

Biographical Sketch

Albert P. Iskrant, MA, FAPHA

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Abstract This biographical sketch on Albert P. Iskrant corresponds to the historic text, *The Classic: The Etiology of Fractured Hips in Females*, available at DOI [10.1007/s11999-010-1267-y](https://doi.org/10.1007/s11999-010-1267-y). The article can also be accessed on the American Journal of Public Health web site at <http://ajph.aphapublications.org/cgi/reprint/58/3/485>.

This month's symposium is devoted to contemporary musculoskeletal issues related to gender. Awareness of the influence of gender on the diagnosis and course of diseases and the disparities in diagnosis and treatment is relatively new. The earliest such report I found containing data showing distinctions in musculoskeletal diseases between genders is that of Albert Iskrant from 1968 [3]. Despite searches, I found relatively little about this apparently influential epidemiologist. He was born in 1909 and died in 1978. He worked within the United States Public Health Service for many years, serving as chief of the Epidemiology and Surveillance Branch, Injury Control Program, among others. PubMed lists 27 articles published between 1942 and 1969. He wrote at least one book (relating to accidents and homicides [2]). His papers indicate a broad interest in epidemiology, but particularly related to syphilis, diabetes, tuberculosis, and accidents. In his later years, he published several papers on osteoporotic fractures in women [3] and indeed his last published paper was on osteoporosis in women [4].

In the paper we reproduce here [3], he reviewed data on the deaths of residents from the state of Illinois for 1957–1961. His data clearly show higher death rates for women than men from hip fractures, and much higher rates for white than nonwhite women. He concluded:

1. Falls are the leading cause of nontransport accidental deaths in all persons and the leading cause of all accidental deaths in elderly white females. Fractures, usually of the lower limb, account for most of these deaths.
2. While the death rate for falls is higher in males than females and nonwhite than white in childhood and early adulthood, patterns are reversed in older years with the elderly white female having by far the highest rates.
3. Fractures, and therefore deaths from falls, appear to be positively associated with “bone fragility,” especially osteoporosis, a condition considered most prevalent in elderly white females.
4. The prevalence of osteoporosis and deaths from falls appears to be lower in areas with high fluoride content in the drinking water, especially in elderly white women.

In a later prospective study of 2088 women at Henry Ford Hospital [4], he determined rates of fracture in those with osteoporosis. He concluded,

“Based on these findings, it is estimated that, of the approximately 1 million fractures experienced each year by women 45 years or older in the United States, about 700,000 are incurred by women with osteoporosis. Elimination of osteoporosis would prevent an estimated 350,000 fractures. The relative

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reduction in fractures of the upper femur would be even greater.”

Today we have much greater awareness of the influence of gender and other demographic factors on musculoskeletal diseases. However, we have far to go: for example, despite the long known association of osteoporosis and fractures, particularly in elderly women, the rates of recognition, evaluation, and treatment of osteoporosis with osteoporotic fractures remain disturbingly low [1, 5]. Hopefully this symposium will further heighten awareness of the need to properly recognize, evaluate, and treat a variety of musculoskeletal conditions associated with gender differences.

References

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