PUBLIC HEALTH REPORTS

VOL. 47 MAY 27, 1932 NO. 22

PREVALENCE OF VENEREAL DISEASE IN NEW ORLEANS, LA.

Report Based on a One-Day Census Taken on February 2, 1931

By TALIAFERRO CLARK, *Assistant Surgeon General*, and LIDA J. USILTON, *Associate Statistician, United States Public Health Service*

PURPOSE AND METHOD

During the month of February, 1931, the United States Public Health Service was invited to cooperate in a social hygiene survey in the city of New Orleans. The local social hygiene committee of New Orleans had worked out a plan of cooperation with the American Social Hygiene Association and the State and county health authorities of New Orleans for conducting a survey of the medical and educational phases of social hygiene. The United States Public Health Service was requested to take charge of the 1-day census of cases of venereal diseases under treatment or observation to determine the prevalence of the disease.

The prevalence survey of this city is the twenty-eighth one made in communities throughout the United States including physicians and institutions charged with the medical care of a population of approximately 25,800,000 persons, or 21 per cent of the total population of continental United States. It has been found most helpful in undertaking to control various communicable and infectious diseases to learn the present number of individuals infected, the mode of the infection, the effectiveness of control methods set up to prevent the spread of the disease, and also the availability of adequate facilities for free treatment for those unable to secure treatment from a pay source. The availability of free treatment is especially essential in metropolitan areas where there are many indigent persons.

New Orleans is the largest city of the South in which a venereal disease prevalence survey has been made, although similar studies have been conducted in a number of large cities of the North, East, and West; namely, Portland (Oreg.), Detroit, Cleveland, St. Louis, New York, and Philadelphia.

The surveys are made by means of a 1-day census in which each physician, hospital, clinic, or other institution authorized to treat the sick, is requested to report the number of persons actively on their records as of a given day who have gonorrhea or syphilis and the number who reported during the preceding month with a fresh infection. In a disease in which there are a number of residuals and complications of

the original disease it is important to know the constant patient load as well as the number of fresh infections occurring each year. Possibly no disease stands out so prominently in this field as does syphilis. Here is a disease which has the best of diagnostic possibilities, a specific for its early treatment and cure, and organized medical sources for free treatment, and yet stands as one of the truly menacing diseases not only in this country but throughout the world, both to the present generation and to posterity.

Any figures given in this report represent necessarily only the minimum number of cases infected in the city's population. Undoubtedly there are many persons who do not report for treatment who are able to set up some immunity of their own, are self-treated, or else are treated over the drug store counter.

In New Orleans 218 male and female patients were interviewed in three clinics. They were asked what treatment for syphilis or gonorrhea they had received previous to seeking treatment in this clinic. Of this group, 20 per cent of the white and 7 per cent of the colored were receiving their first treatment; of the others, 19 per cent of the whites and 37 per cent of the negroes had received treatment over the drug store counter, while 34 per cent of the whites and 46 per cent of the negroes were self-treated before admission to the clinic. If public clinic patients are an example of what one may expect of private practice cases, these figures would indicate that only 50 per cent of the whites and less than 20 per cent of the negroes come immediately to an authorized medical source for treatment of their infection.

There are several ways in which a survey of this kind might be conducted, but it is believed that the most reliable data that can be secured are to be found in the method followed.

In the first place the data are from reliable and cooperative sources, that is, the physicians of the community and the institutions. Practically 100 per cent returns have been received. In instances where the execution of the report was an onerous task by reason of the many cases under treatment or the lack of an adequate cross-index filing system, a personal representative of the United States Public Health Service assisted in making out the report. In one hospital as many as 56,000 records were reviewed. Every effort has been made to make the report as complete and accurate as possible. Ninety-nine per cent of the physicians in New Orleans cooperated in this study, and every hospital and institution made a return.

CONTENT

The data are presented in three parts. One is that in which the prevalence of the disease is shown. By prevalence is meant the number of persons who are constantly under treatment each day in the year for either syphilis or gonorrhea and its residuals. The

second part shows the incidence, or fresh infections, occurring annually as based on the number reporting for the first time to any medical source in a selected month. There has been found to be approximately no seasonal variation in the venereal diseases. The third part is the comparison of the venereal disease problem in New Orleans with that of other cities of comparable size throughout the United States.

SOURCE OF REPORTS

February 2, 1931, was selected as the date for the survey. In Table 1 the source from which the reports were received is shown with the percentage of cases reported by each. Thirty-two per cent of the physicians had one or more cases under treatment, with practically an even distribution of cases reported under private care and reported in institutions.

TABLE 1.—*Source of reports and the number of cases of venereal disease under treatment or observation in New Orleans, La., on February 2, 1931*

Source	Total number of reports	Number reporting no cases	Number reporting 1 or more cases	Per cent reporting 1 or more cases	Total number of cases reported	Percentage of cases reported by each source
Total	697	485	212	30.4	4,820	100.0
Physicians	620	425	195	31.5	2,386	49.5
Osteopaths and chiropractors	6	6				
Clinics	12	6	6	50.0	1,949	40.4
Hospitals	13	9	4	30.8	384	8.0
Institutions	46	39	7	15.2	101	2.1

PREVALENCE

CASE RATES PER 1,000 POPULATION

In the city of New Orleans there were 4,820 cases of syphilis and gonorrhea reported under treatment as of February 2, 1931. There were 2,676 cases of syphilis and 2,144 cases of gonorrhea, or 10.5 cases of syphilis and gonorrhea for every 1,000 of the population. The rate was nearly twice as high among the colored population as among the white, being 15.3 and 8.6, respectively, per 1,000 population. This condition is particularly true of syphilis, in which the rate for males is more than twice as high for the colored as for the white, and for females five times as high for the colored as for the white. In the case of gonorrhea this relation does not hold, the male rate being nearly the same for the two races and the white female rate being higher than the colored female rate. We have no explanation for the low gonorrhea rate; undoubtedly there are actually as many colored females with gonorrhea as white females. This statement is premised on the fact that the syphilis rate for the colored female is so much higher than that for the white female. It is quite possible that many of the colored females have not had their

condition diagnosed or have failed to report to authorized medical sources. These facts are further illustrated in Figure 1.

TABLE 2.—*Number of cases of syphilis and gonorrhea in New Orleans, La., on February 2, 1931, and the case rates per 1,000 population for the white and colored of both sexes*

	Total			White			Colored		
	Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females
Total cases under treatment:									
Syphilis and gonorrhea	4,820	3,362	1,458	2,835	2,121	714	1,985	1,241	744
Syphilis	2,676	1,736	940	1,259	946	313	1,417	790	627
Gonorrhea	2,144	1,626	518	1,576	1,175	401	568	451	117
Case rate per 1,000 population:									
Syphilis and gonorrhea	10.5	15.3	6.1	8.6	13.3	4.2	15.3	20.8	10.6
Syphilis	5.8	7.9	3.9	3.8	5.9	1.8	10.9	13.2	8.9
Gonorrhea	4.7	7.4	2.2	4.8	7.4	2.4	4.4	7.6	1.7

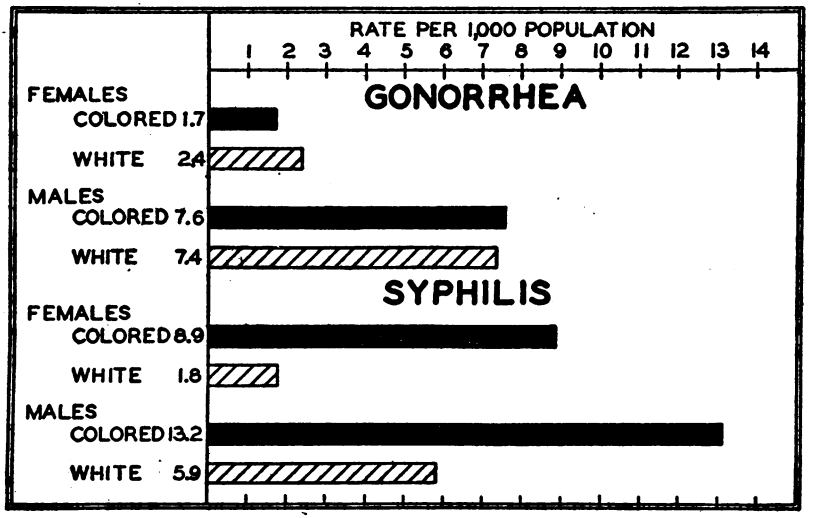

FIGURE 1.—Case rates for gonorrhea and syphilis, by sex and color, in New Orleans, La.

TABLE 3.—*Case rates per 1,000 population for early and late syphilis and for acute and chronic gonorrhea in New Orleans, La., on February 2, 1931*

Diagnosis	White						Colored						Total					
	Males			Females			Males			Females			Males			Females		
	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic
CASE RATES PER 1,000 POPULATION																		
Syphilis	5.9	2.4	3.5	1.8	0.6	1.2	13.2	6.3	6.9	9.0	2.5	6.5	7.9	3.5	4.4	3.9	1.1	2.8
Gonorrhea	7.4	5.0	2.4	2.4	.9	1.5	7.6	4.1	3.5	1.7	.7	1.0	7.4	4.7	2.7	2.2	.8	1.4
NUMBER OF CASES																		
Syphilis	946	383	563	313	101	212	790	377	413	627	175	452	1,736	760	976	940	276	664
Gonorrhea	1,175	799	376	401	143	258	451	242	209	117	50	67	1,626	1,041	585	518	193	325

In Table 3 an effort was made to determine the stage of the infection of the patient on admission for treatment. Among the males of both races with syphilis there were more under treatment with late or chronic infections than there were with early infections. The same thing is true of the females. However, more of the males with gonorrhea are under treatment with an acute infection than with a chronic one, whereas among the females more are under treatment for chronic gonorrhea than for acute.

DISTRIBUTION OF CASES BY PHYSICIANS

Table 4 shows that there is considerable specialization in the treatment of syphilis and gonorrhea among physicians. Approximately 90 per cent of the cases of private physicians are in the hands of 15 per cent of the physicians. In fact, 1.6 per cent of the physicians have more than one-third of the total private practice cases. This condition is one which is usually found in the large cities where there are adequate public clinic facilities for the treatment of the disease.

TABLE 4.—*Distribution of physicians by number of cases of venereal disease under treatment or observation, showing physicians treating only syphilis or gonorrhea and those treating both infections, in New Orleans, La., on February 2, 1931*

Number of cases under treatment	Distribution of physicians by cases reported		Physicians having under treatment—							
			Syphilis only		Gonorrhea only		Syphilis and gonorrhea		Total cases of venereal disease	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Total	620	100.0	69	100.0	27	100.0	99	100.0	2,386	100.0
None	425	68.5								
1 to 4	100	16.1	53	76.8	21	77.8	26	26.3	229	9.6
5 to 9	40	6.5	10	14.5	5	18.5	25	25.2	270	11.3
10 to 14	14	2.3	4	5.8			10	10.1	158	6.6
15 to 19	7	1.1					7	7.1	119	5.0
20 to 49	24	3.9	2	2.9	1	3.7	21	21.2	711	29.8
50 or more	10	1.6					10	10.1	899	37.7

DISTRIBUTION OF CASES IN PUBLIC CLINICS AND PRIVATE PRACTICE

Table 5 shows the distribution of the cases in private practice and in public clinics. Among the males treated for syphilis, approximately one-third of the private practice cases are early syphilis; the remaining two-thirds are under public clinic care. This distribution is largely the result of the high percentage of colored patients with early syphilis under public clinic care; in fact 90 per cent are in the hands of public clinics, whereas only 10 per cent are under the care of private physicians. Among the white cases with early syphilis, one-third are in public clinics and two-thirds under the care of private physicians. Little more than one-half of the white females with either early or late syphilis are in the hands of private physicians, whereas, only one-tenth of the colored females with either early or late syphilis are in the hands

of private practitioners, the remaining 90 per cent being under public clinic care.

The distribution of gonorrhea cases in private practice and public clinics is similar to that of syphilis for the white males; but for the colored males, 32 per cent of the gonorrhea cases are in private practice as compared with only 17 per cent of the colored males with syphilis. Among the white females approximately 80 per cent of both acute and chronic gonorrhea are under treatment in private practice, whereas among the colored 44 per cent of the acute and 64 per cent of the chronic cases are under treatment in private practice. These facts are presented in Figure 2.

TABLE 5.—*Percentage of early and late cases of syphilis and of acute and chronic gonorrhea under treatment in private practice and in public clinics by sex and color, in New Orleans, La., on February 2, 1931*

Diagnosis	Treated in private practice						Treated in public clinics, etc.					
	Males			Females			Males			Females		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
PER CENT OF CASES												
Total syphilis	44.0	66.3	17.3	25.9	58.1	9.7	56.0	33.7	82.7	74.1	41.9	90.3
Early syphilis	38.2	65.5	10.3	27.9	58.4	10.3	61.8	34.5	89.7	72.1	41.6	89.7
Late syphilis	48.6	66.8	23.7	25.0	58.0	9.5	51.4	33.2	76.3	75.0	42.0	90.5
Total gonorrhea	60.6	71.5	32.4	75.9	81.8	55.6	39.4	28.5	67.6	24.1	18.2	44.4
Acute gonorrhea	63.7	72.2	35.5	75.6	86.7	44.0	36.3	27.8	64.5	24.4	13.3	56.0
Chronic gonorrhea	55.2	69.9	28.7	76.0	79.1	64.2	44.8	30.1	71.3	24.0	20.9	35.8
NUMBER OF CASES												
Total syphilis	764	627	137	243	182	61	972	319	653	697	131	566
Early syphilis	290	251	39	77	59	18	470	132	338	199	42	157
Late syphilis	474	376	98	166	123	43	502	187	315	498	89	409
Total gonorrhea	986	840	146	393	328	65	640	335	305	125	73	52
Acute gonorrhea	663	577	86	146	124	22	378	222	156	47	19	28
Chronic gonorrhea	323	263	60	247	204	43	262	113	149	78	54	24

TOTAL NUMBER OF CASES UNDER TREATMENT						
Total syphilis	1,736	946	790	940	313	627
Early syphilis	760	383	377	276	101	175
Late syphilis	976	563	413	664	212	452
Total gonorrhea	1,626	1,175	451	518	401	117
Acute gonorrhea	1,041	799	242	193	143	50
Chronic	585	376	209	325	258	67

ANNUAL INCIDENCE

By annual incidence is meant the number of persons who seek treatment for the first time from an authorized source during a year. This annual incidence rate is based on the first-time admissions reported during the month of January, 1931, to the physicians and institutions in New Orleans.

