

Service Given Whole Province by Public Health Department Related in Detail by Minister

S.S. LESSON

Hon. Dr. Forbes Godfrey Explains Facilities Provided by Department to Combat Disease and Improve Living Conditions Among People of Ontario—Avers Wisdom of Expenditures for Preventive Measures, Such as Free Distribution of Insulin—Study of Industrial Poisons Lowers Compensation Costs.

Public health is not a recent idea, in the early stages of its inception. It is as old as civilization, and from its earliest beginnings, when men first began to get away from barbarism and adopt more civilized methods of living, public health has kept step, stride by stride, with modern progress. One of the important marks that distinguish civilization from barbarism is the consideration that men show for their fellows, and we have that demonstrated in our day by the development of hospitals, refuges, and homes for the unfortunate who are so situated as to be what we call a public charge, and further, we have it exemplified in the great scheme of organized, modern public health.

We have largely departed from the early days, when the procedure was that neighbor helped neighbor, if he were so disposed, although the same fundamental principle underlies our modern procedure, and to-day we have the community organized as a group, whether it be municipal or provincial; it is organized as a group for the health protection of the individual, the community and the State.

PUBLIC INTEREST SOUGHT.
In days gone by, public health was more or less a police function assumed under Government auspices to prevent the spread of communicable disease. Unfortunately, whose homes were visited by some communicable disease, were quarantined and frequently severe and unnecessary hardship was imposed, with the idea of protecting the public.

While we have not entirely given up the police idea, we resort to it in the minimum, and wherever it is possible to minimize the restrictions necessarily imposed on a family, without endangering the public safety by so doing, we adopt that procedure. At the same time we are carrying on a system of public education, looking to public interest to afford the neighbor in whose home communicable disease does not exist the same protection that we expect him to extend to the other members of the community when communicable disease unfortunately visits his home. We are going even further than that and we are adopting modern, scientific methods to mitigate the severity of disease, and to reduce the frequency of disease when it occurs, by measures applied to the individual before exposure to the infection. For example, we now make a very wide use of the Schick test, a simple procedure, which indicates by its action whether a child is susceptible to diphtheria. If we find a positive reaction, we then administer two inoculations of a preparation called "Toxoid," which is absolutely painless and harmless, and which will confer immunity from diphtheria on that child for a period of at least seven years.

PUBLIC HEALTH WORK PAYS.
Diphtheria in the past was a dreadful scourge. Diphtheria now, with the early administration of antitoxin, is not a dangerous disease, but, best of all, children, properly protected with toxoid, never need to have diphtheria at all.

When one considers the economic importance of this piece of health work, one will not ask the question: Does public health pay? As a concrete instance of the financial returns from the public health work of this Province consider tuberculosis.

In the past fifteen years the death rate from tuberculosis in Ontario has dropped over 40 per cent. And why? Sanatorium treatment, which is simply education in health habits and in the use of the four cardinal health accessories—fresh air, sunshine, food and rest. Education of the patient in how to protect others in his neighborhood and so to keep down the number of infected contacts, and third, education of those exposed to, or in contact with, a patient, teaching them how to protect themselves. (Early detection of the disease; early diagnosis and early treatment.)

Now for the financial side: At the present time Ontario is paying one and a half million dollars directly chargeable to tuberculosis and made up of grants to sanatoria, and mothers' allowances in cases of husbands incapacitated or deceased from tuberculosis. Were our status with respect to tuberculosis the same now as it was fifteen years ago, we would be paying at the very least 40 per cent. more than a million and a half dollars—namely, \$2,000,000. The total annual appropriation of the Health Department is \$672,000. Does public health pay? And is the Department of Health paying a substantial dividend on the investment the Province is making in connection therewith?

TRAVELLING CHEST CLINICS.
An important point in connection with tuberculosis, which I should note in passing, is the establishment of a travelling chest clinic, which goes to various parts of the Province at the request of a local municipality for consultation in connection with pulmonary tuberculosis, or other diseases of the chest. This Government has realized that it is financially impossible for many people in the rural sections of the Province, particularly in those sections far removed from the

larger centres, to go to a larger centre and consult a specialist of diseases of the chest sufficiently early to obtain a diagnosis, obtain early treatment, and make a good recovery.

