Of these 180 cases, 18 have died, 16 have left town or have been lost, 15 are receiving treatment in out-of-town-institutions, and 131 are under care in Framingham. Of 146 living cases, 55 are incipient, 23 are advanced, and 68 are arrested; 136 are pulmonary and 10 non-pulmonary. Since the beginning of the Demonstration, under the care of the Health Station, including lost and dead cases, there have been 112 active cases, either incipient or advanced.

The death rate from tuberculosis for the period 1906–16, with corrections resulting from a special study of the reliability of mortality certification, has averaged 120 per 100,000. Ordinarily in the past ~35 cases have been known at any one time, which constitutes 0.22% of the population, and averages 2.3 cases per death. With an average number of deaths of 15 annually, it has been estimated that on a basis of six cases to a death, there should be in Framingham ~90 active cases.

It is interesting to note that among the 4500 individuals examined in the special drives in Framingham, there were 91 cases discovered, giving a morbidity rate of 2%. This rate applied to the town would give 320 cases, active and arrested. This basis would indicate that there were in the community 19 cases for every death, including arrested cases, and ~10 cases for every death, when active cases alone are considered. About 49% of the 91 cases discovered in this group were arrested, which would mean that there should be in Framingham ~163 active cases. As stated above, during the last year, 112 cases have come under the observation of the workers.

It is necessary, of course, to await future developments before a decision can be reached as to the reliability of the above rates. It is not the purpose of this paper to attempt to draw conclusions at this time. The findings are presented to indicate the scope of the Framingham work and its tendencies. It may be stated that at the present time a series of monographs is being prepared, dealing separately with each of the studies mentioned above as well as other activities not touched upon here. In this monograph series the results will be presented more fully and tentative conclusions suggested as far as is scientifically reasonable.

Conclusions

The Framingham Community Health and Tuberculosis Demonstration Study not only showed that community control of disease-producing factors is feasible and effective for combating tuberculosis but also that this approach was likely to be the

General mortality findings for 1917

Finally, it may be worthwhile here to indicate briefly in a summary fashion the mortality rate tendencies in Framingham as indicated by the 1917 findings. Obviously, no conclusions can be based on these findings:

(a) The general death rate, corrected for non-residents, has averaged 13.65 per 1000 for the last 10 years in Framingham (1906–16). In 1917 the general death rate was 11.1.

(b) The infant mortality rate in Framingham for the previous 10 year period was 81 per 1000 born. In 1917 it was 73.

(c) The tuberculosis death rate, corrected for non-residents and for errors in death certifications, averaged for 1906–16, ~121.5 per 100,000. In 1917 the rate was 99.6.
Commentary: The first Framingham Study—a pioneer in community-based participatory research

George W Comstock

The first Framingham Study of cardiovascular diseases was initiated in 1947 in the Massachusetts town of that name. After various experts spent 3 years considering various study designs, the final basic design was adopted.¹ In this form, it is known to all cardiologists, most epidemiologists, many physicians, and even some laypersons.² In contrast, almost no one now alive has heard of the Framingham Community Health and Tuberculosis...