1 know now My time will not permit me at prefent, to make Remarks upon the whole, which however I shall take a convenient time for. And the World may expect a full Vindication of my Telf. For it is Truth and its Caufe I am contending for, and therefore am not ashamed to fix my Name to it. I confels (using the Words of the Famous Dr. Lock) the Imputation of Novelty is a terrible Charge amongst those who judge of mens Heads, as the do D 2

> do of their Penukie, by the falhion; and can allow none no be right but the received Truth fcarce c. ver carried it by Vote any where at its first appearance: Doctrines New Opinions are always fuspeeted, and usually opposed, without any other reason, but because they are not al-But Truth, like Gold, is not the lefs fo, seady common. for being newly brought out Tis Trial and Exaquination mult give it of the Mine. price, and not any Antick Faibion: And the it be not yet Curtant by the Publick Stamp, yet it may for all that be as old as Nature, and

is certainly not the lefs Genuine. I did expect my Hypothefis would have been overthrown and a better creeted in its place for which I should have thanked them, but in-Read of that, I find they have neither overthrown mine, nor crected a new one of their own, but have flood at a diftance and barked at me, thewd their Teeth, but either durst not or could not come near enough to bite me in that place where I lay open to them. For in laying down an Hypothefis, it is as in building a Houle, no Man can be certain, that he which conies CHIN, TOM D. Y. (Public Health Service), and MARINE, WILLIAM M.: The changing pattern of poliomyelitis observed in two urban epidemics, Kansas City and Des Moines, 1959. Public Health Reports, Vol. 76, July 1961, pp. 553–563.

In 1959, major epidemics of type 1 poliomvelitis occurred in Des Moines. Iowa. and Kansas City, Mo. A total of 135 cases were reported in Des Moines, and 210 cases were reported in Kansas City. In both epidemics the majority of the cases occurred among Negroes and the poorer white residents in the center of the city. The poliomyelitis attack rate among Negroes in Des Moines was 20 times that of the upper white population; in Kansas City, the difference was 32-fold. In both epidemics the incidence was highest in children under 5 years; this was at variance with the age distribution observed in previous epidemics in these cities, when the rates were generally highest in the group 5-9 years.

The epidemiologic pattern observed in the 1959 epidemics was different from that of previous epidemics. The change appears to be related largely to the widespread use of the Salk vaccine during recent years.

Both the Des Moines and the Kansas City data indicate that the Salk-type vaccine was highly effective in protecting adequately immunized individuals against paralytic poliomyelitis. The efficacy was estimated to be 80 percent in the Des Moines study and 77 percent in the Kansas City study. The data suggest that high levels of vaccination might also have an influence on limiting the spread of poliovirus in the community.

EMMONS, CHESTER W. (Public Health Service): Isolation of Histoplasma capsulatum from soil in Washington, D.C. Public Health Reports, Vol. 76, July 1961, pp. 591–595.

Histoplasma capsulatum was isolated from 10 of 10 soil specimens collected from a small, clean park adjacent to Pennsylvania Avenue NW., Washington, D.C., and from 1 of 5 specimens collected adjacent to another downtown Washington street. The first 10 isolations were from soil not obviously contaminated by bird droppings, but the soil specimens were taken under sycamore trees which are used as a roosting place by a large flock of starlings (Sturnus vulgaris). This confirms, in a dramatic manner, the opinion already expressed by others, that roosting birds may play important roles in the epidemiology of urban histoplasmosis. It does not support the contention that pigeons are important in the maintenance of H. capsulatum in soil, although it has been well known since 1955 that virulent strains of Cryptococcus neoformans are commonly present in accumulations of pigeon droppings in both urban and rural areas.

CONTENTS continued

	Page
The administrative arts Organizational factors essential to service Leon Sternfeld	618
Personalities and dynamics in interagency cooperation Joseph Adelstein	
Social service in homes for the aged Franz Goldmann	625
Treatment of acute gonorrhea in males with synnematin B. Benjamin Schwimmer, Norman D. Henderson, and B. H. Olson	630
Problems of the physical environment David V. Auld	633
Short reports and announcements:	
Antibiotic substance found in Limburger	563
Education notes	564
Publication announcements	570
Health needs of the aged	581
Program notes	582
Drinking drivers	590
Directory of parent education specialists	595
Infant deaths from Coxsackie B infection	617
Housing hygiene training program	624
Hospital and medical economics in Michigan	629
Nursing home aides trained	632
WHO assembly adopts new resolutions	639
CDC training program, 1961–62	640
Clinical research	641
Federal publications	642



MANAGING DIRECTOR

WILLIAM H. STEWART, M.D. Chief, Division of Public Health Methods

BOARD OF EDITORS

ERNEST L. STEBBINS, M.D., M.P.H. Chairman FRANCIS A. ARNOLD, JR., D.D.S. A. L. CHAPMAN, M.D. W. PALMER DEARING, M.D. HERBERT R. DOMKE, M.D., DR.P.H. ROBERT DYAR, M.D., DR.P.H. WESLEY E. GILBERTSON, M.S.P.H. ROGER W. HOWELL, M.D. CHARLES V. KIDD, PH.D. KARL M. MASON, B.S.S.E., M.P.H. JAMES R. SHAW, M.D. RUTH SLEEPER, R.N., M.A. HELEN M. WALLACE, M.D.