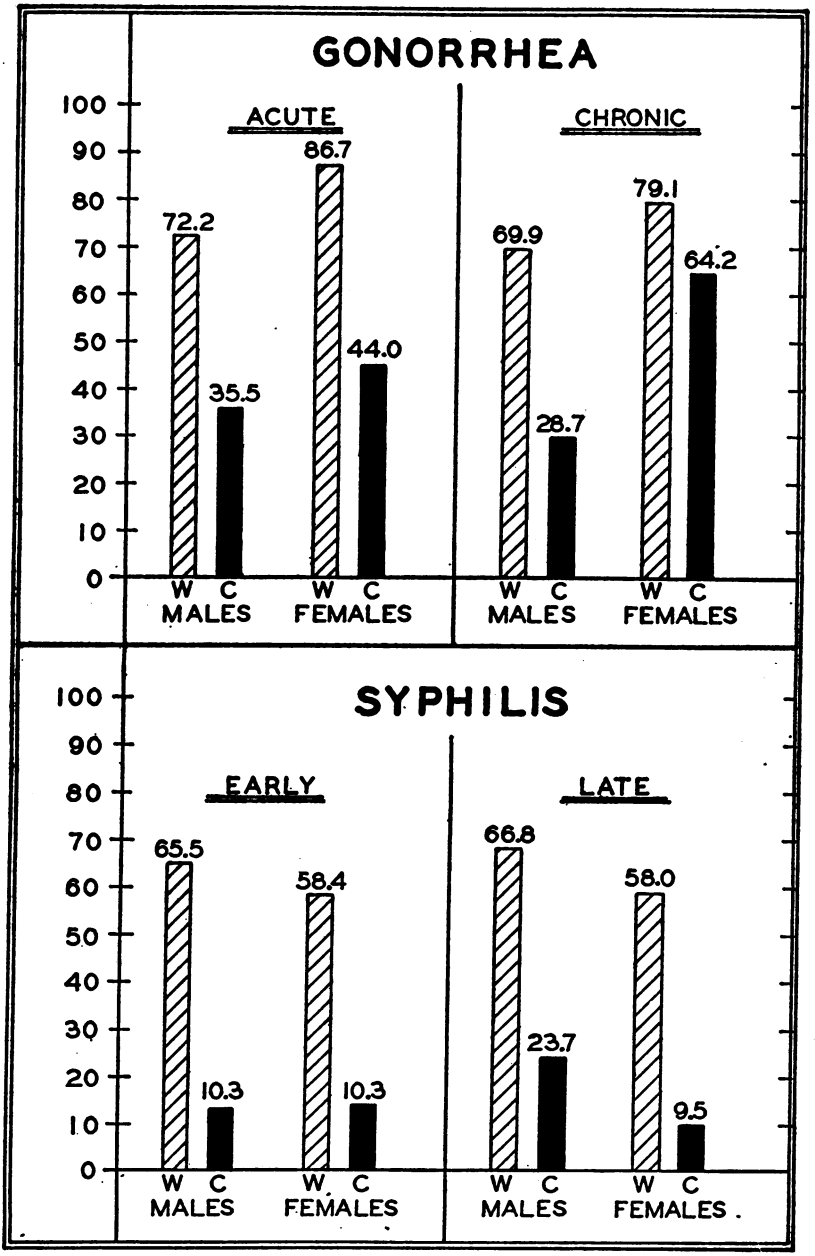

FIGURE 2.—Per cent of cases of gonorrhea and syphilis under treatment in private practice in New Orleans, La.

The annual incidence of venereal disease for New Orleans is 35.3 per 1,000 population as shown in Table 6. The total number of first-time admissions to any authorized medical source in New Orleans for cases of either gonorrhea or syphilis is approximately 16,000 persons per annum. It is encouraging to find that in New Orleans most of the first-time admissions for treatment are while the patient is in the early stages of syphilis or in the acute stages of gonorrhea. However, it should be possible still further to encourage the seeking of treatment while the infection is in the early stages.

In New Orleans it was found that there were 5,052 first-time admissions for syphilis among the males and 1,476 among the females during the year, based on the data collected during the month of January, 1931. Of this number, 3,000 of the males had early syphilis and 744 of the females, making the rate per 1,000 population 13.7 for the males and 3.1 for the females. In the case of gonorrhea a total of 7,188 males reporting for treatment showed 5,856 reporting while their gonorrhea was in the acute stage. Among the females there were 2,508 cases of gonorrhea, and 1,404 of them reported while the disease was in the acute stage. The rate per 1,000 population among the males reporting while their gonorrhea was in the acute stage was 26.7, and for the females 5.9.

The ratio of incidence to prevalence for syphilis is 2.9 for the males and 1.6 for the females, indicating that the male patient stays under treatment for approximately 4 months and the female patient 7.5 months. In gonorrhea the male ratio of incidence to prevalence is 4.4, and for for the female 4.8, indicating that male gonorrhea patients stay under treatment for 2.7 months and the female gonorrhea patients remain under treatment for 2.5 months.

In the following table a comparison is given of the ratio of incidence to prevalence, or the number of times the total patient population changes in a year to maintain the constant number of cases under treatment, for Baltimore and New Orleans:

Ratio of incidence to prevalence

	Male		Female	
	Gonorrhea	Syphilis	Gonorrhea	Syphilis
New Orleans	4.4	2.9	4.8	1.6
Baltimore	2.9	1.3	2.3	1.1

It will be observed that there is less turnover in the patient population in Baltimore than in New Orleans; that is, the patient remains under treatment for a longer period of time in Baltimore than he does in New Orleans.

TABLE 6.—*Annual incidence rates per 1,000 population for early and late syphilis and for acute and chronic gonorrhea based on the number of cases accepted for treatment for the first time during January, 1931, in New Orleans, La.*

Diagnosis	White						Colored						Total					
	Males			Females			Males			Females			Males			Females		
	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic	Total	Early or acute	Late or chronic
ANNUAL INCIDENCE RATES PER 1,000 POPULATION																		
Syphilis	18.3	11.3	7.0	4.5	2.0	2.5	35.8	20.1	15.7	10.1	5.7	4.4	23.0	13.7	9.3	6.2	3.1	3.1
Gonorrhea	37.8	31.6	6.2	11.3	6.8	4.5	19.3	13.7	5.6	8.4	3.6	4.8	32.8	26.7	6.1	10.5	5.9	4.6
ANNUAL NUMBER OF CASES																		
Syphilis	2,916	1,800	1,116	768	348	420	2,136	1,200	936	708	396	312	5,052	3,000	2,052	1,476	744	732
Gonorrhea	6,036	5,040	996	1,920	1,152	768	1,152	816	336	588	252	336	7,188	5,856	1,332	2,508	1,404	1,104

TABLE 7.—*Rate per 1,000 population for syphilis and gonorrhea in cities of 100,000 population or over in the United States*

Surveyed city	Population	Rate per 1,000 population	Per cent of patients in public clinics	Surveyed city	Population	Rate per 1,000 population	Per cent of patients in public clinics
New Orleans, La	458,762	6.8	50.4	Detroit, Mich	1,242,044	12.7	34.4
New York City	6,010,533	8.9	37.4	Baltimore, Md	804,874	13.3	71.9
Philadelphia, Pa	2,064,200	9.1	55.2	Nashville, Tenn	138,600	15.2	47.0
Knoxville, Tenn	105,400	9.2	52.0	St. Louis, Mo	848,100	15.8	22.0
Cleveland, Ohio	1,150,824	11.3	41.9	Memphis, Tenn	192,000	19.9	39.0

COMPARISON OF NEW ORLEANS WITH OTHER LARGE CITIES SURVEYED

In the group of 10 cities listed in Table 7, in which a survey of the prevalence of venereal disease has been conducted, it will be noted that New Orleans has comparatively the lowest rate per 1,000 population for venereal diseases under treatment, and ranks fourth among the cities having a high percentage of persons under treatment in public clinics. It is not the opinion of the authors that a low prevalence rate necessarily means a smaller number of persons actually infected in a community. It would seem wiser to question still further the effectiveness of the present control methods. Of course, this lower prevalence rate may be due to more effective control methods and especially adequate free public clinic treatment, but the results of the quackery study in New Orleans lead one to believe that much of it is due to the fact that those persons infected do not seek or receive authorized medical care for their disease.

In the largest free clinic in New Orleans, operated under the auspices of the Charity Hospital, there were 1,011 syphilitic patients and 450 cases of gonorrhea in the out-patient department. However, of this number 249 persons, or 15 per cent of the cases of venereal disease, claimed residence outside the city of New Orleans. Each ward in the hospital was visited and the charts were reviewed to determine the number of patients who were under treatment for gonorrhea or syphilis either as a major disability or as a coexisting disease. In this institution, where 1,756 beds are maintained, there were 216 patients who had either syphilis or gonorrhea on the day of the survey. Charity Hospital is free in all of its departments; but there are several part-pay institutions in New Orleans which treat venereal diseases in their out-patient departments, one of which is Touro Infirmary.

SUMMARY

In New Orleans a 1-day census showed that 32 per cent of the physicians had one or more cases of venereal disease under treatment. There was practically an even distribution of cases reported in private practice and in public clinics or other institutions.

There were reported 4,820 cases of syphilis and gonorrhea under treatment as of the survey date, February 2, 1931, of which 2,676 were syphilis and 2,144 gonorrhea. The rate was nearly twice as high among the colored population as among the white. The gonorrhea rate for colored females was found to be extremely low. The investigators have no reason to offer for this finding.

There are 90 per cent of the private practice cases in the hands of 15 per cent of the physicians. It is thought, perhaps, that the adequate public clinic facilities for treatment of syphilis and gonorrhea are responsible for the fact that there is so much specialization in these diseases among the private practitioners. Although the concentration of these cases in the care of a few physicians greatly assists in the dissemination of the treatment data on venereal diseases, it is felt that here as in other communities many, if not most, of the early infections are seen first by the family physician, and he should be trained in the early recognition, if not specially in the treatment, of these diseases.

The ratio of incidence to prevalence of syphilis is nearly twice as high for the males as for the females, whereas for gonorrhea it is quite similar for the two sexes.

New Orleans was found to have a lower venereal disease prevalence rate than any of the other 10 large cities in which a survey was conducted. However, in conjunction with the prevalence survey in New Orleans a study of the amount of treatment given by unauthorized medical sources was found to be very high. It also was found that at least one-half of the whites and 80 per cent of the colored attempted either self-treatment or were treated over the drug store counter before applying to a clinic for treatment. For these reasons there is a question as to whether the apparently low prevalence rate in New Orleans is due entirely to the effectiveness of the control methods and the excellent free public clinic facilities or to other reasons. The authors do feel, however, that very complete returns were made from those cooperating in the study.

THE VALUE OF COMPLETE ROUTINE PHYSICAL EXAMINATION OF PRISONERS[1]

By M. R. King, *Surgeon, United States Public Health Service*

The "routine physical examination" is now a well-recognized health measure in many fields. It is adaptable to many phases of life and is used extensively in public schools, universities, industries, factories, military and civil services, and elsewhere. It is within a comparatively

[1] Read before the Sixty-first Annual Congress of the American Prison Association, held in Baltimore, Md., Oct. 18-23, 1931.

recent period that the examination of wage earners has created a new field for the physician and established a new basis for business efficiency. The value of the physical examination has been well proved in health, social, and economic fields, where, having stood the test of utility, it has come to stay.

The inmates of our penal and correctional institutions are received from all sections of our country. Practically all races, vocations, and social strata are represented. On arrival, many have physical or mental defects sufficiently marked to render them unfit for duty of any kind, or at least unfit for employment except of a limited nature. Some have venereal or other communicable diseases; others are afflicted with disorders peculiar to their native districts. Soon after arrival most of them must be assigned to prison industries or to other positions throughout the institution. They regularly attend the prison barber shop, dining room, and bath room, either together or in groups. Close association and contact are practically unavoidable in prison life.

There appears to be no substantial reason for permitting the medical standard of our prisons to fall below that set in the ordinary activities of civilian life; and a complete physical examination of all prisoners at the time of admission is as important to secure this standard in prisons as it is to secure it in industries and factories.

The term "complete physical examination" is used only in a relative sense. A routine physical examination which fulfills its purpose and practical ends in its own particular field may be regarded as complete. The standard adopted for prisoners does not necessarily include such scientific measures as blood chemistry, the use of all the numerous tests and resources designed for testing the function and condition of the tissues and organs of the body, or other unusual requirements which the average prison physician is unable to meet. However, such a standard should be complete in the practical sense that it fulfill the purpose for which it is designed—that is, all the requirements peculiar to prison work. Bearing in mind the diversified activities and conditions of prison life—the prison industries, labor gangs, athletic squads, sanitary and medical problems, etc.—it is evident that the standard used must be a fairly broad one, including most of the details listed in the usual examination forms employed in industry, life insurance, military service, and in other fields.

