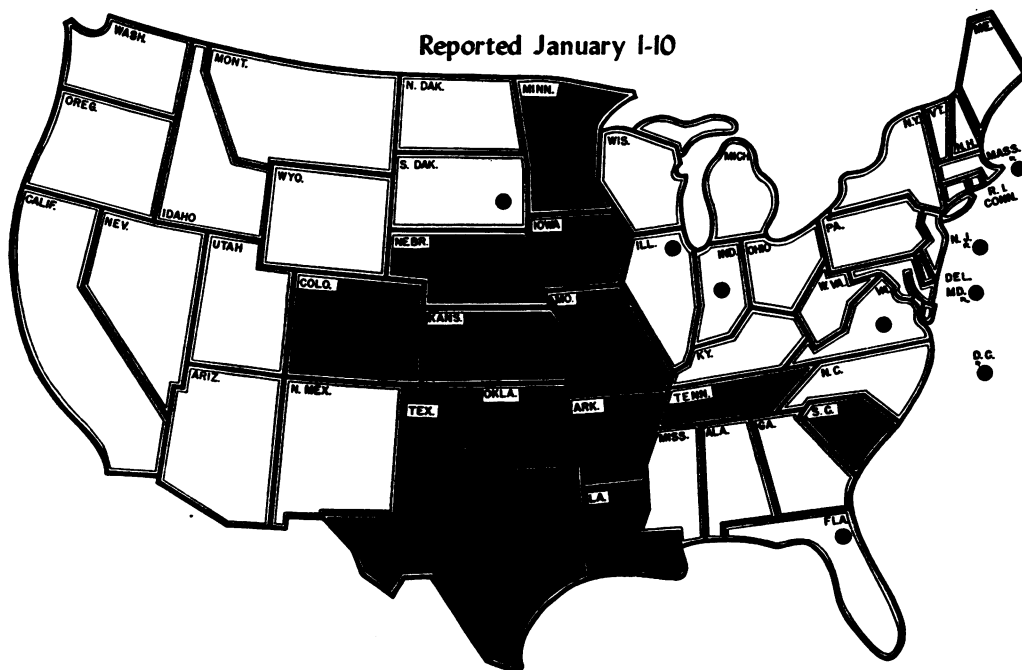
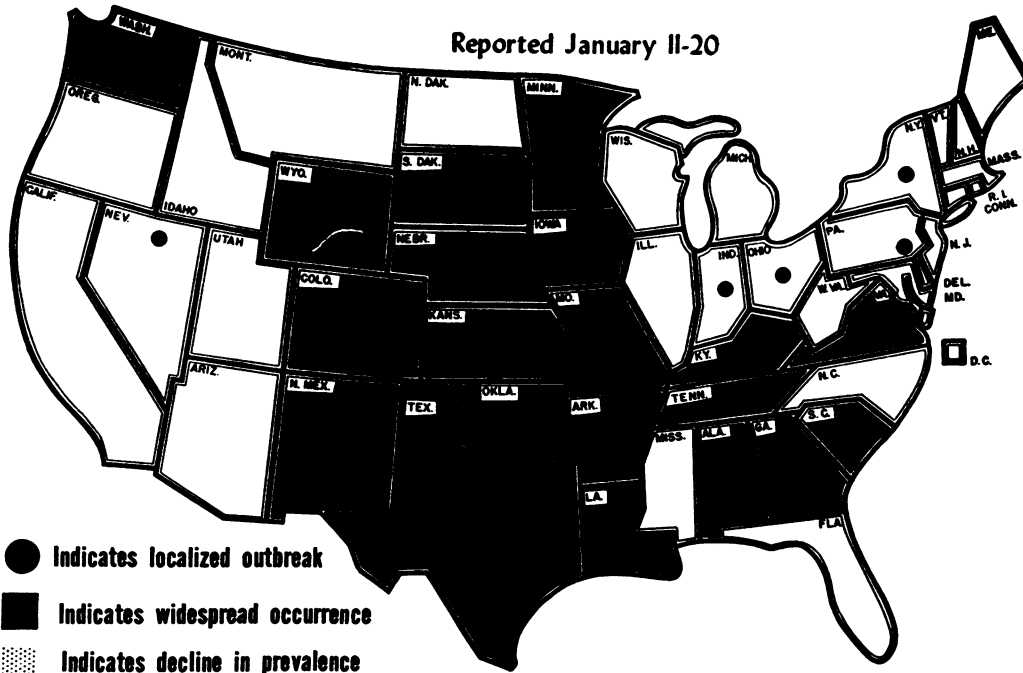