With this in mind, we determined that a settler in the farthest outpost of this Province is going to have the advantages of a big city in health protection, in so far as it is possible for the Department of Health to extend these advantages, and in this travelling chest clinic we have an outstanding specialist on tuberculosis, who is assisted by a nurse, and equipped with portable X-Ray equipment, and with this limited equipment we are able to examine between 500 and 600 patients per year. We have recently added a second chest specialist to the staff, and the work will be increased accordingly.

Now this may not seem much in comparison with the work that is to be done, but we are proceeding cautiously and will develop our staff and equipment just as rapidly as it is possible to do so.

LABORATORY BRANCH.
A very important branch of the Dept. of Health is the Laboratory Branch. We have in Ontario, operated by my department, one central laboratory in Toronto and eight branch laboratories at different points in the Province, and to give you an idea of the amount of work being done in these laboratories, the central laboratory here in Toronto examined and reported on 51,000-odd specimens last year. These consisted of the examination of blood for various diseases, such as swabs for diphtheria, the Widal reaction for typhoid, specimens in connection with venereal diseases; dogs' heads for rabies, and many others. The laboratories are fully equipped to do all kinds of bacteriological, serological and pathological examinations, and all the work done is done at the expense of the Province. Were this work done as individual examinations, chargeable to the individual, the cost would be enormous. Operating as we do with a full-time staff, under a competent director, the cost per examination is comparatively very, very low, and the saving to the Province as a whole through saving the money of the individual concerned, is very considerable.

Besides the laboratory investigations that are carried on in this branch, we also have a distribution of free biological products, and our annual appropriation under this heading is \$102,000—a greater proportion of which is for diphtheria anti-toxin and insulin.

FREE INSULIN AND ANTI-TOXIN
As a physician, I very well remember the time when the doctor had to go down into his own pocket in the case of a poor patient, and pay \$7 or \$8 for a dose of anti-toxin; often, too, this was delayed, the delay costing the life of the patient; now the same amount of anti-toxin costs the Province of Ontario about \$1. It costs the physician and the patient, personally, nothing. It is administered early, and the saving of life is enormous. In the same way the free distribution of insulin has more than justified itself. We are spending approximately \$35,000 a year on insulin, and we are maintaining alive and well between 800 and 900 good citizens of this Province, the great majority of whom would be utterly unable to provide insulin for themselves and would go down as a result of diabetes. The cost of insulin has been reduced to the department to 45 cents per 100 units. The present average annual cost per patient is in the neighborhood of \$40. It is worth every cent of this, multiplied many times, to maintain this group, many of whom are breadwinners, so that they may keep in good health, support themselves and their families, and prevent themselves and their families from becoming a public charge.

VIRULENCE TESTS.
A very interesting piece of work done by the laboratory is the virulence test for diphtheria. Many persons who have diphtheria do not clear up readily after the disease subsides, and they still carry organisms in their throat, which to all appearances, under the microscope, are genuine diphtheria. By inoculation of guinea pigs we determine whether the material in these throats is virulent or not. In other words, whether it is capable of transferring the specific disease of diphtheria to another. If we find that the reaction indicates that this condition is not virulent, the family can be reassured and unnecessary hardship can be spared. Further investigations conducted by the laboratory are those into milk and water.

It is not necessary here to detail the importance of the supervision of public water supplies. Its importance and the disastrous results of lack of supervision have in the past been amply demonstrated, but the demonstration means in every instance loss of life and unnecessary heavy expense. Close supervision spares all of this, and is cheap in comparison. The same will apply equally forcibly to supervision of the milk supply. Dr. Hastings, Medical Officer of Health of the City of Toronto, makes

the proud boast, and makes it with every support, that Toronto has no typhoid, and it is absolutely true that the only typhoid that has existed in Toronto in recent years has been brought in from the outside. What Toronto can do, other places can also. Toronto finds that it pays. Other places would find the same.

INDUSTRIAL HYGIENE BRANCH.
A branch of the department that has made wonderful progress recently is the Industrial Hygiene Branch, and in this branch the Department of Health touches labor very closely.

Production in a plant is in direct proportion to the efficiency of the staff.

A man in poor health or working under poor conditions cannot possibly turn in a good day's work.