The physical-examination form used in prison work should be so arranged and of such a nature that it serves the examiner as a complete and systematic guide during the conduct of the examination. Such a chart or guide is not only conducive to completeness but also minimizes the possibility of omission. The importance of "system" can not be overemphasized, since probably more errors arise from lack of system than from want of knowledge. Besides the usual items

referring to the various regions of the body, such a chart or form should provide for such routine measures as blood pressure, weight, height, and chest measurements, urinalysis, blood Wassermann, and other laboratory procedures when indicated. It should also provide ample space for recording concise but accurate description of all positive findings.

Inmates requiring further observation and study, such as special laboratory tests, X-ray examinations, orthopedic and neurological examinations, etc., fall within the scope of secondary examinations. If, during the course of a physical examination, a defect is discovered requiring more detailed examination, and if the examiner requires consultation or the opinion of a specialist, he should refer the subject to one of the attending specialists or other member of the medical staff, forwarding to him the data obtained on general examination. The results of the special examination should be recorded on "consultation sheets" or other forms provided for that purpose. If possible, it is best to have a special dental and eye, nose, and throat examination in each case. It is not difficult for properly trained prison physicians to become familiar with the usual methods of physical examination and to practice them systematically. Most of the usual tests employed for the various regions of the body are simple and easily acquired. A complete physical survey by the prison physicians limits the need for attending specialists to border-line and doubtful cases. When the medical staff is sufficiently large, it is helpful to hold frequent conferences for the purpose of presenting and discussing doubtful and obscure cases.

The prison physician is usually acquainted with the institutional life of the prison population as a group. He knows the sanitary conditions, the industrial hazards connected with the prison industries, and other conditions peculiar to prison life. This intimate knowledge of local prison conditions is of value to the prison physicians in formulating reports relative to the health of prisoners and recommendations for duty. Compelling prisoners with pulmonary disorders to work in industries or at trades involving exposure to gas or dust is frequently disastrous to their health. A prisoner placed at hard labor with a serious cardiac disorder is not only receiving excessive punishment during his prison sentence but his life is shortened.

The success or failure of the prisoner in making an adequate mental and occupational adjustment to his prison life is often dependent upon his being properly placed in the institution according to his physical condition. The new inmate can no longer choose his diet or select his sleeping quarters or his vocation. He is assigned to certain duty for certain hours each day regardless of his choice in the matter. Since the prisoner's mode of living and occupation are almost entirely directed and chosen for him, it is only just that when possible he be

given a position in the institution suitable to his physical condition. In this connection the prison physician carries a definite responsibility, since the officials responsible for work assignments are dependent upon the physician's report as to the physical and mental fitness of prisoners.

One of the benefits obtained from the routine examination of prisoners which affects the prison population as a group is the segregation of those afflicted with communicable diseases. This is not always possible at the time of the primary examination. Certain diseases may still be in the incubation period, and for this reason newly admitted men should be confined in quarantine and kept under observation for a period of at least two weeks. Owing to the crowded conditions which exist in most prisons it is necessary for the physician to be especially adept and constantly on the alert to detect such disorders as the acute exanthemata, venereal diseases, and other communicable diseases. The detection of vermin, scabies, ringworm, and similar conditions at the time of admission is of utmost importance in preventing such conditions from gaining a foothold in the institution proper.

One of the principal objects in making physical examinations is to obtain information regarding the health of the individual inmate. There is a growing tendency among our prisons to remove all physical defects possible during prison residence. Many chronic diseases and the majority of handicaps and defects can be detected only by physical examination. The proper cataloging of such conditions forms the basis for a rational medical rehabilitation program. Furthermore, the discovery of chronic diseases permits the early and proper distribution of such cases to the hospital wards for treatment.

The purpose and value of the routine physical examination of prisoners are not limited to the diagnosis of disease or the detection of obvious physical defects. It also embraces the detection of physical impairment and predisposition to disease as well as faults in living habits, the correction of which would have a beneficial effect on the life of the inmate. It is a common error of physicians connected with this type of work to pay but little attention to impairments except those indicative of advanced disease. Much may be accomplished in preventive medicine in prison work if a special effort is made to catalog all minor impairments with the view of correcting them during the inmate's term of imprisonment. In order to accomplish this end it is well to keep in mind the incidence and nature of physical impairments found among the civilian population at large. An analysis by Fisk and Crawford of the impairments found in 10,000 supposedly well adult males, average age of 34 years, in more than 100 industrial plants where physical examinations were conducted, shows the following:

	Per cent
No physical defects or errors in hygiene	0
Very minor defects requiring attention or observation	10
Minor defects requiring hygienic correction or minor medical, surgical, or dental attention	41
Moderate defects requiring medical supervision as well as hygiene correction. Impairment influencing longevity	35
Advanced physical impairment requiring systematic medical or surgical attention	9
Serious physical condition requiring immediate medical or surgical attention	5

The inmates received in our prisons most probably have a higher rate of physical defects than was found in the survey mentioned above. What may be attained in the matter of actual life saving by the proper evaluation and appropriate correction of physical defects and predispositions to disease discovered by periodical physical examination is reflected in an analysis of the mortality rate of policyholders of the Metropolitan Life Insurance Co. A reduction in mortality of 18 per cent was noted for the entire group, and in elderly groups a reduction of 50 per cent. Similar to the civilian population at large many prisoners do not know that they are in poor physical condition, and often when they do become aware of it their disease has markedly progressed, their lives have been shortened, and they ultimately become a permanent burden to themselves, their families, community, or the State. Every disease has a starting point and its cure is often dependent upon the stage of its progress at the time it is detected. The discovery of incipient or early disease processes by means of the physical examination affords the subject an opportunity to receive early warning, advice, and treatment.

The careful physical examination inspires confidence and is appreciated by the average prisoner. Frequently inmates are examined who are unduly apprehensive concerning some trival defect which they have been led to believe is serious. Careful study and proper counsel often suffices to dispel the cloud of anxiety under which they have lived. However, nothing is gained and frequently harm is done by informing them of the discovery of permanent defects of which they are unaware, defects which are not disabling or a potential source of trouble. On the other hand, when actual disease exists, it is usually helpful to explain clearly the nature of the disorder and the necessary remedial measure, thus encouraging cooperation at the outset.

Although it is not possible to demonstrate the so-called physical stigmata of degeneration in all persons following criminal careers as was once thought by some authorities, still it is true that certain physical handicaps are causal factors in delinquency. This is especially true in individuals of the unstable type, with highly sensitive nervous systems, who chafe and fret under bodily discomfort of any kind. Physical impairment in such persons tends to interfere with their

ability to concentrate, with continuity of purpose, and with the ability to compete on an equal basis with their fellow men. Often the tendency is for them to follow the line of least resistance, resorting to delinquency and crime for a livelihood. Many others of this type resort to drug addiction as an escape from bodily discomfort and the reality of life and eventually come into conflict with the law. The removal of these irritating defects frequently is one of the major factors in the rehabilitation of such persons.

The periodic physical examination of all prisoners is not always practical or possible in all prisons, because of limitations in the medical staff and pressure of other duties. However, periodic examinations should bear a close relationship to the expiration of sentence, parole, pardon, transfer, or other disposition of inmates. The observation of the physical condition and health of any group of prisoners over a period of years is beneficial not only to them but also to the medical department. Thus an excellent opportunity is given to observe over an extended period of time the comparative value of certain data pertaining to health and longevity as well as a means of checking the final results of remedial measures. Finally, the periodic examination of at least certain groups of prisoners, similar to the routine examination of all new inmates, is of value to the prison administration. For after all, the morale and degree of contentment are dependent in no small way upon the proper distribution, and redistribution if necessary, of prisoners according to their physical and mental fitness, in order that they will not become a menace to themselves, to property, or to others.

COURT DECISION RELATING TO PUBLIC HEALTH

Narcotic drug law construed.—(Washington Supreme Court; State *v.* Helmer, 8 P. (2d) 412; decided Feb. 11, 1932.) A statute made it unlawful to possess narcotic drugs unless such drugs had been lawfully obtained. The law also provided, in part, as follows:

> In any prosecution for the violation of the provisions of this act it shall not be necessary for the indictment, complaint, or information to set forth any negative allegation, nor for the plaintiff to prove that the defendant does not come within any of the exceptions herein contained; but such exceptions shall be considered as a matter of defense and the burden shall be upon the defendant to show that he comes within such exceptions.

In a prosecution for unlawful possession of a narcotic drug, the supreme court held that, while the State had the burden of proving beyond a reasonable doubt that the defendant possessed the drug, if the defendant desired to rest his defense upon his lawfully obtaining possession of the drug, he had the burden of proving such lawful acquisition to the extent of creating in the minds of the jury a reasonable doubt as to whether or not he had unlawfully acquired possession of the drug.

DEATHS DURING WEEK ENDED MAY 7, 1932

Summary of information received by telegraph from industrial insurance companies for the week ended May 7, 1932, and corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)

	Week ended May 7, 1932	Corresponding week, 1931
Policies in force	73, 403, 421	75, 180, 287
Number of death claims	14, 370	13, 955
Death claims per 1,000 policies in force, annual rate	10. 2	9. 7
Death claims per 1,000 policies, first 18 weeks of year, annual rate	10. 5	11. 0

Deaths [1] from all causes in certain large cities of the United States during the week ended May 7, 1932, infant mortality, annual death rate, and comparison with corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)

[The rates furnished in this summary are based upon mid-year population estimates derived from the 1930 census]

City	Week ended May 7, 1932				Corresponding week, 1931		Death rate [2] for the first 18 weeks	
	Total deaths	Death rate [2]	Deaths under 1 year	Infant mortality rate [3]	Death rate [2]	Deaths under 1 year	1932	1931
Total (85 cities)	8, 290	11. 8	695	[4] 57	12. 1	664	12. 5	13. 6
Akron	62	12. 2	5	62	9. 5	1	7. 8	8. 5
Albany [5]	34	13. 6	4	82	13. 3	3	14. 8	15. 5
Atlanta [6]	66	12. 2	7	68	16. 9	7	14. 1	16. 1
White	34	9. 5	2	29	11. 9	4	11. 1	12. 8
Colored	32	17. 5	5	143	26. 9	3	20. 0	22. 6
Baltimore [5] [6]	209	13. 3	14	50	13. 1	14	14. 7	16. 8
White	162	12. 6	13	59	11. 8	11	13. 6	15. 4
Colored	47	16. 4	1	16	19. 2	3	19. 5	23. 3
Birmingham [6]	66	12. 5	5	52	13. 4	8	12. 1	15. 4
White	31	9. 4	3	49	9. 4	5	9. 9	12. 0
Colored	35	17. 4	2	54	19. 8	3	15. 8	21. 1
Boston	233	15. 5	23	70	14. 3	19	15. 7	16. 1
Bridgeport	29	10. 3	5	89	9. 2	6	12. 0	12. 6
Buffalo	143	12. 7	13	62	14. 1	12	14. 0	15. 0
Cambridge	24	11. 0	3	62	16. 9	2	14. 3	13. 9
Camden	35	15. 4	4	70	16. 2	10	16. 2	17. 4
Canton	28	13. 5	2	50	14. 2	2	10. 5	11. 4
Chicago [5]	716	10. 6	73	72	10. 9	39	10. 9	11. 8
Cincinnati	118	13. 3	7	45	15. 7	7	16. 4	17. 9
Cleveland	196	11. 1	14	45	11. 2	19	12. 1	12. 6
Columbus	86	15. 0	6	60	16. 6	4	14. 6	15. 0
Dallas [6]	49	9. 1	2	-------	9. 0	7	11. 2	12. 5
White	32	7. 2	1	-------	7. 9	6	10. 3	11. 0
Colored	17	18. 3	1	-------	14. 3	1	15. 9	19. 6
Dayton	45	9. 9	1	14	11. 3	0	11. 7	11. 8
Denver	81	14. 4	6	59	13. 9	9	16. 0	15. 5
Des Moines	29	10. 4	2	34	10. 1	2	12. 5	11. 9
Detroit	289	8. 8	26	47	8. 4	18	8. 5	9. 6
Duluth	21	10. 8	2	58	12. 8	1	10. 8	11. 7
El Paso	26	12. 7	4	-------	16. 9	7	14. 2	17. 4
Erie	26	11. 4	3	64	10. 6	1	12. 2	11. 7
Evansville	17	8. 4	1	33	12. 0	1	10. 1	12. 1
Fall River [5] [7]	29	13. 2	5	133	13. 1	2	13. 3	13. 5
Flint	21	6. 5	3	44	11. 8	5	8. 7	8. 2
Fort Wayne	27	11. 6	2	52	14. 5	0	10. 8	11. 9
Fort Worth [6]	31	9. 5	6	-------	13. 7	3	10. 8	12. 5
White	24	8. 7	6	-------	10. 4	3	10. 4	11. 9
Colored	7	13. 7	0	-------	30. 7	0	12. 9	15. 3
Grand Rapids	33	9. 9	6	102	11. 5	2	9. 7	9. 9
Houston [6]	72	11. 6	6	-------	10. 9	13	11. 2	11. 7
White	45	9. 9	5	-------	11. 0	12	10. 5	10. 8
Colored	27	16. 5	1	-------	10. 7	1	13. 2	14. 1

See footnotes at end of table.