## Influenza Prevalence Trends

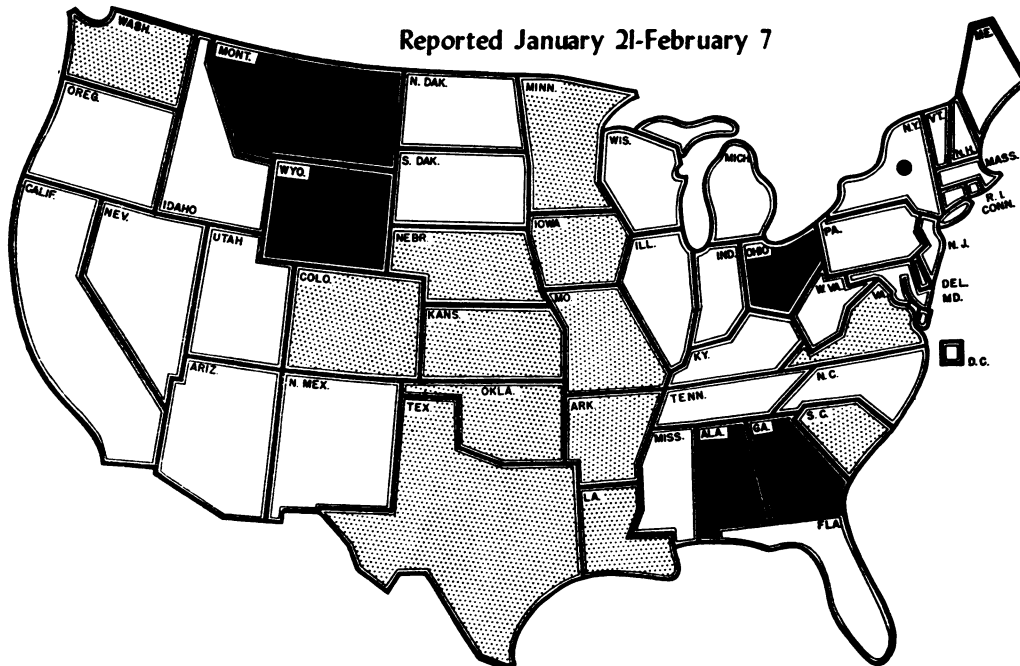
An A-prime type of influenza infection recently has been demonstrated in most parts of the country currently reporting respiratory disease outbreaks. At first infection was mild, with a low complication and a low death rate. Later reports indicated a somewhat higher mortality than usual. Localized outbreaks of respiratory disease began late in December—mainly in Colorado, Missouri, North Carolina, Illinois, Connecticut, and Oklahoma—among civilian, military, and institutional populations. A-prime infections in some of these groups were subsequently confirmed by serologic tests or isolation of the virus.





### In the United States, 1952-53

During the first 10 days of January, respiratory disease was widespread in the central part of the country, and localized outbreaks occurred in the eastern part. Widespread outbreaks in some States and localized outbreaks in others continued during the next 10 days. The peak was reached late in January and early in February, though in the central part of the country the trend was already downwards. The true prevalence could not be determined. Some States made no reports, and others were not sufficiently informative to determine the extent of these infections, according to the National Office of Vital Statistics.