STAFF

Marcus Rosenblum Executive Editor Winona Carson Managing Editor Martha Seaman Asst. Managing Editor

Address correspondence to Executive Editor

Opinions expressed are the authors' and do not necessarily reflect the views of *Public Health Reports* or the Public Health Service. Trade names are used for identification only and do not represent an endorsement by the Public Health Service.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ABRAHAM RIBICOFF, Secretary

PUBLIC HEALTH SERVICE LUTHER L. TERRY, Surgeon General



WYLIE, CHARLES M. (Johns Hopkins University School of Hygiene and Rublic Health): Participation in a multiple screening clinic with five-year followup. Public Health Reports, Vol. 76, July 1961, pp. 596–602.

This study contrasts 2,023 screenees and a one-in-five sample of nonparticipants in the multiple screening clinic conducted in Baltimore in 1954 by the Commission on Chronic Illness. More recent information on these individuals was obtained from directories, by mail and telephone, and from death certificate files.

For the years 1955–59 more screenees than nonparticipants remained at the same address or moved to known addresses. Significantly more screenees than nonparticipants answered a questionnaire mailed in 1960.

Screenees and nonparticipants had similar age-specific death rates and showed similar trends in deaths for each year following screening. The two groups differed in the proportion of deaths from various causes. This mainly reflected their different age, race, and socioeconomic composition.

The death trends provided no evidence that screenees benefited greatly by their early referral for medical care; nor did the trends suggest that multiple screening attracted a group with significantly more or less of any particular disease than the nonparticipants.

Finally, the questionnaire returns suggested, though not conclusively, that screenees visited their physicians and were admitted to hospitals more frequently than nonparticipants.

SCHWIMMER, BENJAMIN (Detroit Department of Health), HENDERSON, NOR-MAN D., and OLSON, B. H.: Treatment of acute gonorrhea in males with synnematin B. Public Health Reports, Vol. 76, July 1961, pp. 630-632.

There is need for a new injectable antibiotic in the treatment of gonorrhea because of the rising problem of allergy to penicillin. Synnematin B, a new antibiotic, has been demonstrated to be effective in vitro against Neisseria gonorrhoeae.

A single injection of 300,000 units of

synnematin B was employed in the treatment of each of 132 male patients with acute gonorrhea. No serious side effects or allergic reactions resulted. A 4 percent failure rate was observed.

Further study of the use of symmetria B in the treatment of gonorrhea is indicated.

Information for Contributors

PUBLIC HEALTH REPORTS welcomes from any source all contributions of value to public health.

Most of the readers of *Public Health Reports* are practicing public health officials. About 10 percent of the monthly circulation of *Public Health Reports* goes overseas. About half of the domestic circulation goes to Federal, State, and local government agencies concerned with health and related health interests. A quarter goes to institutions accredited for teaching in health and related fields, to teachers, and to libraries. The journal also reaches research institutions, hospitals, and professional and voluntary public health organizations.

Tearsheets. In lieu of reprints, senior authors are provided with 50 to 100 sets of tearsheets after publication. Associate authors receive a smaller number.

Manuscript review. Manuscripts submitted for publication are reviewed by technical experts, and authors are given the benefit of their comments before type is set. Authors also receive edited typescripts for approval and are given the opportunity to correct galley proofs. Authors are responsible for the accuracy and validity of all material, including tables, charts, and references. Special editorial assistance in preparing or revising manuscripts is available on request, to the limit of staff resources.

Manuscripts are reviewed with the understanding that they have not been committed for publication elsewhere. Appropriate information should be provided if a paper has been given or is prepared for presentation at a meeting.

Manuscript form. Authors will facilitate review and publication if they submit an original and three carbon copies of their manuscripts. All copy should be typed double spaced, and each page should end with a completed paragraph. Of course, several paragraphs may appear on a typed page. References should be given in the style used by *Public Health Reports*.

Footnotes should be worked into the text or offered as supplemental items.

Authors are expected to recognize scientific contributions by those who have assisted in their papers only if such contributions warrant mention in the text or in the paragraph identifying the authors. It is not the policy of *Public Health Reports* to publish "acknowledgments."

Synopses. Authors are requested to provide a 200-word synopsis of appropriate papers. The staff will supply on request information offering guidance on the preparation of synopses.

Index listings. Public Health Reports is listed in the annual Cumulated Index Medicus (American Medical Association), in the monthly Index Medicus (National Library of Medicine), in the Engineering Index, and in the Hospital Literature Index.

Bound copies. Librarians and others should preserve their copies for binding, as the Public Health Service does not supply bound copies. Indexes are published each year in the December issue.

PUBLIC HEALTH MONOGRAPHS, edited and issued by *Public Health Reports*, must be submitted through constituent agencies of the Department of Health, Education, and Welfare.

Most Public Health Monographs are placed on sale by the Superintendent of Documents; series subscriptions are not available. Monographs are not included in subscriptions to *Public Health Reports*.

Address correspondence on editorial matters to: Executive Editor, Public Health Reports, Public Health Service, U.S. Department of Health, Education, and Welfare, Washington 25, D.C.