Deaths [1] from all causes in certain large cities of the United States during the week ended May 7, 1932, infant mortality, annual death rate, and comparison with corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended May 7, 1932				Corresponding week 1931		Death rate [2] for the first 18 weeks	
	Total deaths	Death rate [2]	Deaths under 1 year	Infant mortality rate [4]	Death rate [2]	Deaths under 1 year	1932	1931
Indianapolis [6]	86	12.0	3	24	14.1	4	13.8	15.0
White	77	12.3	3	28	13.5	3	13.4	14.5
Colored	9	10.2	0	0	18.5	1	16.9	18.7
Jersey City	85	13.9	9	75	10.0	8	12.1	13.4
Kansas City, Kans. [6]	30	12.7	2	44	10.2	5	13.0	14.9
White	26	13.6	1	27	10.0	5	12.7	13.8
Colored	4	8.8	1	128	11.1	0	14.0	19.6
Kansas City, Mo	72	9.0	3	34	12.0	6	13.0	15.0
Knoxville [6]	20	9.3	1	25	12.9	1	12.8	14.2
White	15	8.4	1	28	12.6	1	11.7	13.2
Colored	5	14.3	0	0	14.6	0	18.7	19.4
Long Beach	24	7.8	2	52	9.9	4	10.0	10.5
Los Angeles	283	10.7	14	42	11.0	21	11.3	11.5
Louisville [6]	73	12.4	7	64	12.5	8	14.3	16.6
White	58	11.6	7	73	12.4	5	12.9	14.9
Colored	15	16.4	0	0	13.1	3	22.1	25.5
Lowell [7]	30	15.6	5	131	13.0	5	14.8	14.0
Lynn	17	8.6	0	0	7.6	1	11.7	11.6
Memphis [6]	73	14.5	5	54	14.1	3	16.8	17.6
White	40	12.8	4	68	9.8	2	13.0	14.5
Colored	33	17.1	1	30	21.1	1	23.0	22.5
Miami [6]	21	9.6	3	84	10.2	1	12.5	13.9
White	14	8.3	0	0	11.4	0	11.6	13.1
Colored	7	14.5	3	302	6.2	1	15.7	16.7
Milwaukee	115	10.0	11	52	10.5	13	9.6	10.5
Minneapolis	104	11.3	6	39	12.5	12	11.3	12.1
Nashville [6]	54	18.0	5	75	14.4	3	15.5	18.0
White	36	16.5	5	98	12.5	1	14.3	15.6
Colored	18	21.9	0	0	19.5	2	18.8	24.4
New Bedford [7]	21	9.8	4	115	13.0	3	13.3	13.4
New Haven	27	8.7	1	20	10.9	2	13.5	13.6
New Orleans [6]	122	13.4	17	97	14.9	11	15.9	18.6
White	68	10.5	5	44	13.0	6	13.5	15.2
Colored	54	20.5	12	196	19.7	5	21.7	27.1
New York	1,525	11.0	132	59	11.5	130	11.9	13.1
Bronx Borough	223	8.4	14	40	8.0	15	8.8	9.4
Brooklyn Borough	508	9.9	44	49	10.3	51	11.1	12.1
Manhattan Borough	566	16.7	54	77	18.6	54	18.2	20.0
Queens Borough	169	7.3	17	71	6.6	6	7.6	8.4
Richmond Borough	59	18.4	3	59	13.4	4	14.6	14.2
Newark, N. J	99	11.5	9	49	12.3	6	12.0	13.4
Oakland	68	11.9	3	38	8.0	4	11.4	11.4
Oklahoma City	56	14.2	5	68	12.2	1	10.9	12.3
Omaha	52	12.4	3	34	16.1	4	14.6	14.5
Paterson	33	12.4	2	36	12.4	5	13.7	15.8
Peoria	16	7.5	1	28	13.9	2	12.1	13.8
Philadelphia	511	13.5	34	53	13.2	34	14.0	15.7
Pittsburgh	188	14.4	33	151	16.3	32	14.5	17.6
Portland, Oreg	48	8.1	0	0	12.4	1	12.1	12.5
Providence	65	13.3	4	39	15.3	9	15.4	15.0
Richmond [6]	58	16.4	4	60	14.4	3	14.9	17.7
White	39	15.4	3	67	15.5	2	12.6	15.3
Colored	19	18.8	1	46	11.8	1	20.6	23.8
Rochester	93	14.5	4	38	10.8	3	13.0	13.6
St. Louis	232	14.6	12	43	13.2	11	14.8	17.7
St. Paul	69	12.9	5	53	11.3	1	11.5	11.7
Salt Lake City [6]	32	11.5	1	16	11.7	1	11.5	12.9
San Antonio	71	15.0	18	-------	17.4	19	14.7	15.8
San Diego	37	11.8	4	87	11.7	1	15.8	14.9
San Francisco	148	11.7	6	42	13.4	6	13.4	14.1
Schenectady	25	13.5	2	58	9.2	2	12.0	11.9
Seattle	94	13.1	4	40	12.2	3	12.4	12.9
Somerville	12	5.9	2	80	14.9	3	10.4	11.2
South Bend	19	8.9	2	58	6.8	1	8.3	9.1
Spokane	28	12.5	2	53	9.0	1	12.6	13.1
Springfield, Mass	25	8.5	2	34	17.4	5	12.0	13.8
Syracuse	56	13.5	2	26	12.2	5	12.7	12.9
Tacoma	29	14.0	3	83	8.2	0	12.4	14.1
Tampa [6]	26	12.6	1	29	7.4	2	12.5	13.5
White	20	12.3	0	0	7.6	1	12.0	12.3
Colored	6	13.8	1	158	7.0	1	14.1	17.9

See footnotes at end of table.

Deaths [1] from all causes in certain large cities of the United States during the week ended May 7, 1932, infant mortality, annual death rate, and comparison with corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended May 7, 1932				Corresponding week, 1931		Death rate [2] for the first 18 weeks	
	Total deaths	Death rate [2]	Deaths under 1 year	Infant mortality rate [3]	Death rate [2]	Deaths under 1 year	1932	1931
Toledo	77	13.4	7	76	10.2	4	12.8	13.2
Trenton	34	14.3	2	40	18.9	3	17.6	19.0
Utica	46	23.4	6	171	21.9	4	17.6	16.6
Washington, D. C.[6]	154	16.3	17	95	14.4	12	17.5	18.0
White	94	13.8	9	74	12.2	7	15.7	15.3
Colored	60	22.9	8	142	20.5	5	22.4	25.0
Waterbury	22	11.3	1	33	9.3	2	10.4	11.1
Wilmington, Del.[7]	26	12.8	0	0	14.2	2	17.6	16.5
Worcester	56	14.7	2	28	14.3	5	13.5	15.0
Yonkers	20	7.4	1	26	9.0	1	8.6	9.9
Youngstown	42	12.5	1	16	6.9	1	10.9	11.4

[1] Deaths of nonresidents are included. Stillbirths are excluded.
[2] These rates represent annual rates per 1,000 population, as estimated for 1932 and 1931 by the arithmetical method.
[3] Deaths under 1 year of age per 1,000 estimated live births. Cities left blank are not in the registration area for births.
[4] Data for 80 cities.
[5] Deaths for week ended Friday.
[6] For the cities for which deaths are shown by color, the percentages of colored population in 1930 were as follows: Atlanta, 33; Baltimore, 18; Birmingham, 38; Dallas, 17; Forth Worth, 16; Houston, 27; Indianapolis, 12; Kansas City, Kans., 19; Knoxville, 16; Louisville, 15; Memphis, 38; Miami, 23; Nashville, 28; New Orleans, 29; Richmond, 29; Tampa, 21; and Washington, D. C., 27.
[7] Population Apr. 1, 1930; decreased 1920 to 1930, no estimate made.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Weeks Ended May 14, 1932, and May 16, 1931

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended May 14, 1932, and May 16, 1931

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931
New England States:								
Maine	4	3	5	1	202	9	0	1
New Hampshire					16	76	0	0
Vermont					190	7	0	0
Massachusetts	33	25	3	1	1,015	570	2	2
Rhode Island	3	3			51	80	0	0
Connecticut	3	17	7	2	296	699	1	1
Middle Atlantic States:								
New York	97	131	[1] 20	[1] 11	2,437	3,261	5	14
New Jersey	33	42	14	5	917	1,124	2	8
Pennsylvania	80				1,937	3,635	9	9
East North Central States:								
Ohio	30	50	86	42	3,984	1,439	1	6
Indiana	17	12	15	5	123	1,048	9	7
Illinois	61	126	60	3	1,428	2,081	6	19
Michigan	11	34	6	7	2,715	263	3	9
Wisconsin	6	17	31	17	2,629	732	0	3
West North Central States:								
Minnesota	6	13			51	400	1	1
Iowa	11	4			9	58	1	0
Missouri	23	25	4	10	127	452	3	5
North Dakota	18	9			14	20	1	0
South Dakota	1	7			8	59	0	0
Nebraska	12	4		4	4	11	0	0
Kansas	2	23	1	5	496	99	0	1
South Atlantic States:								
Delaware					2	124	0	0
Maryland [2]	10	16	17	9	65	1,169	1	3
District of Columbia	7	8		1	26	353	2	2
Virginia							1	
West Virginia	14	8	39	17	234	79	0	0
North Carolina	20	17	172	10	830	948	2	1
South Carolina [3]	7	11	635	391	180	134	0	0
Georgia [3]	7	12	86	57	73	186	1	1
Florida	5	7	7	2	9	221	0	0

[1] New York City only.
[2] Week ended Friday.
[3] Typhus fever, week ended May 14, 1932, 18 cases: 1 case in South Carolina, 5 cases in Georgia, 3 cases in Alabama, and 9 cases in Texas.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended May 14, 1932, and May 16, 1931—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931
East South Central States:								
Kentucky	10	----	52	----	41	88	2	4
Tennessee	7	4	144	21	22	26	5	1
Alabama [3]	10	9	47	58	16	198	2	7
Mississippi	5	5	----	----	----	----	0	0
West South Central States:								
Arkansas	13	1	13	16	5	48	0	1
Louisiana	27	16	5	50	82	2	1	4
Oklahoma [4]	6	8	50	96	10	33	2	0
Texas [2]	16	21	19	55	563	45	0	0
Mountain States:								
Montana	----	1	1	----	149	5	2	0
Idaho	----	----	----	----	2	1	0	0
Wyoming	1	----	----	----	27	2	0	0
Colorado	5	6	----	----	132	100	1	1
New Mexico	10	1	----	1	36	84	0	0
Arizona	9	3	2	8	----	31	0	1
Utah [2]	----	2	----	5	2	5	0	0
Pacific States:								
Washington	3	4	----	----	258	108	1	0
Oregon	5	11	36	18	282	82	1	1
California	66	83	57	53	717	1,174	2	7
Total	714	799	1,633	981	22,412	21,369	70	120

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931
New England States:								
Maine	0	0	23	27	0	0	6	2
New Hampshire	0	0	50	3	0	0	0	0
Vermont	0	0	11	3	10	0	0	0
Massachusetts	0	0	461	375	0	0	5	8
Rhode Island	0	0	47	69	0	0	0	0
Connecticut	0	0	97	42	0	0	2	5
Middle Atlantic States:								
New York	1	4	1,556	887	1	3	6	17
New Jersey	0	0	341	299	0	0	2	5
Pennsylvania	0	3	707	542	0	0	5	12
East North Central States:								
Ohio	1	1	440	612	17	29	5	9
Indiana	0	0	67	166	6	138	2	1
Illinois	2	1	407	576	6	94	10	4
Michigan	1	0	506	436	14	27	2	4
Wisconsin	2	1	84	144	1	15	2	0
West North Central States:								
Minnesota	0	0	98	70	2	6	4	4
Iowa	0	0	38	69	26	71	0	0
Missouri	0	1	51	216	5	29	1	2
North Dakota	0	0	8	15	1	3	0	0
South Dakota	0	1	2	9	0	9	0	0
Nebraska	0	0	24	44	11	64	1	0
Kansas	0	0	42	55	6	75	2	4
South Atlantic States:								
Delaware	0	0	11	17	0	0	0	0
Maryland [2]	0	0	77	68	0	0	0	6
District of Columbia	0	0	25	14	0	0	0	0
Virginia	----	----	----	----	----	----	----	----
West Virginia	0	0	18	56	0	3	5	3
North Carolina	0	0	41	55	2	1	4	7
South Carolina [3]	0	1	5	8	0	0	12	6
Georgia [3]	0	0	8	57	2	0	19	10
Florida	0	0	2	6	9	2	10	0

[2] Week ended Friday.

[3] Typhus fever, week ended May 14, 1932, 18 cases: 1 case in South Carolina, 5 cases in Georgia, 3 cases in Alabama, and 9 cases in Texas.

[4] Figures for 1932 are exclusive of Oklahoma City and Tulsa, and for 1931 are exclusive of Tulsa only.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended May 14, 1932, and May 16, 1931—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931	Week ended May 14, 1932	Week ended May 16, 1931
East South Central States:								
Kentucky	0	0	32	45	6	36	10	6
Tennessee	0	0	43	17	15	7	9	5
Alabama [3]	1	4	10	12	10	11	13	6
Mississippi	0	0	4	18	11	28	5	6
West South Central States:								
Arkansas	0	0	0	13	6	43	0	5
Louisiana	0	0	13	26	9	18	12	16
Oklahoma [4]	0	0	8	27	7	52	5	7
Texas [3]	1	0	13	28	49	49	3	5
Mountain States:								
Montana	0	0	15	14	4	1	1	2
Idaho	0	0	3	6	2	1	1	1
Wyoming	0	0	12	17	0	1	0	0
Colorado	0	0	20	26	5	5	0	0
New Mexico	0	0	11	6	1	2	1	3
Arizona	0	0	1	2	0	0	0	1
Utah [3]	0	0	3	7	0	0	0	0
Pacific States:								
Washington	2	0	27	27	25	18	0	6
Oregon	0	0	7	23	9	18	2	4
California	4	4	174	151	9	27	5	8
Total	15	21	5,643	5,405	287	886	172	190

[2] Week ended Friday.
[3] Typhus fever, week ended May 14, 1932, 18 cases: 1 case in South Carolina, 5 cases in Georgia, 3 cases in Alabama, and 9 cases in Texas.
[4] Figures for 1932 are exclusive of Oklahoma City and Tulsa, and for 1931 are exclusive of Tulsa only.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week.

