Letters to the Editor

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An Eight-Year Study of Oral Carcinoma in an Elderly Black Population

One of the carcinomas which is prevalent among both the elderly and the Black community is squamous cell carcinoma of the oral cavity. Squamous cell carcinoma is very invasive and has a high mortality rate without early detection. It is also prevalent among smokers. An eight-year study (1981 to 1989) was conducted to ascertain the prevalence of oral carcinoma in an elderly Black population,[1-3] residing in the southwest section of Baltimore, Maryland. All participants were ambulatory, geriatric patients 65 years of age and older.

During the eight-year period, 10,819 Black patients were given thorough oral cancer and full dental examinations including Panorex and bitewing radiographs. Patients exhibiting signs and symptoms of oral pathology were immediately referred to the oral surgeon for evaluation, biopsy, and treatment.

Fourteen of the 247 biopsied patients were reported to have oral cancer representing a prevalence rate of 1.3 per 1,000 people. There were eight patients with squamous cell carcinoma, three with adenosarcoma, one with Basal cell of the lip, one osteosarcoma, and one with a plasmacytoma. Nine of the patients were edentulous emphasizing the need for frequent oral examinations among the edentulous population. Fifty percent of the patients had been or were smokers and only four consumed alcoholic beverages.

When comparing the prevalence rate 1.3/1000 to that of other Black oral cancer studies of younger age groups, the rate is elevated in comparison.[4] It is difficult to compare the findings in this report to others in the literature due to the sparsity of large scale population studies in general. It is even more difficult to find those that specifically investigate elderly Black populations. This report represents the only known oral cancer study ever performed on an elderly Black population.

An important factor resulting from the study is the need for frequent oral examinations in the edentulous population. Nine of the cancer patients were edentulous and came to the facility for new dentures. Their lesions were asymptomatic and would have progressed further had it not been for a recent oral examination that resulted in the early detection of the lesions.[5] Public awareness regarding the need for periodic examinations by the edentulous must be reinforced if the overall mortality rate of oral cancer is to be reduced. □

Charles F. Streckfus, DDS

Director of Clinical Research, Washington Village Community Medical Center, 700 Washington Blvd., Baltimore, MD 21230. The author is also Assistant Professor, University of Maryland School of Dentistry.

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Historian Seeks Memorabilia on George Rosen

I recently signed a contract with the Johns Hopkins University Press to write a biographical essay on George Rosen. The essay will be included in a reprint edition of Rosen's *History of Public Health.*

I am seeking information (letters, personal reminiscences, etc.) about George Rosen (1910–1977), editor of the *American Journal of Public Health* from 1957 to 1973. If you can help, please contact me, Edward T. Morman, PhD, at the Institute of the History of Medicine, Johns Hopkins School of Medicine, 1900 East Monument Street, Baltimore, MD 21205; tel: (301) 955-3159.

Edward T. Morman, MSLS, PhD
Curator
Historical Collection

Birthweight and Infant Mortality in Blacks

Collins and David[1] reported that non-poor Blacks had high rates of low birthweight comparable to poor Blacks and twice as high as non-poor Whites in Chicago. The lack of explanatory value of tra-

ditional risk factors including income level does not imply that efforts to reduce the proportions of low and very low birthweight (LBW and VLBW) infants in Blacks should not continue and expand. A prematurity prevention program in a North Carolina facility resulted in an apparent reduction in the VLBW rate among Blacks.[2] Such efforts as prevention of unwanted pregnancies and control of anemia in Black mothers could have an impact on LBW and VLBW rates in Blacks.[3]

Yankauer[4] has emphasized again the importance of infant mortality as an index of social progress. Within LBW and VLBW groups, infant mortality rates,[5] and the prevalence of major congenital malformations[6] which are an increasingly important cause of infant mortality,[7] are actually lower in Blacks than Whites. Thus, achieving more equity in LBW rates in Blacks and Whites would clearly result in more equity in neonatal and infant mortality rates. Higher infant mortality rates among Blacks are due to higher mortality within normal-weight infants as well as to a higher prevalence of LBW and VLBW,[5] however, and declines in neonatal mortality rates can occur without improvement in birthweights.[8] It would be important to determine if Black neonatal and infant mortality rates and Black/White rate ratios in Chicago were lower in higher-income (and presumably less segregated) areas that would tend to have better medical care. Numbers of infant deaths within income levels in Chicago would be small, and studies in other areas are needed.

While unaware of Yankauer's earlier work on the association between residential segregation and infant mortality in New York City neighborhoods, done "long before computers and regressions,"[4] a recent study using multiple regression[9] showed that an index of Black-White residential segregation[10] was a significant independent predictor of the Black-White difference in infant mortality rate (1982–86) among the 38 SMSAs with >1 million total population. Several SMSAs in California with low segregation indexes had small Black-White differences in infant mortality rates. In-depth studies are needed including duration of family residence in these SMSAs—with reference to the possibility of a multigenerational effect mentioned by Collins and David[1] and Yankauer.[4] Social progress may be occurring slowly and nonuniformly in US Black populations. □

Anthony P. Polednak, PhD

Associate Professor, Department of Preventive Medicine, School of Medicine, State University of New York (SUNY) Stony Brook, NY 11794-8036.

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Third National Injury Control Conference Set for Denver

WHO: The Center for Environmental Health and Injury Control (CEHIC) and the National Institute for Occupational Safety and Health of the Centers for Disease Control (CDC), and the National Highway Traffic Safety Administration (NHTSA) of the Department of Transportation announce the following meeting.

WHAT: Third National Injury Control Conference.

WHEN: April 22–25, 1991

WHERE: Sheraton Denver Tech Center, 4900 D. T. C. Parkway, Denver, CO 80237.

STATUS: Open to the public, limited only by the space available.

FOR MORE INFORMATION CONTACT: Al Miles, Chief, Program Services Section, Program Development and Implementation Branch, Division of Injury Control, CEHIC, CDC, 1600 Clifton Road, NE, Mailstop F-36, Atlanta, GA 30333; (404) 488-4662 or FTS 236-4662.