Thus, the questions in reference to illness were divided into separate sections devoted to certain chronic diseases, namely, heart disease, bronchial asthma, chronic bronchitis, chronic sinusitis and hay fever; to certain acute diseases that might have occurred during the previous 30 days, namely, common cold, acute tonsillitis, sore throat, acute bronchitis, acute sinusitis, acute laryngitis, pneumonia, and asthmatic attacks, and to specific symptoms which might have been present during the previous seven days, namely, cough, headache, eye smarting, nose irritation, epigastric distress, nausea and vomiting. The 30 day and 7 day periods were chosen because it was believed that memory about the specific item would not extend beyond those periods of time. In the chronic disease category, inquiry was limited to those instances in which a diagnosis had been made by a physician. When information beyond that solicited was offered to the surveying nurse, a record was made on the blank reverse side of the survey card of anything that she believed might possibly be of consequence.

When the survey areas had been selected and the survey form drawn up, a listing of all family names and addresses in the delineated zones was prepared from the city directory. In those instances in which the nurse found an unlisted family to be living at the given address, the family in residence was used in the enumeration. Although 400 family units were to be covered in each area, for many reasons which developed during the collection of the data, these exact numbers were not fully realized. However, the actual distribution—337 in area 1 and 439 in area 2—seemed satisfactory for present purposes.

When the nurse visited a family, the reason for the survey was not divulged. The responsible member of the household who was being interviewed was told that this was a health survey. As a matter of fact, efforts were made to avoid any publicity regarding the study. Excellent cooperation was obtained in this regard from the local newspapers and health officials. Curiously, in only one or two instances did a householder suggest that the survey had any connection with air pollution.

In those instances of a first visit to a household in which no one was at home, a second visit was made, and, if necessary, a third (and last) visit. The necessary revisits were made at a time at which, it was ascertained, a responsible member of the household would probably be available. There were 27 households where the three visits failed to find a responsible member of the family at home. In only six instances was information refused to the nurses. Of the 776 completed household surveys 140, or 18 per cent, required more than one visit. Each surveying nurse was able to obtain complete information for from 10 to 20 households per day, with an average of 13 per day.

To insure similarity of interpretation of the information offered to the surveying nurses by the householders, the nurses were indoctrinated in the use of a manual of instructions which was prepared for the purpose of defining all the terms used in the form. Further, the supervising nurse had daily meetings with the surveyors for the discussion of problems which might have arisen during their field work.

RESULTS

The 776 surveyed households included 2,670 persons, of whom 1,231, or 46 per cent, lived in the low dustfall area and 1,439, or 54 per cent, in the relatively high dustfall area. Except for one Negro family, all surveyed persons were of the white race. Figure 2 is a map showing the two selected areas, each comprising two subareas.

Among the males and females in the entire study group approximately three eighths were under 20 years of age, one fourth were 20-34 years of age, one fourth were 35-54 years of age and one eighth were 55 years of age and over. This distribution is roughly the same as the distribution for the population of the state in 1940. For both sexes, the age group of 55 years and over was represented by somewhat more persons in the high dustfall area than in the low dustfall area.

Similarity of the Socioeconomic Status of the Residents in the Low and High Dustfall Areas.—The similarity of the socioeconomic status of the residents of the two areas is indicated briefly by the following information obtained from the