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How Many Smokes per Flight?

I concur with Abelson's editorial (22 Dec., p. 1527), in which he expressed concern over the effects of smoking on air pollution and the infringement of the rights of nonsmokers. As a frequent airline passenger, I have experienced the initial stages of acute asphyxia resulting from too many people smoking in a poorly ventilated aircraft. I wonder whether the automatic devices to provide oxygen used in airplanes are sensitive to these environmental conditions as well as problems of altitude.

It may be necessary to provide special smoking sections, or smoking flights similar to the railroads' use of smoking cars. Certainly if individuals are unable to regulate their own activities, it may one day be necessary for the industry or government to regulate the number of smokers per flight.

Jack Werboff
Jackson Laboratory, Bar Harbor, Maine 04609

The situation that most irks me, I think, is the airplane at meal time. Pressurized aircraft cabin ventilating systems are good. No matter how good they are, however, I have yet to experience one that can stay ahead of the smokers. When I am finishing a good airline meal and enjoying it, I frequently have to hold my breath for the last several bites because some nervous smoker close by has lighted a cigarette before finishing his or her meal, and spews smoke out into the restricted confines of the cabin. Ugh!...

Henry F. Dobyns
Department of Anthropology, University of Kentucky, Lexington

Would someone explain to me the validity of my government using my tax money to support tobacco farmers whose product is detrimental to my health?

Marvin R. Turnipseed
Zoology Department, University of Georgia, Athens 30601

from consideration of the painful social and economic changes necessary to achieve fertility control. The common but mystical notion that family planning "provides its own dynamic" does nothing to lessen this impression.

Kingsley Davis
Department of Demography, University of California, Berkeley 94720

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Vietnam: Rise Found in Plague and Cholera

The disruption of sanitary facilities and massive uncontrolled population movements in South Vietnam are linked with rapidly rising incidences of plague, cholera, and a number of other diseases, according to a report by the World Health Organization (WHO). The report, *Epidemiological Situation in Viet-Nam*, describes the health situations separately for both South and North Vietnam. However, even with the upsurge of disease in the South, the report states, “the general health of the population has not in the main deteriorated. With certain exceptions, health services have been maintained and in many instances improved and extended.”

Information sources for the report on the South included official records of WHO and information provided by the South Vietnamese government. The account of the North was based on more limited information and, as such, “the health situation in North Viet-Nam must remain somewhat obscure,” the report noted.

Since 1962 the incidence of plague has risen in epidemic proportions in South Vietnam. And, the report states, the threat of plague spreading from South Vietnam to other nations in the Pacific basin is causing grave concern among health and quarantine officials through the Western Pacific area. Cases of plague have been recognized in 27 of South Vietnam’s 47 provinces and plague infection has also been found in rodents and fleas at a number of ports and airports including Saigon, Nha Trang, Cam Rahn, and Da Nang. During 11 months of 1967, there were more than 4500 suspected cases of plague in South Vietnam and some 200 deaths were attributed to plague. The number of suspected cases was nearly double the number estimated for 1966.

According to the report, after nearly a decade free of cholera El Tor, that disease reappeared in South Vietnam in 1964. Between 1 January 1964 and 24 November 1967, there were nearly 38,000 suspected cases of cholera in the South and cholera was listed as the cause of some 1100 deaths. The report states, “In proportion to the size of its population, South Viet-Nam is reporting the largest number of cholera cases among cholera endemic areas in recent years.”

The rising rates of plague, cholera, and the venereal diseases were cited as “outstandingly serious problems” in South Vietnam. Another disease which is on the upswing in the South is pneumonic plague, which has been reported in several areas of the country since June 1966. Prior to that date, it had not been reported for more than 25 years. Other major health problems in the South include malaria and leprosy—even though incidences of those diseases have fallen in recent years. Tuberculosis was also identified as a major health problem in South Vietnam. “A prevalence survey ... in 1962 showed that approximately 60 per cent of the population was infected and 10 per cent of children aged 10 years had X-ray evidence of clinically significant tuberculosis.” Other communicable diseases reported in South Vietnam include all forms of dysentery, influenza, infective hepatitis, scrub typhus, and human rabies, which exceeded 700 cases between 1964 and 1966.

Although the reasons are unclear, there is no plague reported in North Vietnam. The report states that cholera and smallpox have not been present in the North since 1957. Smallpox has been absent from the South since 1959. The report also notes that in the North poliomyelitis has been nearly eradicated and the incidence of tuberculosis—although it has been cut back considerably—is still of public health importance. Bacterial dysentery is one of the more widespread diseases in the North.

The report concluded that “Where there are large-scale uncontrolled population movements, there is an increased risk of diseases. Where there are prolonged unsettled conditions, the normal development of health services is halted or retarded.”—*Kathleen Sperry*

*Available, without charge, from the Regional Office of the World Health Organization, 525 23rd St., NW, Washington, D.C.*
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PHYSIOLOGY
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PB-3 SCOPE SPECIFICATIONS

VERTICAL AMPLIFIER

<table>
<thead>
<tr>
<th>BANDWIDTH</th>
<th>SENSITIVITY</th>
<th>RISE TIME</th>
<th>IMPEDANCE</th>
<th>ACC.</th>
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<td>Oscilloscope 1 Meg—Single End</td>
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<td>Bio-amplifier 20 Mags—Balanced 10 Mags—Single End</td>
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TIME BASE

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<td>1 to 1000 cps</td>
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<td>1 sec/cm</td>
<td>(Filters available)</td>
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<td>45 lbs.</td>
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