This branch gives the whole attention of its personnel to the investigation of health and disease as related to the industry. They investigate conditions of ill health, specially found in certain occupations, and determine the feature or factor in the occupation that contributes to the condition of ill health, e.g., "Nickel Rash," a skin disease which was very prevalent among workers in nickel refineries or in nickel-plating industry. This was studied during the years 1923-24-25. In 1923 47 cases occurred in one plant, of which 18 were sufficiently severe to call for comparatively heavy compensation. In 1924 17 cases occurred, of which 7 were compensated. In 1925 only 5 cases occurred and not any were severe enough to call for compensation. This reduction was entirely accounted for by the intensive study made by the clinical staff of the Dept. of Industrial Hygiene, and the development by them of a plan by which the worker would protect himself and thus keep clear of skin infection. The result is that a considerable group of men, instead of having broken, part-time wages in the nickel refining industry or in nickel-plating, or having to change to some other occupation, are able to carry on at their own trade, earn good money and support their families.

INDUSTRIAL POISONS.
The branch has also done some very extensive work on the industrial poisons, such as lead, arsenic, mercury and benzol. I might mention here one case to indicate the efficiency of the staff. This was a case of chronic arsenical poisoning who had been referred from physician to physician and from hospital to hospital, in addition to being refused assistance when he made a claim for compensation. Eighteen months after his last exposure to arsenic he fell into the hands of our Industrial Hygiene Division, and the investigators there were able to show, conclusively, the presence of arsenic, by examination of the hair, the nails and the skin.

We are endeavoring to extend service of this type and make the branch highly appreciated, as the valuable aid to industry in the detection and correction of conditions that lead to lost time and compensation.

A further important piece of work in connection with ventilation. This has been largely done at the plant of the Abitibi Power and Paper Co. at Iroquois Falls, where the wide awake management has been extremely anxious to avail itself of the services of our men and where we have found most valuable co-operation. The work there has been on the conditioning of the air in the plant, to produce the best working conditions for the men employed, and I have been advised by the management that this conditioning of the air in the plant, while it has had a good effect from the workers' standpoint, has also introduced a condition under which the cost of drying their paper has been very considerably reduced. In this way the ventilation investigation has achieved a two-fold purpose and has made a double contribution to the industry concerned.

LEGISLATION AVOIDED.
The services of this division are rendered at the request of the employer and with the good-will and approval of the employees. No coercion appears anywhere on the program. Attention is drawn to any defect detected, and recommendations are made with respect to correction. We are keeping away from legislation.

The division has done some very important work in the unorganized territory, where we have now succeeded in having established:

1. Standardized sanitary camp buildings.
2. Standardized inspection service for each camp.
3. A standardized medical service for each camp.

The industries involved are:
Lumbering.
Mining.
Pulp and paper.
Road construction.
Railway construction.

The number of camps:
Lumbering camps 830
Saw mills 63
Paper mills 4
Road camps 37
Mining camps 68
(At present undergoing increase.)
Fishing stations 2



Hon. Dr. Forbes Godfrey

Approximate number of men employed 51,000
Physicians under contract 85
Amount paid physicians for sanitary inspection (by the companies) \$50,000
Amount paid physicians as medical fees, deducted from employees' wages, over \$400,000
Total capitalization of the industries affected, exclusive of railways \$102,000,000
Cost of Government supervision per year \$15,000

"FIRST AID" ADVOCATED.
A further important piece of work undertaken in the unorganized territory is the mitigation of accident severity. Compensation cases, especially in pulp and paper and lumbering, run all the way from \$1.85 to over \$5 per \$100 on the payroll. A tremendous amount of this money is paid out as the result of infection, which is preventable if the proper "First Aid" measures are instituted, e.g., a smock, cut properly treated when it smears, heals up with comparatively little loss of time and no compensation. The same cut not properly treated becomes infected, and no one can forestall where the cost in connection with that injury may finish. It may result in loss of limb or loss of life, in which case compensation is saddled with one more heavy permanent charge.

Our group of sanitary inspectors is, this year, starting in the pulp and paper industry, a system for the inspection of camp foremen, camp clerks, etc., in the proper methods and the "First Aid" treatment of injury and we will be extremely disappointed if we do not ultimately reduce compensation cost to this industry by 40 per cent. Our additional expense in connection with this work is nil. We require no more personnel and we are extending this service to the industry gratis, believing that every service we can render industry in the Province of Ontario is justified by the economic results obtained.

