



CONTENTS continued

	Page
Medicine and public health in China today	699
Investigation of acute gastroenteritis at a popular resort area	712
Testing death registration completeness in a group of premature infants	717
Public health and medical aspects of the Roseberg, Oreg., disaster	727
John H. Donnelly, Max Braden, and Joseph L. Taylor	
Short reports and announcements:	
Total fitness	iv
Occupational health notes	650
Conference on gastroenteric morbidity	654
National Dental Health Center	658
UCLA School of Public Health	663
Social dynamite	670
Minamata disease. Epidemiologic note	671
Health hazards in uranium mines	672
Publication announcements	690
Zoning—Regulation of nonconforming uses. Legal	
note	691
Early infectious syphilis increases	692
Education note	697
Program notes	698
CDC training bulletin	724
Hospital code for press relations	725
Hearing aids, wheel chairs, braces, and limbs	726
Translated readings	734
Federal publications	735



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PEEPLES, WILLIAM J. (Montgomery County Health Department, Rockville, Md.) SPIELMAN, D. W., and MOODY, MAX D.: Field application of fluorescent antibody technique for identification of group A streptococcus. Public Health Reports, Vol. 76, August 1961, pp. 651-654.

A field study of the fluorescent antibody method for identification of group A streptococcus was conceived on the principle that the method would give private physicians an accurate diagnosis within 4 to 5 hours from the time a specimen was submitted rather than the 3 to 5 days often required with precipitin grouping methods. The study was undertaken by the Montgomery County Health Department through cooperative arrangements with the Special Research Unit of the Public Health Service's Communicable Disease Center.

Specimens were collected at first on cotton swabs placed in sterile culture

tubes and submitted to the laboratory within 2 hours. Later a filter paper collection kit, which could be mailed to the laboratory, was used. Conventional cultures and precipitin grouping tests were run in parallel with fluorescent antibody tests.

The fluorescent antibody technique was found to be 95 percent in agreement with the conventional 2- to 4-hour broth culture method, but somewhat more sensitive. The technique is a rapid, accurate, practical procedure that can be used by any local or State public health agency or private laboratory.

MORRISON, S. M. (Colorado State University), FAIR, J. F., and KENNEDY, K. K.: Staphylococcus aureus in domestic animals. Public Health Reports, Vol. 76, August 1961, pp. 673-677.

An investigation was initiated at the Colorado State University Veterinary Clinic, Fort Collins, to study the role of domestic animals as a focal source of transmission of potentially pathogenic, antibiotic-resistant, coagulase-positive Staphylococcus aureus in the community. Nasal and swab samples were taken from animals (canine, feline, bovine, and equine). A high percentage (89.4) of the

animals yielded staphylococci, with 56 percent yielding coagulase-positive isolants. Marked resistance to penicillin, dihydrostreptomycin, and terramycin was shown by these *S. aureus* isolants. Although 80/81 phage type was isolated four times, no correlation could be established between phage type and resistance to a given set of antibiotics.

ROGERS, PERRY B. (Jefferson County Department of Health, Birmingham, Ala.), COUNCIL, CHARLES R., and ABERNATHY, JAMES R.: Testing death registration completeness in a group of premature infants. Public Health Reports, Vol. 76, August 1961, pp. 717-724.

Unlike birth registration, there is a dearth of information relative to the completeness of death registration.

This is due primarily to two factors: (a) the fact that there is no simple, inexpensive method of testing death registration completeness and (b) the widespread belief that registration of deaths is not a major problem since registrars have some control over death registration through the burial permit system.

Through special studies in the field of infant mortality, the North Carolina State Board of Health was made aware that death registration completeness for infants left much to be desired. The

present study was designed to effect a method of determining the death registration completeness of premature infants weighing 1,500 gm. or less at birth and to use the method developed in measuring death registration completeness for this group of infants. The results are encouraging and suggest that the methods used in this study could be used among other groups of infants in measuring death registration completeness.

The study emphasizes the need for greater efforts in promoting death registration among infants in the low weight groups.

Total Fitness

Physical fitness is essentially a part of total fitness ... of an appropriate balance for our young people: healthy and vigorous bodies, alert and intelligent minds, and the emotional stability required to live in this period of history. . . .

There are several specific things the schools can do. I recommend that their programs include identification of the physically deficient pupil. Pupils having acute or correctible problems should be referred to medical authorities. Physical development should be made the goal of physical education classes. The physical appraisal should include physical achievement tests. Strength, agility, and flexibility are as essential to physical fitness as proper eyesight and hearing. . . .

Tests not only provide the best means of measuring achievement, but physical achievement tests permit self-evaluation and provide a strong motivation for development within the individual pupil.

Where individual communities or States have been using valid comprehensive tests, their continued use is urged. Each school should base its instructional program on the ability of the pupils to meet and surpass the test norms.

It is recommended that all students spend a minimum of 15 minutes a day participating in conditioning exercises and developmental activities designed to build vigor, strength, flexibility, endurance, and balance. In the remaining available time, balanced activity programs should be provided.

The emphasis must be placed on quality in physical fitness programs. But elaborate and expensive facilities and equipment are not necessary. . . . Minimum equipment, proper standards, and effective teaching and administration will do. . . .

All schools should provide a curriculum based on the health needs of children and youth, utilizing the health resources within the community and State for strengthening the instructional program. These include official and voluntary agencies and professional groups such as medical and dental.

Special emphasis should be placed on the competitive experience as a motivating factor. Its importance in the American tradition for growth and development has been understood in the give and take of games. These games can be intramural sports for all boys and girls in grades 4 through 12, or for the athletically gifted in interscholastic athletics.

Sports and fitness clubs for both boys and girls should be organized in such activities as hiking, cycling, horseback riding, camping, skating, skiing, aquatic activities, and gymnastics. These and other activities can be incorporated into school and community recreation programs. Cooperation between school and public recreation programs is important.

Schools should provide opportunities for postschool youth and adults of the community to develop and maintain desirable levels of fitness. This can be done through special adult education classes and by extension of the community school program.

Colleges and universities with the qualified staff and research facilities should be encouraged to become training centers for the development of leadership in health and physical fitness. Institutes for the training of local, State, and regional leaders should be conducted to accelerate the fitness movement.

There is a trend today toward the establishment of community schools. These schools utilize their leadership, facilities, and other resources to serve both the education and recreation needs of the entire community. It is important that the schools establish an effective working relationship with the other agencies in the community.

The school is frequently the logical agency to take the initiative in forming a school-community health and fitness council. In many instances, existing councils or committees can assume the added responsibility for health and fitness.

Voluntary youth-serving agencies all have valuable contributions to make to the full range of experiences needed by youth. Effort should be made to get the cooperation of governmental agencies, religious groups, recreational groups, and all youth-serving agencies in dealing with the physical fitness problem.—Excerpt from address by Abraham Ribicoff, Secretary of Health, Education, and Welfare, before the 51st Annual Meeting of the National Council, Boy Scouts of America, at Detroit, Mich., June 2, 1961.

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