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CREIGHTON, W. E. (Oregon State Board of Health), SAVAGE, J., and WITTER, D.M.: *Effect of fluoridated water in schools upon dental caries susceptibility. Public Health Reports, Vol. 79, September 1964, pp. 778-780.*

The number of children with caries-free permanent teeth and mean DMF teeth per child among three groups of Oregon children were compared to study the effect of fluoridation in a school water system. Group 1 children had lived only in the Portland metropolitan area where the water is fluoride deficient; group 2 had lived only in Salem Heights homes supplied with fluoridated water since 1953; and group 3 had lived in homes with fluoride-deficient water systems but had attended Salem Heights schools supplied with fluoridated water.

Dental examinations were conducted at school of children in the two areas which have similar educational and fam-

ily income levels. For group 1, percentages of those with caries-free permanent teeth ranged from 50.00 at age 6 to 3.66 at age 10; for group 2, the range was from 88.64 at age 6 to 29.27 at age 10; for group 3, the range was from 59.26 at age 6 to 10.53 at age 15. Mean DMF teeth per child for group 1 ranged from 0.71 at age 6 to 12.55 at age 15; for group 2, the range was from 0.39 to 7.27; and for group 3, from 0.67 to 8.73.

Six-year-old children in group 2 had significantly fewer def teeth than those in group 3, suggesting that for group 3, the preventive factor was not in effect before they started to school.

ALBRECHT, ROBERT M. (New York State Department of Health), and POLAN, ADELE: *Death rate from bronchopneumonia in upstate New York, 1954-59. Public Health Reports, Vol. 79, September 1964, pp. 781-784.*

In New York State, exclusive of New York City, the death rate from bronchopneumonia rose from 10.2 per 100,000 population in 1954 to 20.8 in 1959.

Investigation of a 20 percent sample of deaths from all causes in Albany County hospitals in 1955 and 1959 revealed that bronchopneumonia was the underlying

cause of death in only 2 of 330 deaths in 1955 and 3 of 400 deaths in 1959.

Another study of every death in these hospitals with bronchopneumonia entered anyplace on the death certificate revealed that 25 of 29 deaths in 1955 and 45 of 52 deaths in 1959 certified to bronchopneumonia were certified incorrectly.

ROGOT, EUGENE (Public Health Service), GOLDSTEIN, HYMAN, and GOLDBERG, IRVING, D.: *Reported incidence of blindness in selected States in 1962. Public Health Reports, Vol. 79, September 1964, pp. 785-788.*

Reported incidence of blindness for the 9 States comprising the Model Reporting Area for Blindness Statistics was 16 per 100,000 population in 1962, the first year of the MRA's existence. Blindness is defined as visual acuity of 20/200 or less in the better eye with the best correction, or visual acuity of more than 20/200 if the widest diameter of the field of vision subtends an angle no greater than 20 degrees.

Among those added to the blindness register in 1962 there were no major differences by sex. Rates were consistently low at about 6 per 100,000 in age groups

under 45 years and increased markedly thereafter to a rate of about 300 per 100,000 at 85 years or over. Approximately 7 percent of all registered blind during the year were totally blind, and about 6 percent had visual acuity better than 20/200 but with field of vision restricted to 20 degrees or less.

Caution is urged in the projection of the data to the national population because the information represents only 1 year's experience for States comprising only 14 percent of the total U.S. population.

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MARIENFELD, CARL J. (University of Missouri, Columbia), **ROBINS, MORTON, SANDIDGE, ROY P.,** and **FINDLAN, CLARE:** *Rheumatic fever and rheumatic heart disease among U.S. college freshmen, 1956-60. Public Health Reports, Vol. 79, September 1964, pp. 789-811.*

A study of 517,129 college freshmen revealed that the prevalence of rheumatic fever and particularly rheumatic heart disease remains an important public health problem. These findings are in sharp contrast to the decrease shown in official morbidity reporting, in mortality statistics for this disease, and to the apparent decrease in the incidence of strep-

tococcal disease as officially reported throughout the United States.

The use of prophylaxis against recurrent attacks of rheumatic fever was found to be disappointingly low. Approximately 12.2 percent of those requiring such prophylaxis were actually receiving it.

LITWACK, I. D. (Long Beach, Calif., Department of Public Health), and **GARDNER, JOHN:** *Reactivation of apparently inactive cases of pulmonary tuberculosis. Public Health Reports, Vol. 79, September 1964, pp. 823-828.*

To investigate the degree of reactivation among persons with inactive pulmonary tuberculosis, the records of 2,536 such persons known to the Long Beach (Calif.) Department of Public Health during the period from 1935 to 1960 were selected for study. Examinations, including X-rays, sputum and gastric cultures, and interval histories, were completed for 383 persons. Thirty-one, or 8.09 percent, of these were found to have reactivated disease; 7 were diagnosed as minimal, 18 as moderately advanced, and 6 as far advanced. X-ray films taken during the study were compared with available earlier films; those of 22 patients with reactivated disease showed no evidence of change. In the

reactivated group, 20 had received no chemotherapy, 5 had had antituberculosis drugs for less than 2 years, and 6, for 2 years or more.

The disease of 352 persons remained inactive. Of the 144 with a diagnosis of minimal tuberculosis, 122 had received no drugs or had taken them for less than 2 years; 22 had had drugs for 2 or more years. Of the 149 with moderately advanced tuberculosis, 127 had taken no drugs or taken them for less than 2 years, and 22 had had chemotherapy for 2 or more years. In the group of 57 with far advanced tuberculosis, 45 had had no drugs or had taken drugs for less than 2 years, and 12 had received drugs for 2 years or more.

KARP, HENRY C. (Georgia Department of Public Health), **GARLAND, B. I.,** and **BRUIN, NICCO:** *Rehabilitation of a radioactive building. Public Health Reports, Vol. 79, September 1964, 829-835.*

A building in Atlanta, Ga., used prior to 1953 as a clinic for cancer treatment with radium therapy, was converted from a highly contaminated building to a stable and useful structure under the direction of the Fulton County Health Department. In general, the methods used were vacuuming, wet mopping, and, where necessary, acid etching of terrazzo floors and sealing with paint or other sealing compounds or with shielding consisting of false walls or panels. While working, all personnel were thoroughly

protected from radiation exposure by wearing complete radiation protective clothing and full face respirators with type H ultra filters. Air samples taken during various stages of decontamination showed a high level only once when heavy dust was disturbed. All contaminated waste and furniture were buried in a marked landfill. Extreme caution was exercised to avoid recontamination. Periodic checks and regular maintenance will be conducted to keep the building in a safe condition.

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