One point which should not be passed at this stage is the important investigation we have been making into a condition known as "silicosis," which affects the mining industry of Ontario. It is a condition produced by a certain type of quartz dust entering the lungs of the miners and which, if allowed to progress, results in permanent disability and death, and each side adds one more burden to the compensation charges of the industry involved.

The mining industry in South Africa is carrying a very heavy load from this source, and we are endeavoring to introduce a system of examination before employment, and periodic physical examination during employment, to first pick out those who are found to be susceptible to the disease, and second, those who have contracted the disease in an early stage, so as to turn the first group into employment which will not be dangerous to them and to rehabilitate the second group in other types of employment before permanent disability may have had an opportunity to supervene.

The industry is very sympathetic to the effort which has been made in this respect, and the mines of the Porcupine group, desiring to further our efforts in this respect, have engaged a special man to work with our Division of Industrial Hygiene. Realizing the type of men we were employing in this investigation, they came to us and asked for one of our men. While we were not anxious to release one of our trained men, we were anxious to co-operate with the industry, and accordingly we released the man they requested. I mention this merely to indicate that in the Dept. of Health we are employing a high type of personnel. A type that can go into the industrial or scientific world and hold their own to their own credit and to the maintenance of the dignity and standing of the Dept. of Health of Ontario.

ORAL HYGIENE IMPORTANT.
The importance of oral hygiene has

in recent years been appreciated by the medical profession and by the public, and not a few of the honorable members of this House have had reason to know what an unhealthy condition in the mouth can accomplish in the way of producing bad health. It is now generally accepted that a healthy mouth is one of the absolutely indispensable necessities in general good health; that protection of the health of the mouth is a fundamental in the protection of the general health of the individual.

For this reason, the Dept. of Health has established a Branch of Dental Services for the purpose of giving information to the public relative to oral hygiene.

We are all familiar with the terms arterio-sclerosis, rheumatism and heart disease, and it is now well known to the medical profession that these are due to focal infection; that is, an area of infection or poisoning by micro-organisms, which distribute poison by means of the circulatory system to the whole of the body, and set up the diseases I have mentioned above, and there associate symptoms of ill health.

GOOD TEETH AND SANITY.
It has recently been brought to my attention that patients in the Provincial hospitals have been very materially improved by attention given to their teeth. When one realizes that sanity, as it is ordinarily appreciated, is simply a condition in which the individual has sufficient control over his emotions to maintain a normal balance and that that control varies with varying individuals, it can readily be seen that a sufficient amount of control to carry on satisfactorily under ordinary conditions may find that control insufficient to deal with emergencies and under strain it may give way, the condition resulting being recognized as one of the varying types of insanity.

Just think for a moment of what could happen to an individual with this diminished control, constantly harassed by the irritation of, say, an impacted molar tooth—that irritation keeping up for 24 hours in the day, worrying a person while he is awake and disturbing his sleep—may very soon disturb the mental equilibrium of such a person to the extent of producing insanity, and authentic cases are on record even in our own Provincial hospitals where an individual incarcerated for insanity has been restored to normal by nothing more than a small amount of dental treatment. Pyorrhoia, one of the common causes of the loss of the teeth, can now, through the investigations of Dr. Harold Box, be detected at a very early incipient stage, and be corrected, and I am truly of the opinion that the dental profession has a very major contribution to make to the field of preventive medicine.

DEPARTMENTAL ORGANIZATION.

We have eight District Officers of Health, each assigned to one of the health districts of the Province, whose duty it is to consult with the local health officers and to advise local authorities in public health administration, and in matters of sanitation, for the help of the local community. The local health officer is the most important municipal official in a municipality. Through his efforts the people of the community are guided and instructed and assisted in methods of health protection and disease prevention to the end that the community is better able to enjoy the conditions under which they live than they could otherwise possibly do, and it is my pleasure to point as an example of an efficient health officer to men like Dr. Hastings of Toronto, Dr. Adams of Windsor, Dr. Lomer of Ottawa, and many others who might be mentioned in this same class. These men are truly an important arm of the public health service, co-operating with my department and making effective the health education and sanitary legislation emanating from this central authority.

A division of my department that has attracted a great deal of public interest, especially in rural Ontario, is the Division of Child Hygiene.

In this division we have employed three physicians, besides the director and twenty public health nurses.

CHILD MORTALITY REDUCED.

On occasions one has heard these questions:

What is their business?
Who is paying them?
What right have they to come into my home, interfere with my children and disturb the domestic routine of my household?