## Proceedings of the Second Research Conference On Psychosurgery

The First Psychosurgery Conference was held in New York City in 1949 under the auspices of the National Institute of Mental Health, Public Health Service. Chaired by Dr. Fred A. Mettler of Columbia University, it devoted its attention to the criteria for the selection of psychotic patients for psychosurgery, such as topectomy, lobotomy, and gyrectomy.

The second conference, held in 1950, under Dr. Mettler's chairmanship, had as its theme the determination of the effects of psychosurgery and their measurement. The 2-day session covered such subjects as rating scales for psychotic patients, base-line data and psychiatric categories, evaluating the environmental situation of the mentally ill patient, and the study of affectivity, deterioration, regression, and creativity in patients following psychosurgery.

Among the points brought out by the discussants and presented in this publication was the need for a new approach to psychiatric categories, with the possibility of tying in some psychiatric subcategories to physiologic circumstances with resultant profit to psychiatric nomenclature. It was agreed that the scales presented were useful and well constructed, but "the psychiatrist himself still remains the most sensitive measuring instrument."

The viewpoint was presented that there is a "basic schizophrenia" underlying the schizophrenic psychosis; and that psychosurgery does not alter the basic disease process, but by relieving the stress of conflicting memories it may lessen the precipitating factors of the psychotic process.

Since depressed patients constitute another considerable group of patients for whom psychosurgery is

considered, affectivity was discussed. In this respect many problems were raised, for example, the relationship of anxiety to other affective responses; whether psychosurgery alters the affective states by inhibiting or facilitating activity and emotional expression; and whether it alters unconscious processes.

An analysis of creativity enumerated the four underlying abilities of that faculty as imagination, skill, problem-solving ability, and zeal. It was pointed out that the creative capacity is seldom up to the pre-operative level in psychosurgical patients, but by reducing anguish the operation may actually be followed by a rise in the level of creative ability.

Discussion also concerned the fact that all treatment procedures are aimed at the restoration of the patient to community life. A rating scale of family situations was presented as a measure of the degrees of stress in the situation to which the patient is exposed in the home. It was emphasized that for the patient who is returned to the community, the supportive attitude of the family is far more important than the physical environment. In like manner, the hospital adjustment of the patient is not necessarily a good index of his adjustment in a home situation which calls for self-direction.

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Proceedings of the Second Research Conference on Psychosurgery. (Public Health Service Publication No. 156) 1952. 116 pages. 75 cents.

## Salaries of Local Public Health Workers April 1952

This study is the fourth in a series on salaries of selected public health workers begun in May 1948, in cooperation with the Association of State and Territorial Health Officers and the American Public Health Association. It contains information from 483 local health units, 303 local nonofficial health agencies, and

191 local boards of education. Data on public health nurses in the last two groups, usually published in supplements, were obtained and tabulated independently by the National Organization of Public Health Nursing and incorporated in this report for the first time.

The current study covers a wider range of professional classifications than was used in the three previous studies and includes for the first time data from health units serving populations of from 250,000 to 499,999 and 500,000 and over.

The data indicate that salaries of local public health workers in units serving areas of from 50,000 to 249,999 population advanced only moderately between April 1950 and April 1952. The greatest increase (27 percent) came to laboratory workers. Progressively smaller percentage increases were recorded for nurses, sanitary engineers, health officers, and sanitarians. Median salary intervals for those professional groups were (in dollars); health officers, 8400-8599; other public health physicians, 7000-7199; sanitary engineers, 5000-5199; supervising public health nurses, 4000-4099; professional laboratory workers, 3800-3999; sanitarians, 3200-3399; staff public health nurses, 3000-3099.

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Salaries of Local Public Health Workers, April 1952. (Public Health Service Publication No. 237) 1952. 83 pages; tables, charts. A limited number of copies available from the Division of State Grants, Public Health Service, Washington 25, D. C.

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