all rules and regulations reasonably calculated to preserve health are valid and may be established by health authorities."[76]

The six basic functions of a local health department, as stated by the Committee on Local Health Units of the American Public Health Association,[77] are as follows:

1. Vital statistics, or the recording, tabulation, interpretation, and publication of the essential facts of births, deaths, and reportable diseases.
2. Control of communicable diseases, including tuberculosis, the venereal diseases, malaria, and hookworm disease.
3. Environmental sanitation, including supervision of milk and milk products, food processing and public eating places, and maintenance of sanitary conditions of employment.
4. Public health laboratory services.
5. Hygiene of maternity, infancy, and childhood, including supervision of the health of the school child.
6. Health education of the general public so far as not covered by the functions of departments of education.

Until 1938 the main elements of a desirable municipal health program were appraised by means of a numerical score devised by the Committee on Administrative Practice of the American Public Health Association, which allowed a total of 1,000 points for ten different items, such as communicable disease control, school hygiene, sanitation, etc. This plan has been supplanted by an evaluation schedule for use in the study and appraisal of community health programs, which contains the following general headings:[78]

A. Basic data and community facilities
B. Definition of problems
C. Community health education
D. Communicable disease control
E. Tuberculosis control program
F. Syphilis and gonorrhea control

76. 12 *Ruling Case Law* 1276, and cases cited.

77. H. Emerson and M. Luginbuhl, *Local Health Units for the Nation,* New York, Commonwealth Fund, 1945, p. 2.

78. Evaluation schedule, American Public Health Association, 1944. Health practice indices 1943-44, New York, American Public Health Association, 1945.

G. Maternal health
H. Infant health
I. Preschool health
J. School health
K. Adult health
L. Water supplies and excreta disposal
M. Food control
N. Milk control
O. Housing
P. Financial support for local health work
Q. Special activities.

As an aid to the proper conduct of these activities, suitable records must be kept by the health department, as outlined in recent publications.[79]

Legal aspects of the various specific functions of health departments, such as vital statistics; control of communicable diseases, tuberculosis, and venereal diseases; milk and food control; nuisances and sanitation; vaccination; school hygiene; and industrial hygiene, are outlined in detail in subsequent chapters in Part II.

Mental Hygiene

In a number of States laws are now in effect providing that patients may be sent directly to a mental hospital on the certificate of a health officer. Such patients must be accepted by the superintendent for a certain period, from five to thirty days according to the laws in the different States, at the end of which time they may be discharged, or be legally committed to the institution, usually by court order. Such laws apply only to the noncriminal insane.

While persons may be voluntarily admitted to state mental disease hospitals, they may be committed as a rule only by means of judicial processes, which are set forth in a variety of state legislation.[80] In a few States the anachronistic system of trial of the alleged insane person by a lay jury still prevails, but in most jurisdictions commitment is made by a judge following examination by two or more qualified medical examiners. In a few States there are independent commissions of lunacy.

79. W. F. Walker and C. R. Randolph, *Recording of Local Health Work*, New York, Commonwealth Fund, 1935. J. W. Mountin and E. Flook, *Devices for Reducing Health Department Records and Reports*, Supplement No. 187, U. S. Public Health Service, 1945.

80. G. A. Kempf, *Laws Pertaining to the Admission of Patients to Mental Hospitals Throughout the United States*, Supplement No. 157, U.S. Public Health Service, 1939.