Let me say here, they have no right to do any of these things. Whatever is done is done as a matter of courtesy. They go to the home to offer something on behalf of the Dept. of Health. If the head of the house, father or mother, does not wish to receive the nurse, there is no obligation on his or her part to do so.

It has been found that through the assistance these nurses have been able to bring to the home that conditions of maternity, infancy and childhood have been very materially improved. The infant death rate has been reduced, and there has been a very material mitigation of ill health associated with

the maternal state; it is, in fact, a practical system of health education carried in to the individual home and the individual family.

The 20 nurses employed by the Dept. of Health are, for the most part, engaged in a demonstration service in which they visit a community at the request of the local health authorities, and by their work show the community what a public health nurse employed full time by the community could accomplish, so that the community may be led to establish a similar service on their own account.

POORER CITIZENS HELPED.

Eight of these nurses are doing special work in communities through Central Ontario and in New Ontario where there is no hope of establishing such a service at the expense of the local community, but with the idea of contributing service to them of distinct economic advantage to the citizens.

Let me illustrate by reference to a hypothetical case.

"A doctor calls at a home and diagnoses a person there ill—typhoid fever. The home is a workman's home. Now one can readily realize that in these days, with the high cost of living, wages not too high in proportion, and other economic conditions as they are, the demands made on a workman do not give him much leeway with a moderate salary. It is financially out of the question, no matter what the sentimental considerations in the case may be, and yet a nurse is very important in the recovery of the patient. One of the public health nurses can go into the home and teach a 16-year-old girl, if necessary, how to make a bed, how to give the bedfast patient a bath, how to prepare the nourishment ordered, how to give prescribed medicines, how to take care of soiled linen and how to dispose of excreta. In other words, in the course of a week, with occasional visits from the public health nurse for demonstrating and teaching, this girl can be made quite as effective in a routine case of illness as a well-trained nurse. Is this not a very great contribution to industry and to the worker, and is it not of economic importance to the Province as a whole.

NURSES FIGHT TUBERCULOSIS.

Refer again to tuberculosis. A patient, an active case of tuberculosis, goes to a sanatorium, and what does he get there? Simply an education. No one thing does he get there that he could not get at home. He is instructed in the value of fresh air, sunshine, food and rest and how to apply these to his own case to promote his recovery. Then at the end of his period of education, from three to six months as the case may be, he returns to his own home, to the environment of his own domestic circle, and he finds that the sanatorium routine and the domestic routine are not easily adapted one to the other. He struggles for a time to keep up the routine established in the sanatorium and, finally, in many instances, finds that the whole thing is too much trouble and he lapses, with the result that he is soon again an active case of tuberculosis, with all its attendant dangers to himself and to those about him, and the work of the sanatorium in his case has been in vain.

Were a public health nurse stationed in that community it would be her duty, immediately on the return of that patient from the sanatorium, to go to the home and assist in adapting domestic conditions to the necessary routine for the patient's continued recovery and to encourage the patient to maintain that routine despite all obstacles and difficulties. Further, it would be her duty to instruct the tuberculous patient how to protect people coming in contact with him, and further to instruct those who had to come in contact with a tuberculous patient how to protect themselves.

HEALTH IN SCHOOLS.

Our experience with tuberculosis has indicated that the disease, from an economic standpoint only, is very expensive. By the expenditure of money of public health nurses we can assist in minimizing a number of contacts who, through ignorance and exposure, become victims of the disease.

A further point in connection with the work of public health nurses, as associated with the Child Hygiene Division, is school health supervision. Education is the most expensive single activity in this Province. Under our system of education, children are brought forward as a group and not as individuals, but it is only as the individual's progress that the group can progress. If in a class we have one backward pupil, the whole class is retarded educationally, just in proportion to the delay occasioned by the one backward pupil, consequently one backward pupil can cost a school board a good deal of money, or, in other words, can be an important factor in wasting the money of a school board. Frequently retardation in the mental progress of the child is the result of physical defect, and the correction of the physical defect very frequently results in increased alertness in the pupil; he responds promptly to the instruction given by the teacher,

June 13. Joseph's Fidelity, Gen. 39: 1-33. Golden Text.—But thou a man diligent in his business: he shall stand before kings.—Prov. 22: 29.

ANALYSIS.

