

...the story of God
...and blessed be
...God of my salva
...that strength me
...people under me
...these lifers me up
...rise up against me
...from the violent man
...will I give thank
...Great deliverance given
...to David, and to his seed for ever

PSALM 19
...an Aps
...decla

me with
my perfec
the kind
high



...of one foreb
...and I shall be
...the words of my
...O LORD, my
...PSALM 20
...to be done
...O LORD, hear
...send, the name
...strengthen the
...PSALM 21
...to be done
...O LORD, hear
...send, the name
...strengthen the
...PSALM 22
...to be done
...O LORD, hear
...send, the name
...strengthen the

PHR

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POSKANZER, DAVID C. (Massachusetts General Hospital, Boston), and **BEADEN-KOPF, WILLIAM G.:** *Waterborne infectious hepatitis epidemic from a chlorinated municipal supply. Public Health Reports, Vol. 76, September 1961, pp. 745-751.*

An epidemic of 83 cases of infectious hepatitis with jaundice occurred in two neighboring New York State communities between November 21, 1956, and February 1, 1957. Seventy cases occurred within the first 30 days of the epidemic. The two communities, although 2 miles apart, had a common water supply. As an emergency measure water was taken from a stream potentially subject to pollution. It was chlorinated but not otherwise treated.

Only 2 of the first 70 patients did not reside on the water supply. The distribution in time of the cases is consistent with a common-source epidemic. Milk, food, contact, insects, hepatotoxins, and parenteral inoculations appeared very unlikely as common sources of infection. It is concluded that the epidemic of infectious hepatitis was waterborne through the emergency water supply, despite the fact that the water was chlorinated.

MACDONALD, GEORGE: (Ross Institute of Tropical Hygiene, London), *Epidemiologic models in studies of vector-borne diseases. Public Health Reports, Vol. 76, September 1961, pp. 753-764.*

The steps in the creation of an epidemiologic model are examined individually, from the quantitative statement of the factors involved to the development of an expression for equilibrium and of the sensitivity of this equilibrium to changes in its controlling factors, whether they occur naturally or are artificially produced as preventive measures. The use of a model to clarify the epidemiology of a disease, as a guide to research processes, and in considering the strategy of control, is discussed on the basis of malaria.

Extension of this process to other conditions is considered, showing that it could usefully be applied to filariasis and schistosomiasis, though the first result of examination of prototypes reveals significant gaps in quantitative knowledge which need remedy. It would be simple to extend this method to the arthropod-borne virus diseases, with considerable illumination of the present epidemiologic picture. The mathematical expressions for malaria, schistosomiasis, and for a hypothetical arthropod-borne virus infection are given.

FROTHINGHAM, THOMAS E. (Public Health Research Institute of the City of New York), and **SANYAKORN, CHAIYAN K.:** *Parainfluenza viruses in southern Louisiana. Public Health Reports, Vol. 76, September 1961, pp. 765-770.*

Thirteen hemadsorbing agents were isolated from 343 infants and children hospitalized in New Orleans, La., between May 1959 and April 1960. Six of these isolates were typed as hemadsorption virus type 1 (parainfluenza type 3), three as influenza type A2, and four were unidentified.

Serums from 380 other residents of southern Louisiana were tested for neutralizing antibodies to four of the para-

influenza viruses. The percentages of these individuals showing antibodies to HA1, croup associated, HA2, and Sendai viruses were 75, 37, 19, and 9, respectively.

The findings of this study as well as those of similar studies reported in the literature indicate the presence in southern Louisiana of HA1, CA, and HA2 viruses but not of Sendai.

ANGELOTTI, ROBERT (Public Health Service), **BAILEY, GEORGE C.**, **FOTER, MILTON, J.**, and **LEWIS, KEITH H.:** *Salmonella infantis isolated from ham in food poisoning incident. Public Health Reports, Vol. 76, September 1961, pp. 771-776.*

Investigation of an outbreak of gastroenteritis affecting eight members of a family revealed that the only food eaten in common was ham. Bacteriological examination of the ham disclosed that the organisms of significance present in large numbers were *Streptococcus faecalis* and *Salmonella infantis*.

