Services of Preventive Medicine To an Observed Population

Public Health Monograph No. 16 contains data on personal preventive medical and related services for each member of a group of families canvassed monthly over a 5-year period, 1938–43, in the Eastern Health District of Baltimore. The services recorded were dental care, eye refractions, immunizations, complete physical examinations, and checkups following surgery or medical treatment or exposure to communicable disease.

Maximum dental cases and visits occur under 20 years of age but rates were high from 5 to 30 years of age. Rates for fillings, prophylaxis, and crowns and bridges, are highest under 20 years of age, and decline thereafter. Extractions and X-ray have their highest rates in middle life; plates, at 40 to 50 years of age. Except for the young and old ages, females have considerably more dental service at each age. Persons with higher incomes received more dental service than those with lower family incomes. Similarly, persons in professional-business-clerical occupations received more dental care than those in manual occupations. The proportion of dental care received in public clinics decreased rather regularly and considerably during the 5-year period.

Of all eye refractions, 47 percent were done by optometrists or opticians, 33 percent in clinics, and 20 percent by private physicians, of whom about two-thirds were eye physicians. The age curve for eye refractions shows two peaks, 10–14 and 45–54 years. At every age except the oldest, the refraction rates were definitely higher for females than for males. For females, refraction rates are highest in Sep-

Public Health MONOGRAPH

No. 16

The accompanying summary covers the principal findings presented in Public Health Monograph No. 16, published concurrently with this issue of Public Health Reports. The authors are with the Division of Public Health Methods, Public Health Service.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, United States Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and the major universities, and in selected public libraries.

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Collins, Selwyn D., and Phillips, F. Ruth: Dental, eye, and preventive medical services. Public Health Monograph No. 16 (Public Health Service Publication No. 290). 28 pages. Illustrations. U. S. Government Printing Office, Washington, 1953. Price 20 cents.

tember and February, but rates for males show little regular seasonal variation.

Well-baby and child care, complete examinations, and checkups are definitely more frequent in clinics than in private practice, 68 to 84 percent being done in public clinics. However, less than half of prenatal care and postpartum examinations were done by clinics. In the frequency of these examinations, all except those relating to pregnancy and the puerperium were highest under 20 years of age, and well-baby and child care was largely under 5 years with a peak at 1 year of age. Age-adjusted rates for complete examinations increased with income but the opposite was true of checkups. Age-specific rates for well-baby and child care, particularly under 5 years of age, decreased rapidly as income increased.

Smallpox, diphtheria, and whooping cough annual immunizations amounted to 106, 97, and 26, respectively, per 1,000 children under 10 years of age. During the 5 years of the study more than half of the first 2 immunizations were done in public clinics, but 99 percent of the whooping cough immunizations were done by private physicians. Diphtheria and whooping cough immunizations were done at the earliest ages, the peak rates ocurring under 1 year of age followed by a rapid decline. Smallpox vaccinations occurred at roughly the same frequency in each single year of age under 5 years, with a moderate drop thereafter. Smallpox and diphtheria immunizations per 1,000 children under 5 years of age decreased regularly as the family income increased but the opposite was true for whooping cough.

1,300 Projects Completed

To date 1,300 projects under the Hospital Survey and Construction Program have been completed and put into operation. More than 700 projects are under construction, with 120 in preconstruction stages. Cost of all construction now totals more than $1,700,000,000. Communities and States have supplied more than $1 billion of this amount. The Federal Government's share is nearly $600 million.

Final 1952 Report On Tuberculosis Morbidity United States and Territories

A total of 109,837 tuberculosis cases was newly reported in the continental United States during 1952, according to final reports received from State health departments. This figure represents a decline of 7 percent from the total reported in 1951. Part of this decline is accounted for by changes in the types of cases reported.

This is the first year in which new tuberculosis cases reported have been classified as group A (active and probably active) and group B (arrested and other reportable cases), as recommended by the State directors of tuberculosis control at their 1951 meeting in Cincinnati (*1*). Although the types of cases reported as group B vary widely from State to State, those reported as group A are fairly uniform. Group A tuberculosis cases newly reported to State health departments during 1952 totaled 85,607—an annual rate of 55.0 per 100,000 population.

The number of active and probably active cases reported in 1952 for each of 6 States was estimated because of the incompleteness of classification, which had a bearing on the count of active cases. Some of these States, however, have since adopted new morbidity reporting procedures so that all States probably will provide information on the number of newly reported active and probably active tuberculosis cases during 1953.

The accompanying table gives the data from the States and Territories. The newly reported active and probably active tuberculosis cases per 100,000 population varied among the States from a high of 164.0 for Arizona to a low of 16.4 for Nebraska. The rates for Alaska and

This report was prepared by the Division of Chronic Disease and Tuberculosis, Public Health Service.