

Dr. G.S.T.

SEP 16 1954

September 15, 1954

AB

For the Record

Mrs. Helen C. Chase

Meeting at Presbyterian Hospital, September 13, 1954

Present: Dr. John Caffey
Dr. F.R. Schlesinger
Dr. D.E. Overton
Mrs. H.C. Chase

Dr. Schlesinger reviewed the plans for the coming year, emphasizing the fact that every effort will be made to get all children back for the final examination.

Bone Density: Dr. Caffey felt that there was nothing to be done using the routine Newburgh-Kingston x-rays. Dr. Schlesinger is to call Dr. Morgan, Johns-Hopkins, to get the latest scientific information on this matter and the possibility of doing a special study during the final year in Newburgh and Kingston.

Maturation: Dr. Caffey was content to rely on clinical judgment rather than ostensibly objective data of the kind reported in the McClure paper in July 1953 Public Health Reports. He felt that onset of menstruation and measurement of height and weight were adequate objective measurements of maturation. However, if more objective determination of skeletal maturation is desired, he suggested that Dr. Richard Day, State Union Medical Center at New York do the necessary reading. Dr. Caffey would prefer not to undertake this project. He suggested we take 100 of each year of age. It was pointed out that there will not be that number in any one year of age in this last series. As an alternative, he suggested

grouping several years of age, choosing children who had been residents of Newburgh for as many years as possible since 1945; and, if possible, children who were 12 or more years of age (to permit comparison with onset of menstruation for the girls). In this connection it will be most important to get the older girls back. He suggested we avoid "bone age" and on submitting the x-rays we furnish only the sex of the patient and not the chronological age. Since no standards have been accepted for x-rays of the knees, we would limit this study to the wrists. If we get bone age and it is at variance with the age at onset of menstruation, he would discard bone age, having less confidence in that item as a measure of maturation.

Dr. Caffey did not want his clinical remarks regarding maturation categorized. He did agree to use of the "abnormally advanced" and "abnormally retarded" classification, but felt that the range of normals was very wide. He had no objection to comparison of the "abnormal - normal" classification to one that Dr. Day might devise, but lacked confidence in any objective measurement of this type.

Cortical Defects: Dr. Caffey has tabulated some material for a monograph to be published in Advances in Pediatrics. He will forward a copy to Dr. Schlesinger.

Dr. Caffey indicated that he would prepare a list of defects which would be incorporated in the final form, and could be used as a point of reference for each patient of a certain age span (preferably those who had been ingesting fluoridated water for a considerable number of years). This list would be used only for the x-ray reading during the final year of the study.

Exostoses: Dr. Overton will write up the case histories of any instances of spontaneous disappearance of exostoses he can find. There is at least one such case and there may be more. Of particular interest are those exostoses of some size with no apparent dysfunction.

X-rays of Spine: Dr. Caffey suggested that a lateral lumbo-sacral x-ray of the spine be taken on all children during the final year of the study. Dr. Overton will arrange for a Buckey diaphragm to be added to the equipment.

Ateliotic Dwarfs: Dr. Overton will review the records of these children to determine whether or not they should be reported. Dr. Caffey cautioned against confusing an ateliotic dwarf with a child who is small due to heredity.

Miscellaneous: Dr. Caffey suggested that there would be other items of interest which could be analyzed in years to come (e.g., sclerotic epiphysitis, thickening of the cortical wall at the base of the phalange, incidence of cortical defects.)

H. G.

HC/tt

cc: Dr. Schlessinger

✓ Dr. Ash

Dr. Caffey

Dr. Overton

Mrs. Chase

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BUREAU OF DENTAL HEALTH

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Meeting with Dr. Fertig, September 13, 1954

Dr. Fertig was pleased to have an opportunity to review the tables for the two studies of urinary excretion before the Advisory Committee Meeting.

Addis Counts: Dr. Fertig felt that there were no significant differences between the two groups, but wondered about Table 6a "Epithelial Casts per 12 Hours". I am in the process of analyzing this material.

Dr. Fertig would like a copy of each of the tables to use as illustrative material for his statistics course. I will see that he gets a copy of each table; those to be distributed to the Advisory Committee and those extra ones which will not be distributed.

New York Hospital Study: Dr. Fertig reviewed the data and the charts which I had prepared. He felt no statistical analysis should be attempted, but rather that the raw data should be presented in graphical form. He felt the data had shortcomings which were not sufficiently in evidence when plotting differences or means. I am preparing new charts for Advisory Committee Meeting.

I believe we have further evidence of the questionable reliability of the determinations from two points of view:

- (1) The variability of the base period readings within the same individual.
- (2) The choice of blanks would indicate that for 7 of the 24 base periods (in 6 of the 12 children), Dr. Barnet felt that the values were way out of line with other values. If the determinations are that unreliable, further analysis is unwarranted.

J.L.

HC/tt

cc: Dr. Schlesinger

✓ Dr. Axt

Dr. Fertig

Mrs. Chase