State	Meningococcus meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
March, 1932										
Arkansas	2	33	1,067	27	10	72	0	36	98	3
April, 1932										
Georgia	8	47	787	76	173	35	1	46	----	71
Iowa	4	31	----	----	13	----	2	234	176	8
Maine	3	4	62	----	1,130	----	1	167	0	2
Massachusetts	12	131	38	2	3,106	2	4	2,249	0	7
New Jersey	4	118	143	----	2,731	----	2	1,341	0	6
Puerto Rico	----	48	37	2,188	118	2	2	----	0	15
Tennessee	17	47	3,310	48	819	32	3	182	94	31
Wyoming	----	----	2	----	59	----	0	26	4	6

March, 1932

Arkansas:	Cases
Chicken pox	73
Mumps	116
Trachoma	4
Whooping cough	62

April, 1932

	Cases
Anthrax:	
Georgia	1
Chicken pox:	
Georgia	219
Iowa	143
Maine	122
Massachusetts	1,002
New Jersey	1,088
Puerto Rico	76
Tennessee	159
Wyoming	5
Conjunctivitis:	
Iowa	2
Maine	2
Wyoming	3
Dysentery:	
Georgia	21
Massachusetts	1
Puerto Rico	12
Tennessee	2
Filariasis:	
Puerto Rico	8
German measles:	
Iowa	52
Maine	527
Massachusetts	100
New Jersey	71
Tennessee	324
Impetigo contagiosa:	
Iowa	2
Tennessee	6
Lead poisoning:	
New Jersey	1
Leprosy:	
Puerto Rico	2
Lethargic encephalitis:	
Georgia	1
Maine	1
Massachusetts	1
New Jersey	2
Tennessee	4
Mumps:	
Georgia	191
Iowa	114
Maine	76
Massachusetts	1,390
New Jersey	1,132
Puerto Rico	10
Tennessee	166
Wyoming	59
Ophthalmia neonatorum:	
Maine	1
Massachusetts	96
Ophthalmia neonatorum—Continued.	Cases
New Jersey	3
Puerto Rico	4
Tennessee	3
Paratyphoid fever:	
Georgia	1
Massachusetts	3
Puerto Rico	3
Tennessee	4
Puerperal septicemia:	
Puerto Rico	2
Tennessee	1
Rocky Mountain spotted or tick fever:	
Wyoming	5
Scabies:	
Tennessee	4
Septic sore throat:	
Georgia	21
Maine	2
Massachusetts	39
Tennessee	1
Tetanus:	
Massachusetts	2
New Jersey	1
Puerto Rico	5
Tennessee	2
Tetanus, infantile:	
Puerto Rico	7
Trachoma:	
Iowa	2
Massachusetts	7
Puerto Rico	4
Tennessee	100
Trichinosis:	
Massachusetts	1
Tularaemia:	
Georgia	5
Tennsesee	4
Typhus fever:	
Georgia	25
Undulant fever:	
Georgia	2
Iowa	8
Maine	1
Massachusetts	1
New Jersey	2
Tennessee	1
Vincent's angina:	
Iowa	1
Maine	16
Whooping cough:	
Georgia	145
Iowa	105
Maine	128
Massachusetts	899
New Jersey	1,266
Puerto Rico	153
Tennessee	554
Wyoming	4

Cases of Certain Communicable Diseases Reported for the Month of March, 1932, by State Health Officers

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid and paratyphoid fever	Whooping cough
Maine	110	13	1,403	46	109	0	50	2	121
New Hampshire	----	5	----	----	156	0	----	0	----
Vermont	112	5	495	331	65	22	19	1	150
Massachusetts	1,020	176	2,418	1,411	2,335	0	525	9	1,062
Rhode Island	49	40	2,176	373	323	0	69	1	71
Connecticut	507	25	978	312	546	8	116	1	579
New York	2,730	504	10,381	1,793	7,810	12	1,751	34	2,580
New Jersey	1,256	152	1,219	846	1,459	0	393	11	1,259
Pennsylvania	3,916	566	9,524	3,993	3,707	7	817	44	3,593
Ohio	1,486	206	6,270	1,010	1,884	194	584	20	3,100
Indiana	357	169	241	437	594	40	192	11	462
Illinois	1,352	354	1,602	396	1,828	65	1,084	38	1,826
Michigan	1,119	132	3,760	1,360	2,056	45	518	35	1,097
Wisconsin	1,116	44	2,245	936	389	3	139	13	881
Minnesota	176	51	68	----	546	9	198	6	190
Iowa	127	50	13	174	263	100	36	7	102
Missouri	381	130	337	308	288	41	173	11	610
North Dakota	38	8	201	65	74	12	8	----	21
South Dakota	31	19	117	32	51	31	24	4	106
Nebraska	122	30	70	101	138	43	6	3	48
Kansas	473	69	1,038	478	238	29	131	5	400
Delaware	27	16	4	48	75	0	8	1	111
Maryland	565	86	234	570	633	----	199	14	723
District of Columbia	178	45	10	0	146	0	79	----	99
Virginia	666	138	516	----	230	1	199	29	1,647
West Virginia	158	64	2,089	9	136	22	51	36	374
North Carolina	580	90	2,320	----	240	9	----	24	1,563
South Carolina	182	91	420	259	32	3	107	32	178
Georgia	94	34	159	169	33	----	97	42	81
Florida	45	48	16	19	27	1	40	38	44
Kentucky [1]	----	----	----	----	----	----	----	----	----
Tennessee	189	52	609	121	115	71	164	36	364
Alabama	163	58	23	89	82	45	410	27	146
Mississippi	590	55	36	206	58	164	114	26	894
Arkansas	73	33	10	116	36	98	[2] 13	3	62
Louisiana	46	115	639	2	73	15	[2] 128	64	154
Oklahoma [3]	49	67	128	33	95	101	29	11	63
Texas	----	204	----	----	165	----	----	16	----
Montana	72	2	498	26	148	2	55	8	81
Idaho	37	6	7	29	35	15	[2] 10	6	8
Wyoming	15	3	18	93	34	5	[2] 1	6	6
Colorado	401	28	552	338	173	3	75	4	128
New Mexico	49	54	380	32	47	2	60	2	79
Arizona	178	11	7	11	33	1	87	4	33
Utah [1]	----	----	----	----	----	----	----	----	----
Nevada	72	2	4	----	6	4	[2] 3	4	14
Washington	333	14	2,723	116	142	121	105	5	131
Oregon	169	16	709	94	91	62	59	7	101
California	4,966	330	2,732	950	771	64	1,209	38	1,440

[1] Reports received weekly.
[2] Pulmonary.
[3] Exclusive of Oklahoma City and Tulsa.

Case Rates per 100,000 Population (Annual Basis) for the Month of March, 1932

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid and paratyphoid fever	Whooping cough
Maine	162	19	2,065	68	160	0	87	3	178
New Hampshire	-------	13	-------	-------	394	0	-------	0	-------
Vermont	367	16	1,623	1,086	213	72	62	3	492
Massachusetts	280	48	664	387	641	0	144	2	292
Rhode Island	83	68	3,681	631	546	0	117	2	120
Connecticut	366	18	706	225	394	6	84	1	418
New York	250	46	952	164	717	1	161	3	237
New Jersey	357	43	346	240	415	0	112	3	358
Pennsylvania	474	69	1,154	484	449	1	99	5	435
Ohio	260	36	1,095	176	329	34	102	3	541
Indiana	129	61	87	157	214	14	69	4	169
Illinois	205	54	243	60	278	10	165	6	277
Michigan	265	31	889	322	486	11	123	8	260
Wisconsin	442	17	890	371	154	1	55	5	349
Minnesota	80	23	31	-------	249	4	90	3	87
Iowa	60	24	6	83	125	48	17	3	49
Missouri	123	42	109	99	93	13	56	4	197
North Dakota	66	14	347	112	128	21	14	-------	36
South Dakota	52	32	197	54	86	52	40	7	179
Nebraska	104	26	60	86	117	37	5	3	41
Kansas	295	43	647	298	148	18	82	3	249
Delaware	132	78	20	235	367	0	39	5	544
Maryland	403	61	167	407	452	-------	142	10	516
District of Columbia	425	108	24	0	349	0	189	-------	237
Virginia	323	67	250	-------	112	0	96	14	799
West Virginia	106	43	1,400	6	91	15	34	24	251
North Carolina	211	33	843	-------	87	3	-------	9	568
South Carolina	123	62	284	175	22	2	72	22	120
Georgia	38	14	65	69	13	-------	39	17	33
Florida	35	37	12	15	21	1	31	29	34
Kentucky [1]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Tennessee	84	23	271	54	51	32	73	16	162
Alabama	72	26	10	39	36	20	180	12	64
Mississippi	342	32	21	119	34	95	66	15	518
Arkansas	46	21	6	73	23	62	[2] 8	2	39
Louisiana	25	63	352	1	40	8	[2] 71	35	85
Oklahoma [3]	28	38	72	19	54	57	16	6	36
Texas	-------	40	-------	-------	33	-------	-------	3	-------
Montana	158	4	1,094	57	325	4	121	18	178
Idaho	98	16	18	77	92	40	[2] 26	16	21
Wyoming	77	15	92	477	175	26	[2] 5	31	31
Colorado	452	32	622	381	195	3	84	5	144
New Mexico	134	148	1,041	88	129	5	164	5	216
Arizona	469	29	18	29	87	3	229	11	87
Utah [1]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Nevada	914	25	51	-------	76	51	[2] 38	51	178
Washington	247	10	2,022	86	105	90	78	4	97
Oregon	204	19	858	114	110	75	71	8	122
California	983	65	541	188	153	13	239	8	285

[1] Reports received weekly.
[2] Pulmonary.
[3] Exclusive of Oklahoma City and Tulsa.

ADMISSIONS TO HOSPITALS FOR THE INSANE, SEPTEMBER, 1930

Reports for the month of September, 1930, showing new admissions to hospitals for the care and treatment of the insane were received by the Public Health Service from 113 hospitals, located in 36 States, the District of Columbia, and the Territory of Hawaii. The 113 hospitals had 177,176 patients on September 30, 1930, 94,661 males and 82,515 females, the ratio being 115 males per 100 females.

The following table gives the number of new admissions for the month of September, 1930, by psychoses:

	Male	Female	Total
1. Traumatic psychoses	12	3	15
2. Senile psychoses	174	119	293
3. Psychoses with cerebral arteriosclerosis	193	95	288
4. General paralysis	199	52	251
5. Psychoses with cerebral syphilis	34	12	46
6. Psychoses with Huntington's chorea	0	2	2
7. Psychoses with brain tumor	5	0	5
8. Psychoses with other brain or nervous disease	22	17	39
9. Alcoholic psychoses	123	17	140
10. Psychoses due to drugs and other exogenous toxins	13	9	22
11. Psychoses with pellagra	11	23	34
12. Psychoses with other somatic diseases	26	46	72
13. Manic-depressive psychoses	181	246	427
14. Involution melancholia	30	47	77
15. Dementia praecox (schizophrenia)	349	279	628
16. Paranoia and paranoid conditions	28	24	52
17. Epileptic psychoses	49	28	77
18. Psychoneuroses and neuroses	24	36	60
19. Psychoses with psychopathic personality	18	11	29
20. Psychoses with mental deficiency	64	45	109
21. Undiagnosed psychoses	110	88	198
22. Without psychosis	192	53	245
Total	1,857	1,252	3,109

During the month of September, 1930, there were 3,109 new admissions to the hospitals, 59.7 per cent of these new admissions being males and 40.3 per cent females, the ratio being 148 males per 100 females. Four hundred and forty-three of the new admissions were reported as being undiagnosed or "without psychosis." There were 2,666 new admissions for whom provisional diagnoses were made. Of these 2,666 patients, cases of dementia præcox constituted 23.6 per cent; manic-depressive psychoses, 16.0 per cent; senile psychoses, 11.0 per cent; psychoses with cerebral arteriosclerosis, 10.8 per cent; and general paralysis, 9.4 per cent. These five classes accounted for 70.8 per cent of the new admissions for whom diagnoses were made.

The following table shows the number of patients in the hospitals and on parole on September 30, 1930:

	Male	Female	Total
Patients on books Sept. 30, 1930:			
In hospitals	86,076	75,313	161,389
On parole or otherwise absent, but still on books	8,585	7,202	15,787
Total	94,661	82,515	177,176

Of the 177,176 patients, 8,585 males and 7,202 females were on parole or otherwise absent but still on the books at the end of the month, 9.1 per cent of the males, 8.7 per cent of the females, and 8.9 per cent of the total number of patients.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 94 cities reporting cases used in the following table are situated in all parts of the country and have an estimated aggregate population of more than 32,265,000. The estimated population of the 87 cities reporting deaths is more than 30,705,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Weeks ended May 7, 1932, and May 9, 1931

	1932	1931	Estimated expectancy
Cases reported			
Diphtheria:			
46 States	702	877	
94 cities	271	404	676
Measles:			
45 States	19,138	19,806	
94 cities	7,934	8,195	
Meningococcus meningitis:			
46 States	73	116	
94 cities	29	60	
Poliomyelitis:			
46 States	17	25	
Scarlet fever:			
46 States	5,548	5,367	
94 cities	2,828	2,460	1,414
Smallpox:			
46 States	306	784	
94 cities	41	90	58
Typhoid fever:			
46 States	148	168	
94 cities	30	27	34
Deaths reported			
Influenza and pneumonia:			
87 cities	698	773	
Smallpox:			
87 cities	0	0	

City reports for week ended May 7, 1932

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence the number of cases of the disease under consideration that may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding weeks of the preceding years. When the reports include several epidemics, or when for other reasons the median is unsatisfactory, the epidemic periods are excluded, and the estimated expectancy is the mean number of cases reported for the week during non-epidemic years.