Stool specimens of the persons affected

contained large numbers of *S. faecalis*. Stools of two of the patients were positive for *S. infantis*.

The contamination of ham with *S. infantis* is noted because of its rarity, and the data available indicate the outbreak was due to either a mixed infection of enterococci and salmonellae or to *S. infantis* alone.

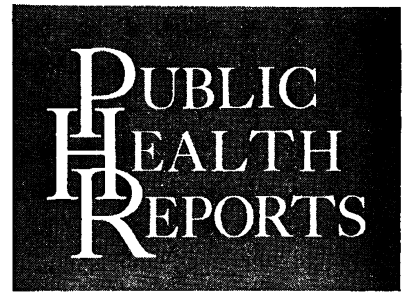
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MADDOCK, DARRELL R. (Public Health Service), SEDLAK, VINCENT A., and SCHOOF, H. F.: *Preliminary tests with DDVP vapor for aircraft disinsection. Public Health Reports, Vol. 76, September 1961, pp. 777-780.*

Studies in Miami, Fla., using commercial planes, have shown that DDVP vapor, dispensed by an experimental vaporizer into the ventilating system of the aircraft, can produce effective kills

of test houseflies distributed at various sites and elevations in the passenger compartment. Air concentrations in the general range of 0.3 $\mu\text{g.}$ of DDVP per liter of air were highly effective.

McDONALD, GLEN W. (Public Health Service), REMEIN, QUENTIN R., and DURDICK, EDWARD J.: *Results of diabetes screening activities, fiscal year 1959. Public Health Reports, Vol. 76, September 1961, pp. 825-831.*

A total of 177,000 persons were screened for diabetes in community programs in the United States during the fiscal year ending June 30, 1959, according to reports from agencies conducting diabetes screening. From among 7,000 persons screening positive (4 percent of those tested) 4,000 were referred to physicians for diagnosis, on the basis of abnormal screening or re-test findings. Approximately 1,100 cases of previously unknown diabetes were discovered.

Blood specimens were tested in practically all programs. In programs testing more than half of the total persons screened, blood tests were considered positive at blood sugar levels of 130 mg./100 ml. or less.

In programs with followup the overall

yield was 6.9 previously unknown cases of diabetes per 1,000 persons screened. Yields in the programs differed widely because of variations in populations tested and in testing techniques. A comparison of this overall yield with prevalence estimates of 8.0 cases of unrecognized diabetes per 1,000 population demonstrates the need for increased case-finding efficiency in diabetes screening programs. Greater yields would result from direction of screening programs toward known high-prevalence groups, such as persons over 40 years of age, relatives of diabetics, the obese, and parents of large babies. Yields are also improved by more sensitive screening methods and greater followup efforts.

DICKMAN, ALBERT (Dickman Laboratories, Philadelphia): *Experience with VDRL flocculation antigen in the Kolmer complement fixation test. Public Health Reports, Vol. 76, September 1961, pp. 832-836.*

All too frequently, in the millions of serologic tests for syphilis performed annually on presumably healthy individuals, reactive laboratory findings are obtained which are not supported by clinical findings. In the Dickman Laboratories among "problem specimens" submitted for the TPI test, of 796 reactive by VDRL slide tests 54.6 percent were negative by TPI test. Of 724 reactive cardiolipin Kolmer tests 385, or 53.2 percent, were negative by the TPI test. There is no relationship between degree of reactivity of the Kolmer test and VDRL slide tests and TPI results.

With serums submitted primarily for premarital examination, reactive Kolmer tests in the presence of nonreactive VDRL slide tests were generally negative

by the TPI test. Of 86 such specimens 82 were negative by TPI. Although a 1:150 antigen dilution is recommended in the Kolmer test, a 1:320 dilution seems to be optimum. VDRL flocculation antigen, when used in a test dose of 0.5 ml. of a 1:320 dilution in the standard Kolmer procedure, has a high degree of sensitivity. Compared with the standard Kolmer test, the complement fixation test employing VDRL antigen gives fewer confusing weak reactions in presumably negative serums from a group with a low incidence of syphilis.

The use of VDRL antigen as a complement fixation antigen might be profitably evaluated in a future Serology Evaluation Research Assembly study.

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