

λ from Poisson's distribution at 95% confidence level. Fifteen cases in Pulaski are not significantly different from 7.6 expected among its large population. In public health terms that finding is quite unhelpful but it stresses that the original geographic propinquity and space relationships of the cluster are being concealed rather than illuminated by Dean's derisory suggestions of "technique".

*Neil D. McGlashan, MA, PhD
University of Tasmania
"Rotherway" Potterne Wick
Devizes, Wiltshire SN10 5QP*

REFERENCE

1. Dean, A. G. Population-based spot maps: An epidemiologic technique. *Am. J. Public Health* 66:988-989, 1976.

Dr. Dean's Response

Everyone has to choose techniques appropriate to his own work and there are limitations to each of the methods for plotting data in relation to population. Dr. McGlashan has recommended alternative techniques elsewhere,* which the reader may wish to compare with the one presented.

*Andrew G. Dean, MD
Pacific Research Section
The Research Corp. of the University
of Hawaii
P.O. Box 1680
Honolulu, HI 96806*

More on Population-Based Spot Maps

Since publication of the article "Population-Based Spot Maps: An Epidemiologic Technique" (*AJPH* 66:988, 1976) a previous description of the technique in addition to the one cited has been brought to my attention. M. E. Levison and W. Haddon, Jr. prepared a population-based map of New York State and described the method in "The Area-adjusted Map: An Epidemiologic Device" (*Public Health Reports* 80:50-59, 1965).

*McGlashan, N. D. and Harington, J. S. 1976. Some techniques for mapping mortality. *S. Afr. Geogr. J.* 58:18-24.

The recent article parallels their work entirely except for the additional suggestion that such a map can be prepared for the "catchment area" of an institution using records of the addresses of the clientele over a period of years.

My apologies to Levison and Haddon for overlooking their contribution; I hope both articles together will stimulate more widespread use of this simple technique.

*Andrew G. Dean, MD
Pacific Research Section
The Research Corporation of The
University of Hawaii
P.O. Box 1680
Honolulu, HI 96806*

On Health Misinformation on National Television

The report on television advertising and drug use in the October issue of the *Journal*¹ suggests limiting claims of drug advertisement on television. This does not deal with the basic issue of the overall misinformation about health, drugs, and human biology on national network television. Another kind of solution was suggested in a 1972 paper² on the health content of U.S. network television. This earlier proposal was to give equal time to health teachers to present real health information and education on equivalent television time. This plan is more meaningful in the light of the earlier report which established that the "health" content was 7.2 per cent of TV's total program time but only 30 per cent of this time offered useful health information while 70 per cent was inaccurate or misleading or both.

Equal time for the truth about health is a possibility even in the profit motivated television industry if there is sufficient support beginning with APHA. A recognition or endorsement of this viewpoint by Peterson and his co-authors would increase their scope and impact.

*Paul Lowinger, MD
Director, Residency Training
Associate Clinical Professor
Community Medicine and Psychiatry
University of California,
San Francisco*

REFERENCES

1. Peterson, B. et al. Television advertising and drug use. *Am. J. Public Health* 66:975-978, 1976.
2. Smith, F., Trivax, G., Zuehlke, D., Lowinger, P., and Nghien, T., Health information during a week of television. *N. Eng. J. Med.*, 286: 516-20, 1972.

Authors' Response

Dr. Lowinger makes an excellent point in his letter on the issue of misinformation about health in the program content of national network television. The Scientists' Committee is in favor of the public receiving accurate and adequate information. However, we have not studied this particular problem nor proposed remedy. It is certainly an area worth considering.

*Barry Peterson, PhD
Chairman, Subcommittee
on Drugs and Other Toxic
Substances
New York Scientists' Committee
for Public Information
49 East 53rd St.
New York, NY 10022*

On Converting Child Health Stations to Pediatric Treatment Centers

Somewhat belatedly, I am commenting on a report, appearing in the June issue of the *Journal* in the section *Public Health Briefs*—namely the one entitled "Converting Child Health Stations to Pediatric Treatment Centers: Utilization Patterns of Children Using Three Upper Manhattan Facilities Offering Treatment Services."

Clearly the study supports the validity of the change from the traditional child health clinics to a program providing care to both sick and well children thereby avoiding obvious fragmentation of service to a population whose medical care patterns are characteristically crisis oriented. The authors are to be congratulated for whatever share they may have had in the original idea and for furnishing the supporting data to show the need for illness care. Although I realize that the focus of the study was on utilization patterns, and not on social needs, I am sorry that no