If the reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1923 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviation from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
		Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND								
Maine:								
Portland	1	0	0	----------	0	2	3	3
New Hampshire:								
Concord	0	0	0	----------	0	1	0	0
Manchester	0	0	0	----------	0	0	0	1
Nashua	0	0	0	----------	0	0	0	0
Vermont:								
Barre	0	0	0	----------	1	0	6	0
Burlington	0	0	0	----------	0	2	0	0
Massachusetts:								
Boston	53	26	9	1	0	132	128	26
Fall River	3	2	0	----------	0	73	1	5
Springfield	15	2	0	----------	0	153	4	0
Worcester	12	3	2	----------	0	4	6	5
Rhode Island:								
Pawtucket	0	1	0	----------	0	0	0	0
Providence	1	5	3	----------	0	34	2	7
Connecticut:								
Bridgeport	1	3	0	----------	0	18	0	1
Hartford	3	3	0	----------	0	1	8	6
New Haven	18	1	0	----------	0	0	22	1
MIDDLE ATLANTIC								
New York:								
Buffalo	37	10	0	----------	0	57	0	13
New York	249	227	92	16	10	457	210	188
Rochester	12	3	0	----------	0	38	11	10
Syracuse	7	1	0	----------	0	272	4	1
New Jersey:								
Camden	5	4	0	----------	0	0	0	1
Newark	45	12	5	3	0	27	193	8
Trenton	1	2	0	----------	0	4	0	2
Pennsylvania:								
Philadelphia	117	57	8	7	4	8	52	35
Pittsburgh	31	15	2	1	4	213	28	23
Reading	13	1	2	----------	0	5	0	4
Scranton	0	----------	2	----------	----------	7	0	----------
EAST NORTH CENTRAL								
Ohio:								
Cincinnati	8	5	3	----------	2	1	0	9
Cleveland	95	22	7	26	2	1,259	100	16
Columbus	----------	3	----------	----------	----------	----------	----------	----------
Toledo	29	3	2	1	1	33	1	4
Indiana:								
Fort Wayne	1	1	6	----------	1	5	0	2
Indianapolis	31	3	0	----------	0	26	194	9
South Bend	0	1	0	----------	0	4	0	6
Terre Haute	7	0	0	----------	0	24	0	2
Illinois:								
Chicago	157	77	27	5	3	958	16	59
Springfield	7	0	2	----------	0	0	6	1

City reports for week ended May 7, 1932—Continued

Division, State, and city	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia deaths reported
		Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL—continued								
Michigan:								
Detroit	81	40	9	4	0	821	57	20
Flint	23	2	0	5	0	288	22	6
Grand Rapids	5	1	0	----	0	106	12	2
Wisconsin:								
Kenosha	1	0	0	----	0	162	1	0
Madison	5	0	0	----	----	1	0	----
Milwaukee	75	9	1	----	0	1,476	22	11
Racine	17	1	0	----	0	393	36	0
Superior	2	0	0	----	0	0	13	0
WEST NORTH CENTRAL								
Minnesota:								
Duluth	5	0	0	----	0	0	3	0
Minneapolis	16	10	4	----	1	17	37	3
St. Paul	2	7	0	----	0	4	34	6
Iowa:								
Davenport	0	0	1	----	----	0	0	----
Des Moines	1	2	3	----	----	0	0	----
Sioux City	16	0	0	----	----	1	2	----
Waterloo	6	0	0	----	----	0	0	----
Missouri:								
Kansas City	8	3	7	----	1	12	14	4
St. Joseph	0	1	2	----	1	0	0	4
St. Louis	41	30	6	1	1	23	7	3
North Dakota:								
Fargo	12	0	0	----	0	18	0	0
Grand Forks	0	0	0	----	----	0	0	----
South Dakota:								
Aberdeen	1	1	1	----	----	3	0	----
Sioux Falls	0	0	0	----	----	0	0	----
Nebraska:								
Omaha	15	2	8	----	0	0	0	2
Kansas:								
Topeka	24	1	0	1	0	4	4	0
Wichita	4	0	1	----	0	49	1	2
SOUTH ATLANTIC								
Delaware:								
Wilmington	0	1	0	----	0	0	0	0
Maryland:								
Baltimore	143	18	9	3	4	5	176	20
Cumberland	0	0	2	----	0	13	0	0
Frederick	0	0	0	1	0	1	0	0
District of Columbia:								
Washington	33	10	5	2	1	19	0	13
Virginia:								
Lynchburg	18	0	1	----	1	5	0	1
Norfolk	2	0	0	----	0	9	0	4
Richmond	0	2	1	----	1	0	0	3
Roanoke	16	0	0	----	0	0	0	0
West Virginia:								
Charleston	0	0	1	1	0	32	0	3
Huntington	0	----	1	----	0	2	0	0
Wheeling	0	0	0	----	0	18	0	1
North Carolina:								
Raleigh	4	0	0	----	0	5	0	2
Wilmington	0	0	0	----	0	0	0	0
Winston-Salem	5	0	1	----	0	26	4	2
South Carolina:								
Charleston	1	0	0	42	2	0	0	2
Columbia	2	0	0	----	0	86	0	6
Greenville	0	0	0	----	0	17	0	0
Georgia:								
Atlanta	7	2	1	10	0	9	0	5
Brunswick	2	0	0	----	0	0	0	0
Savannah	----	0	----	----	----	----	----	----
Florida:								
Miami	0	1	3	----	0	5	0	1
Tampa	3	0	2	----	0	0	0	0

City reports for week ended May 7, 1932—Continued

Division, State, and city	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
		Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST SOUTH CENTRAL								
Kentucky:								
Covington	0	1	0		1	0	0	1
Lexington	2		1		0	0	4	2
Tennessee:								
Memphis	8	2	2		1		0	0
Nashville	0	1	2		1	0	0	3
Alabama:								
Birmingham	2	1	1	1	4	0	4	8
Mobile	0	0	1		1	0	0	0
Montgomery	3	0	2	1		0	2	
WEST SOUTH CENTRAL								
Arkansas:								
Fort Smith	0	0	1			0	0	
Little Rock	1	0	0		1	0	0	5
Louisiana:								
New Orleans	0	10	8	1	1	0	0	6
Shreveport	0	0	1		0	5	10	5
Oklahoma:								
Muskogee	0		1			20	0	
Texas:								
Dallas	6	4	6		0		0	5
Fort Worth	11	2	2		1		0	1
Galveston	0	0	2		0	0	0	2
Houston	0	4	7		1	6	0	6
San Antonio	0	2	2		0	1	0	9
MOUNTAIN								
Montana:								
Billings		0						
Great Falls	5	0	0		1	3	0	0
Helena	1	0	0		0	1	0	0
Missoula	0	0	0		0	0	0	1
Idaho:								
Boise	2	0	0		0	0	2	0
Colorado:								
Denver	49	7	1		3	90	50	8
Pueblo	17	0	0		0	0	1	1
New Mexico:								
Albuquerque	4	0	2		0	28	6	0
Arizona:								
Phoenix	2		0		0	1	0	0
Utah:								
Salt Lake City	73	2	0		0	0	13	0
Nevada:								
Reno	0	0	0		0	0	0	0
PACIFIC								
Washington:								
Seattle	17	2	1			147	5	
Spokane	23	2	0			2	0	
Tacoma	1	0	1		0	57	9	3
Oregon:								
Portland	2	5	3	1	0	178	4	1
Salem	0	1	0		0	0	1	0
California:								
Los Angeles		27						
Sacramento	15	2	1		0	26	1	6
San Francisco	52	10	3	1	0	227	11	5

City reports for week ended May 7, 1932—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	4	2	0	0	0	0	0	0	0	3	21
New Hampshire:											
Concord	1	5	0	0	0	1	0	0	0	0	8
Manchester	1	0	0	0	0	0	0	0	0	0	10
Nashua	0	0	0	0	0	0	0	0	0	0	0
Vermont:											
Barre	0	0	0	0	0	1	0	0	0	0	3
Burlington	0	1	0	0	0	0	0	0	0	0	8
Massachusetts:											
Boston	78	157	0	0	0	8	1	0	0	24	233
Fall River	5	8	0	0	0	0	0	0	0	1	27
Springfield	11	7	0	0	0	1	0	0	0	3	21
Worcester	10	37	0	0	0	3	0	0	0	7	
Rhode Island:											
Pawtucket	1	0	0	0	0	0	0	0	0	0	19
Providence	13	32	0	0	0	1	0	0	0	7	65
Connecticut:											
Bridgeport	8	8	0	0	0	1	0	0	0	1	29
Hartford	6	16	0	0	0	0	0	0	0	10	44
New Haven	4	11	0	0	0	0	0	0	0	10	27
MIDDLE ATLANTIC											
New York:											
Buffalo	25	91	1	0	0	10	0	1	0	0	140
New York	293	988	0	0	0	95	9	11	2	178	1,525
Rochester	11	68	0	0	0	3	0	1	0	3	87
Syracuse	12	38	0	0	0	2	0	0	0	56	56
New Jersey:											
Camden	5	43	0	0	0	3	0	0	0	5	35
Newark	30	41	0	0	0	8	0	0	0	42	96
Trenton	3	10	0	0	0	1	0	0	0	5	34
Pennsylvania:											
Philadelphia	104	240	0	0	0	36	2	0	1	140	511
Pittsburgh	31	56	0	0	0	6	0	1	0	17	188
Reading	5	21	0	0	0	2	0	0	0	11	28
Scranton		9		0				0		3	
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	24	41	2	0	0	9	1	0	0	6	118
Cleveland	44	91	0	0	0	9	1	0	0	131	196
Columbus	8		1				0				
Toledo	12	8	1	0	0	5	0	0	0	60	77
Indiana:											
Fort Wayne	5	2	0	0	0	2	0	0	0	3	29
Indianapolis	15	11	7	0	0	4	0	0	0	20	
South Bend	5	0	1	0	0	0	0	0	0	3	19
Terre Haute	4	1	1	0	0	0	0	0	0	4	16
Illinois:											
Chicago	131	188	2	0	0	39	2	1	0	114	716
Springfield	4	3	0	0	0	0	0	0	0	4	16
Michigan:											
Detroit	123	283	2	0	0	32	2	1	0	165	289
Flint	13	0	2	0	0	5	0	1	0	11	21
Grand Rapids	14	4	0	0	0	0	1	0	0	4	33
Wisconsin:											
Kenosha	2	5	0	0	0	0	0	0	0	1	7
Madison	3	2	0	0			0	0		38	
Milwaukee	29	28	0	0	0	8	0	1	0	109	115
Racine	4	0	0	0	0	0	0	0	0	0	15
Superior	2	0	0	0	0	0	0	0	0	0	10
WEST NORTH CENTRAL											
Minnesota:											
Duluth	7	0	0	0	0	0	0	0	0	0	21
Minneapolis	30	38	0	3	0	1	0	0	0	14	104
St. Paul	22	15	1	0	0	1	0	1	0	22	71

City reports for week ended May 7, 1932—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST NORTH CENTRAL—continued											
Iowa:											
Davenport	0	3	4	1			0	0		0	
Des Moines	6	19	2	0			0	0		0	29
Sioux City	3	1	1	2			0	0		3	
Waterloo	1	0	0	0			0	0		6	
Missouri:											
Kansas City	18	18	0	0	0	7	0	0	0	20	72
St. Joseph	4	1	1	0	0	1	0	0	0	2	26
St. Louis	64	11	2	0	0	14	1	0	0	34	232
North Dakota:											
Fargo	2	3	0	0	0	0	0	0	0	0	5
Grand Forks	0	0	0	0			0	0		0	
South Dakota:											
Aberdeen	0	0	0	0			0	0		0	
Sioux Falls	2	0	1	0			0	0		0	10
Nebraska: Omaha	4	6	4	2	0	2	0	0	0	0	52
Kansas:											
Topeka	2	3	1	0	0	2	0	0	0	27	17
Wichita	2	0	1	0	0	1	0	0	0	2	34
SOUTH ATLANTIC											
Delaware:											
Wilmington	5	7	0	0	0	2	0	0	0	6	26
Maryland:											
Baltimore	42	75	0	0	0	10	1	0	0	121	209
Cumberland	0	0	0	0	0	0	0	0	0	2	13
Frederick	0	2	0	0	0	0	0	0	0	0	1
District of Columbia:											
Washington	24	27	0	0	0	15	1	1	0	21	154
Virginia:											
Lynchburg	0	4	0	0	0	0	0	0	0	47	11
Norfolk	1	5	0	0	0	3	0	0	0	25	33
Richmond	4	4	0	0	0	5	0	0	0	0	53
Roanoke	0	4	0	0	0	0	0	0	0	2	15
West Virginia:											
Charleston	1	1	0	0	0	1	0	[1]1	0	3	12
Huntington		1		0				0		0	
Wheeling	1	0	0	0	0	0	1	[1]1	0	4	9
North Carolina:											
Raleigh	0	0	0	0	0	2	0	0	0	2	19
Wilmington	0	0	0	0	0	0	0	0	0	13	5
Winston-Salem	0	8	0	0	0	1	0	0	0	29	11
South Carolina:											
Charleston	0	0	0	0	0	1	0	0	0	0	21
Columbia	0	0	0	0	0	0	0	0	0	1	17
Greenville		0	1	0	0	0		0	0	2	
Georgia:											
Atlanta	8	2	2	0	0	5	0	2	0	7	66
Brunswick	0	0	0	0	0	0	0	0	0	0	3
Savannah	0		1				0				
Florida:											
Miami	0	0	0	0	0	1	1	0	0	1	21
Tampa	1	1	0	0	0	1	1	0	0	0	25
EAST SOUTH CENTRAL											
Kentucky:											
Covington	2	0	0	0	0	0	0	0	0	0	16
Lexington		1		1	0	2		0	0	4	12
Tennessee:											
Memphis	9	7	1	0	0	6	1	0	0	42	73
Nashville	2	0	0	2	0	1	1	0	0	7	54
Alabama:											
Birmingham	1	0	1	0	0	3	0	0	0	7	66
Mobile	0	2	0	9	0	0	0	3	0	0	20
Montgomery	0	0	0	0			0	0		0	

[1] Nonresident.