I. JOSEPH'S PROSPERITY, vs. 1-6.
II. TEMPTED AND FALSELY ACCUSED, vs. 7-18.

III. IN PRISON, vs. 19-23.

INTRODUCTION.—The story of Joseph is one of the masterpieces of Biblical literature. It is told with dramatic skill and fidelity and "with a touching charm." "Every trait in the narrative is in accordance with nature; and the whole forms a vivid portrait of the true development of human character. The young boy dreams his dreams of future greatness; almost immediately his hopes are, to all appearance, shattered; he is sold away from his father and brethren into foreign slavery; there, however, his integrity and loyalty save him; after many trials and disappointments he is at length, by a surprising sequence of circumstances, elevated to a high and responsible dignity in Egypt (Driver). There he was able to render a very great service to his aged father, who had long mourned him as dead, and to his brothers, who out of jealousy had treated him so cruelly.

In a sermon published in the "Expository Times" of June, 1909, the character of Joseph is compared in an interesting way with that of the Greek hero, Ulysses. "Each is kept true by the tender memories of home love; each is God-fearing; each is shrewd, resourceful, courageous, growing with the experience of life; but with Ulysses the shrewdness just passes the line, and can scarcely be distinguished from guile and cunning, from which Joseph is quite free."

An Egyptian story, "The Tale of the Two Brothers," has come down to us from the days of Moses, which is very much like the story of Joseph. It is thus summarized by Ryle in his "Commentary on Genesis":
"There were two brothers, Anpu and Bata, living together in one house. The elder one, Anpu, one day sends Bata back from the field in which they were working to fetch some seed from the house. In the house, Anpu's wife makes an immoral proposal to Bata, which Bata rejects. In the evening, on Anpu's return to the house, his wife accuses Bata on the false charge of wrongful advances. Anpu in rage seeks out his brother, who is in the field, and tells him of the accusation. Bata escapes, suffers much, but long afterwards his innocence is established and he is reconciled to his brother."

I. JOSEPH'S PROSPERITY, vs. 1-6.
V. 1. *Joseph, the captain of the guard*, was, literally, captain, or chief, of the royal butchers, who may have formed the king's bodyguard (see 37: 36).

V. 2. *The Lord was with Joseph*. Compare v. 21. This was the secret of his success. He behaved well; he lived honorably, he kept a good conscience, and had the assurance that God was with him. Compare the promises made to Moses, to Joshua, to Gideon, and others called to hard experiences and difficult tasks in *Exod.* 3: 12, *Josh.* 1: 5, *Judges* 6: 12, *Jer.* 1: 8, etc.

V. 4. *He made him overseer*. Finding him capable and trustworthy, his master made him first his own personal attendant, and then superintendent of his household, *his master's house*. Upon a household thus managed the blessing of the Lord rested.

II. TEMPTED AND FALSELY ACCUSED, vs. 7-18.

V. 9. *This great wickedness*. The high sense of honor and moral integrity which Joseph manifests is in striking contrast to the loose morality of much of our modern literature, in which the most secret sins of domestic and social life are lightly regarded, and passion is made to reign supreme. To Joseph the sin against the master who trusted him and the household over which he rules is a sin against God.

III. IN PRISON, vs. 19-23.

V. 20. *The prison*. The Hebrew words mean "the Round House." What sort of place it was, whether a circular tower or dungeon, or whether this is the name of an Egyptian castle, we do not know. Here also (v. 21), *the Lord was with Joseph*. We are reminded again of the fact that, "Stone walls do not a prison make, Nor iron bars a cage."

V. 23. *Looked not to anything that was under his hand*. This is very high praise. Joseph in adversity is as diligent and trustworthy as in prosperity. Instead of giving way to despondency, or to anger and desire for revenge, he interests himself in those about him, and seeks to be helpful and intelligently useful to them. And that which he did, the Lord made it to prosper.

BENEFITS EVERY ONE.

Nearly every school in this Province has examples of such cases. School health supervision by public health nurses and public health physicians promotes the detection of this disability and retarding defects and assists in having the same cleared up, to the very decided advantage of the pupil himself and to the school group with whom he is associated.

The Department of Health is trying to do its work by education, not by regulation or legislation, and is paying big dividends on the investment.

Avarice.
As the partridge sitteth on eggs and hatcheth them not, so he that getteth riches, and not by right, shall leave them in the midst of his days, and at his end shall be a fool.—Jeremiah 17: 11.