City reports for week ended May 7, 1932—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	0	0	0	0			0	0		0	
Little Rock	1	1	0	0	0	2	1	0	0	4	9
Louisiana:											
New Orleans	12	8	0	0	0	8	2	2	1	3	122
Shreveport	0	0	1	0	0	2	0	0	0	7	
Oklahoma:											
Muskogee		0		0				0		0	
Texas:											
Dallas	5	1	1	1	0	5	0	0	0	14	49
Fort Worth	2	3	3	15	0	1	0	0	0	0	31
Galveston	0	0	0	0	0	1	1	0	0	0	12
Houston	1	3	3	1	0	7	1	1	0	1	72
San Antonio	1	0	0	0	0	3	0	0	0	0	71
MOUNTAIN											
Montana:											
Billings	0		0				0				
Great Falls	1	0	0	0	0	0	0	0	0	0	6
Helena	0	0	0	0	0	0	0	0	0	0	2
Missoula	1	2	0	0	0	0	0	0	0	0	7
Idaho:											
Boise	0	1	1	16	0	0	0	0	0	0	5
Colorado:											
Denver	13	15	0	0	0	5	0	0	0	17	72
Pueblo	1	0	0	0	0	0	0	0	0	1	10
New Mexico:											
Albuquerque	0	2	0	0	0	4	0	0	0	0	11
Arizona:											
Phoenix	2	1	0	0	0	1	0	0	0	0	
Utah:											
Salt Lake City	1	0	0	0	0	2	0	0	0	7	32
Nevada:											
Reno	1	0	0	0	0	0	0	0	0	0	6
PACIFIC											
Washington:											
Seattle	8	10	3	3			1	0		1	
Spokane	4	0	7	0			0	0		18	
Tacoma	3	1	3	0	0	0	0	0	0	0	29
Oregon:											
Portland	5	4	9	6	0	2	1	0	0	10	48
Salem	0	0	0	0				0		3	
California:											
Los Angeles	32		7				1				
Sacramento	2	1	1	0	0	3	1	0	0	1	29
San Francisco	21	9	0	2	0	17	1	0	0	12	148

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
New Hampshire:									
Manchester	0	1	0	0	0	0	0	0	0
Massachusetts:									
Boston	1	1	1	0	0	0	0	0	0
Springfield	1	0	0	0	0	0	0	0	0
Rhode Island:									
Providence	0	0	0	0	0	0	0	1	1

City reports for week ended May 7, 1932—Continued

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
MIDDLE ATLANTIC									
New York:									
New York	6	2	0	0	0	0	1	1	0
Rochester	0	0	1	0	0	0	0	0	0
Pennsylvania:									
Philadelphia	5	2	1	1	1	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Cleveland	1	0	0	0	0	0	0	0	0
Indiana:									
Indianapolis	2	0	0	0	0	0	0	0	0
Illinois:									
Chicago	8	3	1	0	0	0	0	0	0
Springfield	0	1	0	0	0	0	0	0	0
Michigan:									
Detroit	1	1	0	1	0	0	1	0	0
WEST NORTH CENTRAL									
Missouri:									
Kansas City	0	0	0	0	1	0	0	0	0
Kansas:									
Wichita	0	1	0	0	0	0	0	0	0
SOUTH ATLANTIC									
District of Columbia:									
Washington	1	1	0	0	0	0	0	1	0
Virginia:									
Norfolk	1	0	0	0	0	0	0	0	0
North Carolina:									
Raleigh	0	1	0	0	0	0	0	0	0
Winston-Salem	0	0	1	0	0	0	0	0	0
South Carolina:									
Charleston [1]	0	0	0	0	6	0	0	0	0
Columbia	0	0	0	0	0	1	0	0	0
Georgia:									
Atlanta	0	0	0	0	2	0	0	0	0
Florida:									
Tampa	0	0	0	0	1	1	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis [2]	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Little Rock	0	1	0	0	0	0	0	1	0
Louisiana:									
New Orleans	0	0	0	0	0	0	0	2	0
Texas:									
Dallas	0	0	0	0	2	2	0	0	0
PACIFIC									
Oregon:									
Portland	1	0	0	0	0	0	0	0	0
California:									
San Francisco	3	2	0	0	0	0	0	0	0

[1] Dengue, 4 cases at Charleston, S. C.
[2] Rabies in man, 1 death in Memphis, Tenn.

The following table gives the rates per 100,000 population for 98 cities for the 5-week period ended May 7, 1932, compared with those for a like period ended May 9, 1931. The population figures used in computing the rates are estimated

mid-year populations for 1931 and 1932, respectively, derived from the 1930 census. The 98 cities reporting cases have an estimated aggregate population of more than 34,000,000. The 91 cities reporting deaths have more than 32,400,000 estimated population.

Summary of weekly reports from cities, April 3 to May 7, 1932—Annual rates per 100,000 population, compared with rates for the corresponding period of 1931 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Apr. 9, 1932	Apr. 11, 1931	Apr. 16, 1932	Apr. 18, 1931	Apr. 23, 1932	Apr. 25, 1931	Apr. 30, 1932	May 2, 1931	May 7, 1932	May 9, 1931
98 cities	51	65	54	66	51	53	[2] 43	63	[3] 44	[4] 67
New England	62	84	29	79	36	58	[5] 21	36	34	38
Middle Atlantic	53	59	49	62	55	46	52	61	43	61
East North Central	46	86	44	83	41	58	33	84	[6] 34	82
West North Central	27	63	49	63	57	67	[7] 56	57	53	71
South Atlantic	37	49	49	65	39	51	43	69	[8] 47	63
East South Central	40	18	17	23	17	23	[9] 19	6	46	41
West South Central	92	54	119	74	102	71	79	68	89	108
Mountain	52	35	60	17	86	26	[10] 35	26	[4] 9	[4] 27
Pacific	70	57	110	43	59	68	[11] 15	53	[11] 23	61

MEASLES CASE RATES

98 cities	860	1,327	982	1,316	1,107	1,342	[2] 1,200	1,250	[3] 1,286	[4] 1,305
New England	697	1,503	765	1,349	851	1,286	[5] 1,318	964	1,002	1,063
Middle Atlantic	560	1,422	554	1,544	579	1,419	456	1,411	478	1,434
East North Central	1,688	830	2,160	789	2,680	1,073	2,821	896	[6] 3,406	1,101
West North Central	388	704	724	589	491	830	[7] 421	777	243	1,016
South Atlantic	343	4,554	298	4,350	339	4,055	663	3,877	[8] 444	3,559
East South Central	23	1,768	0	1,627	12	1,615	[9] 6	1,439	0	1,275
West South Central	49	68	30	102	26	139	43	156	40	152
Mountain	1,008	844	1,336	922	1,043	661	[10] 106	661	[4] 833	[4] 555
Pacific	1,312	500	952	417	916	517	[11] 1,713	506	[11] 1,759	502

SCARLET FEVER CASE RATES

98 cities	423	362	477	382	455	406	[7] 513	372	[8] 458	[4] 390
New England	774	474	796	584	678	575	[5] 971	582	678	630
Middle Atlantic	625	413	744	415	721	488	750	409	706	448
East North Central	360	337	399	382	369	431	436	402	[6] 405	438
West North Central	226	538	267	518	252	469	[7] 226	480	182	440
South Atlantic	318	356	310	307	314	305	359	273	[8] 273	277
East South Central	87	470	40	587	87	399	[9] 50	411	52	253
West South Central	53	105	56	112	46	98	43	132	43	105
Mountain	250	174	207	278	190	191	[10] 89	191	[4] 160	[4] 170
Pacific	145	104	148	116	171	86	[11] 77	94	[11] 80	106

SMALLPOX CASE RATES

98 cities	6	19	7	22	8	21	[2] 5	23	[3] 7	[4] 15
New England	0	0	0	0	0	0	[5] 0	0	0	0
Middle Atlantic	0	1	0	2	0	1	0	1	0	3
East North Central	4	6	6	19	2	20	3	10	[6] 0	6
West North Central	9	96	13	92	15	71	[7] 9	115	13	78
South Atlantic	8	18	0	10	0	6	0	6	[8] 0	8
East South Central	52	0	46	53	110	35	[9] 62	59	64	41
West South Central	10	81	7	95	3	98	0	102	7	64
Mountain	9	17	17	9	86	17	[10] 0	0	[4] 142	[4] 9
Pacific	23	53	27	27	23	41	[11] 31	51	[11] 19	12

See footnotes at end of table.

Summary of weekly reports from cities, April 3 to May 7, 1932—Annual rates per 100,000 population, compared with rates for the corresponding period of 1931 [1]—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Apr. 9, 1932	Apr. 11, 1931	Apr. 16, 1932	Apr. 18, 1931	Apr. 23, 1932	Apr. 25, 1931	Apr. 30, 1932	May 2, 1931	May 7, 1932	May 9, 1931
98 cities	3	5	5	5	5	3	[2] 7	6	[3] 5	[4] 5
New England	2	2	0	2	0	2	[4] 12	7	0	5
Middle Atlantic	1	5	2	4	5	4	5	7	6	5
East North Central	2	3	4	2	1	2	3	4	[6] 2	2
West North Central	0	0	2	4	2	4	[7] 5	4	0	2
South Atlantic	16	16	12	8	12	2	18	14	[8] 10	8
East South Central	23	6	35	12	6	6	[9] 12	12	17	6
West South Central	0	3	10	7	23	0	26	0	10	7
Mountain	0	0	9	9	9	9	[10] 0	0	[4] 0	[4] 0
Pacific	6	8	6	10	6	4	[11] 11	6	[11] 0	8

INFLUENZA DEATH RATES

91 cities	25	18	20	17	18	13	[2] 14	11	[3] 9	[4] 12
New England	5	19	7	7	12	7	[5] 9	7	2	5
Middle Atlantic	23	12	23	12	18	12	8	12	8	11
East North Central	22	14	20	10	13	6	13	5	[6] 5	11
West North Central	23	15	20	29	20	18	[7] 16	12	12	6
South Atlantic	61	30	29	32	29	10	27	20	[8] 18	22
East South Central	75	70	38	76	38	45	[9] 14	19	50	51
West South Central	40	45	20	45	30	55	40	38	10	14
Mountain	34	17	9	17	9	17	[10] 53	26	[4] 35	[4] 27
Pacific	0	19	5	10	9	5	[11] 6	2	[11] 0	7

PNEUMONIA DEATH RATES

91 cities	151	155	124	161	107	138	[2] 107	122	[3] 109	[4] 117
New England	192	173	129	144	146	132	[5] 187	154	129	130
Middle Atlantic	186	168	162	180	128	165	110	141	120	144
East North Central	79	118	74	127	72	98	78	76	[6] 88	87
West North Central	189	253	143	245	143	230	[7] 130	180	70	121
South Atlantic	204	200	167	188	118	168	141	180	[8] 128	131
East South Central	201	178	194	293	113	127	[9] 150	121	75	121
West South Central	205	169	91	173	101	145	87	152	128	114
Mountain	129	191	86	113	112	104	[10] 71	61	[4] 89	[4] 98
Pacific	72	60	56	67	51	46	[11] 54	46	[11] 84	70

[1] The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1932 and 1931, respectively.
[2] Newark, N. J., Kansas City, Mo., Fargo, N. Dak., Topeka, Kans., Covington, Ky., Billings, Mont., Denver, Colo., and Los Angeles, Calif., not included.
[3] Columbus, Ohio, Savannah, Ga., Billings, Mont., and Los Angeles, Calif., not included.
[4] Billings, Mont., not included.
[5] Newark, N. J., not included.
[6] Columbus, Ohio, not included.
[7] Kansas City, Mo., Fargo, N. Dak., and Topeka, Kans., not included.
[8] Savannah, Ga., not included.
[9] Covington, Ky., not included.
[10] Billings, Mont., and Denver, Colo., not included.
[11] Los Angeles, Calif., not included.

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—Week ended April 30, 1932.—The Department of Pensions and National Health of Canada reports cases of certain communicable diseases for the week ended April 30, 1932, as follows:

Province	Cerebrospinal fever	Influenza	Lethargic encephalitis	Poliomyelitis	Smallpox	Typhoid fever
Prince Edward Island [1]						
Nova Scotia		6				
New Brunswick [1]						
Quebec		53		1		16
Ontario	3	29	1	1		5
Manitoba	1					
Saskatchewan					2	1
Alberta [1]						
British Columbia [1]						
Total	4	88	1	2	2	22

[1] No case of any disease included in the table was reported during the week.

Quebec Province—Communicable diseases—Week ended April 30, 1932.—The Bureau of Health of the Province of Quebec, Canada, reports cases of certain communicable diseases for the week ended April 30, 1932, as follows:

Diseases	Cases	Disease	Cases
Chicken pox	47	Poliomyelitis	1
Diphtheria	27	Scarlet fever	129
Erysipelas	15	Tuberculosis	97
German measles	13	Typhoid fever	16
Influenza	53	Whooping cough	43
Measles	168		

JAMAICA

Communicable diseases—Four weeks ended April 23, 1932.—During the four weeks ended April 23, 1932, cases of certain communicable diseases were reported in Kingston, Jamaica, and in the island of Jamaica, outside of Kingston, as follows:

Disease	Kingston	Other localities	Disease	Kingston	Other localities
Cerebrospinal meningitis		1	Leprosy	1	2
Chicken pox	19	85	Lethargic encephalitis		1
Diphtheria	2	1	Puerperal fever	1	4
Dysentery	5	1	Tuberculosis	42	68
Erysipelas		2	Typhoid fever	15	44

MEXICO

Tampico—Communicable diseases—April, 1932.—During the month of April, 1932, certain communicable diseases were reported in Tampico, Mexico, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Diphtheria	4	3	Paratyphoid fever	2	2
Enteritis, various	49	41	Tuberculosis	23	19
Influenza	170	5	Typhoid fever	4	----
Malaria	460	9	Whooping cough	24	----
Measles	3	----			

PERU

Lima—Influenza.—According to a report dated May 6, 1932, there was a widespread epidemic of influenza in Lima, Peru, and in surrounding villages. It was reported that on May 3 the public schools of Lima and suburbs were closed for a period of 10 days to avoid spread of contagion. The disease was said to be of a mild form.

PUERTO RICO

San Juan—Notifiable diseases—Four weeks ended April 23, 1932.—During the four weeks ended April 23, 1932, cases of certain notifiable diseases were reported in San Juan, Puerto Rico, as follows:

Disease	Cases	Disease	Cases
Chicken pox	12	Pellagra	1
Diphtheria	8	Typhoid fever	2
Malaria	40	Vincent's angina	1
Measles	32	Whooping cough	4
Ophthalmia neonatorum	2		

VIRGIN ISLANDS

Notifiable diseases—April, 1932.—During the month of April, 1932, cases of certain diseases were reported in the Virgin Islands as follows:

Disease	Cases	Disease	Cases
Chancroid	3	Tuberculosis	2
Diphtheria	1	Uncinariasis	1
Gonorrhea	3	Whooping cough	10
Syphilis	14		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

From medical officers of the Public Health Service, American consuls, International Office of Public Hygiene, Pan American Sanitary Bureau, health section of the League of Nations, and other sources. The reports contained in the following tables must not be considered as complete or final as regards either the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA

[C indicates cases; D, deaths; P, present]

Place		Oct. 18–Nov. 14, 1931	Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Week ended— February, 1932			March, 1932				April, 1932				
						13	20	27	5	12	19	26	2	9	16	23	30
Ceylon: Colombo	C		3														
	D		3														
China:																	
Canton	C		3							1			1			1	
Hankow	C	23	14	2	1				1								
	D	1	6	1													
Shanghai	C	8															
	D	4															
Swatow	C			1													
India	C	15,722	14,314	14,889	10,001	1,627	1,565	1,289	1,345	1,210							
	D	8,801	7,467	7,684	5,267	586	823	685	694	587							
Bombay	C	5	4	1				1									
	D	1	6	1				1									
Calcutta	C	74	74	58	133	37	21	19	41	32	47	31	52	53	114	53	
	D	37	42	25	70	18	12	9	15	15	21	9	28	25	56	25	
Chittagong	C				6		1				1		1				
	D				1	1	1						1				
Madras	C					1	1	1			6						
	D					1	1	1			2	1					
Rangoon	C	1		1													
	D	1		1													
India (French);																	
Chandernagor	C	1		3													
	D	1		3													
Karikal	C				35	2											
	D				17												
Pondicherry Territory	C				15							1	1				
	D				15							1	1				
Pondicherry	C												1				
	D												1				
India (Portuguese)	C	48	3	1													
	D	11	3	1													

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

CHOLERA—Continued

[C indicates cases; D, deaths; P, present]

Place		Oct. 18–Nov. 14, 1931	Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Week ended— February, 1932			March, 1932				April, 1932				
						13	20	27	5	12	19	26	2	9	16	23	30
Indo-China (see also table below):																	
Pnompenh	C	4			2									1			
	D				2												
Saigon and Cholon	C		P	2	1			1					1			1	1
	D															1	1
Iraq:																	
Amara	C	5	3	2													
	D	3	4	2													
Amara Province	C	35	3														
	D	24	2														
Basra	C	78															
	D	36															
Basra Province	C	10															
	D	5															
Dinwaniyah Province	C	23															
	D	15															
Kut Province	C	20															
	D	14															
Muntafiq Province	C	68	2														
	D	51	3														
Nasiriyah	C	24	8														
	D	18	7														
Japan: Taiwan—Kelung	C	2															
Persia:																	
Abadan	C	3	1														
Ahwaz	C	103	47														
	D	98	39														
Khorramabad	C		159	3													
	D		115	10													
Kouh Bezman	C																[1] 1
Philippine Islands: [1] Capiz Province	C	12	27	26	22	13	10										
	D	9	19	19	20	12	8										
Siam:																	
Ayudhaya Province	C		1		1												
	D		1		1												
Bangkok	C		1		1					1	1			1			
	D		1		1						1						

Place		October, 1931	November, 1931	December, 1931	January, 1932			February, 1932			March, 1932			April, 1932	
					1-10	11-20	21-31	1-10	11-20	21-29	1-10	11-20	21-31	1-10	11-20
On vessel:															
S. S. Angora at Rangoon from Calcutta	C											1			
S. S. Narbada at Rangoon from Calcutta	C												1		
	D												1		
Indo-China (French) (see also table above):															
Annam [1]	C							4							
	D							4							
Cambodia [1]	C	19	4	3	1	9	2	3	2		6	1	3	4	1
	D	18		2	2	2	2	2	2		3	1	1	3	
Cochin-China [1]	C	14	6	14	2	1	2	7		P	3	2	4	3	6
	D	13	4	7	1	1	2	5			2	1	2	2	3
Laos [1]	C													7	
	D													3	

PLAGUE [3]

Place		Oct. 18–Nov. 14, 1931	Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Week ended—											May, 7 1932
						February, 1932			March, 1932				April, 1932				
						13	20	27	5	12	19	26	2	9	16	23	30
Argentina: Cordoba Province [4]	C			1	1										2		
Azores:																	
San Miguel Island	C		5														
	D		1														
Terceira Island	C		16														
	D		6														
Belgian Congo	C			1													

[1] Figures for cholera in the Philippine Islands are subject to correction.
[2] Reports incomplete.
[3] Including plague in the United States and its possessions.
[4] 10 cases of bubonic plague were reported in Cordoba Province, Argentina, in January, 1932. They were distant from railroad and 500 kilometers from ports.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

PLAGUE—Continued

[C indicates cases; D, deaths; P, present]

Place		Oct. 18–Nov. 14, 1931	Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Week ended— February, 1932: 13	20	27	March, 1932: 5	12	19	26	April, 1932: 2	9	16	23	30	May 7, 1932
British East Africa (see also table below):																		
Tanganyika	C				10						2							
	D				10													
Uganda	C	218	145	63	31	7	1					3	1					
	D	211	138	62	26	5	1					3	1					
Canary Islands: Palma Island—Los Lanos	C				8													P
	D				8													
Ceylon: Colombo	C		1	4	4		1	1	2	1	1		1		1		1	
	D		1	4	3		1	1	1	1	1		1		1		1	
Plague-infected rats			1	1	1												1	
Chile: Santiago	C	1																
	D	1																
Plague-infected rats		1																
China:																		
Kwang Chow Wan	C										8							
	D										8							
Shansi Province	C	P																
Shensi Province	C	P						P										
Dutch East Indies:																		
Java—																		
Surabaya	C				2													
	D				2													
Tegal	C						1											
Java and Madura	D	512	702	587	499	118	116	108	117	98	79	80						
West Java	C	139	198	203	201	60	14	18	49	54	40	51						
	D	139	198	203	200	59	14	17	49	55	40	51						
Ecuador (see table below).																		
Egypt:																		
Alexandria	C	6	3		2			1	1									1
	D	2	3															
Assiout	C		1	2	1													
	D		1	2	1													
Beheira	C				11												1	
	D				2												1	
Beni Suef	C															4	33	2
	D																	3
Girga	C		2	1														
	D		2	1														

Kena	C		4	2														
	D		3	2														
Minieh	C	4	2	7	1								3					
	D	2		7	1								2	1				
Port Said	C	2	4	1														
	D		2	1														
Tanta	C		2		1													
	D		2		1													
France: Rouen—Devilleles	C	P																
Hawaii Territory:																		
Hawaii Island—																		
Hamakua—Honokaa	C					1	1											
	D					1	1											
Plague-infected rats							1											
Paauilo section—Kukaiau—Plague-infected rats		1																
Maui Island—																		
Makawao	C								1									
	D								1									
Plague-infected rats						4												
India	C	2,493	4,235	6,998	7,892	2,293	2,033	2,187	2,080	2,524								
	D	1,170	1,739	2,912	3,971	1,343	1,230	1,248	1,149	1,567								
Bassein	C	1			1	1	1	1	1	1	3	3	2	4				
	D	1				1	1	1	1	1	2	1	3	3		1		
Bombay	C	1	1			1		2	2	1	1	2	4	6	3	5		
	D		1			1		2	2		1	1	4	5	3	5		
Plague-infected rats		22	56	42	57	21	27	30	31	31	26	17	43	30	23	35		
Madras Presidency	C	91	57	169	295	66			10	37	64	27	30					
	D	40	24	59	151	42			5	17	25	18	26					
Rangoon	C	5	1	1	5	1	4	3	1	2		1	1	4	1	1		
	D	1	1	1	1		4	3	1	1	1	1	1	4	1			
Plague-infected rats		1	2	1				1	1	3	1	1	3	4				
Indo-China (see table below).																		
Iraq:																		
Baghdad	C	2	7	2	5	1	1		1									
	D		2						1									
Maudhan	C	3	2															
	D	1	1															
Madagascar (see also table below): Tamatave	C			1														
Morocco	C	2	11															
	D	6																
Peru (see table below).																		
Senegal (see table below).																		
Siam	C	5	5	1	1				1	4	1	1	1					
	D	2	2	1	1					2			1					
Spain: Hospitalet—Barcelona Province	C	7																
	D	1																
Syria: Beirut	C	1												1			1	
Union of South Africa: Orange Free State	C		P	P	P				P				P					
	D										10							
United States: California—Los Angeles—Plague-infected rats														1				2

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

PLAGUE—Continued

[C indicates cases; D, deaths; P, present]

Place		September, 1931	October, 1931	November, 1931	December, 1931	January, 1932	February, 1932	March, 1932
British East Africa (see also table above): Kenya	C	14	64	44	41	17	33	22
Ecuador:								
Province—								
Chimborazo	C	13	2	8	------	8	13	--------
Loja	C	4	11	2	------	11	------	--------
Indo-China	C	------	3	------	9	17	P	P
	D	------	1	------	5	9	------	--------
Madagascar (see also table above):								
Province—								
Ambatolampy	C	------	------	------	------	23	40	--------
	D	------	------	------	------	23	38	--------
Ambositra	C	1	8	39	142	166	90	--------
	D	1	5	37	121	152	81	--------
Antisirabe	C	19	17	27	56	53	45	--------
	D	19	17	27	51	51	45	--------
Maevatanana	C	------	------	4	51	51	45	--------
	D	------	------	4	------	------	------	--------
Miarinarivo	C	14	18	10	14	15	13	--------
	D	12	16	9	14	15	12	--------
Moramanga	C	12	13	25	30	13	9	--------
	D	11	11	25	29	13	9	--------
Tananarive	C	65	120	186	248	203	148	--------
	D	63	117	178	241	196	140	--------
Peru	C	2	8	27	21	11	2	--------
	D	2	7	11	9	8	2	--------
Department—								
Canete	C	------	------	------	------	3	------	--------
Cajamarca	C	------	------	14	------	------	------	--------
	D	------	------	5	------	------	------	--------

Place		September, 1931	October 1931	November, 1931	December, 1931	January, 1932	February, 1932	March, 1932
Peru—Continued.								
Department—Continued.								
Lambayeque	C	1	------	------	------	------	------	--------
	D	1	------	------	------	------	------	--------
Libertad	C	------	------	2	------	1	------	--------
Lima	C	------	------	9	------	6	------	1
	D	1	------	4	------	------	------	--------
Plague-infected rats		------	1	------	------	------	------	--------
Lima	C	------	------	1	------	------	1	1
	D	------	------	1	------	------	1	--------
Piura	C	------	8	------	------	1	------	--------
	D	------	7	------	------	------	------	--------
Senegal:								
Baol[1]	C	13	6	2	------	------	------	--------
	D	8	2	------	------	------	------	--------
Dakar[1]	C	45	4	------	------	------	------	10
	D	31	4	------	------	------	------	5
Diourbel[1]	C	13	------	10	------	------	------	--------
	D	5	------	5	------	------	------	--------
Louga[1]	C	10	1	19	------	------	------	--------
	D	4	2	10	------	------	------	--------
Rufisque[1]	C	1	7	12	------	------	------	--------
	D	------	1	2	------	------	------	--------
Thies[1]	C	12	7	16	1	------	------	--------
	D	8	5	7	1	------	------	--------
Yombel[1]	C	------	------	------	------	------	------	9
	D	------	------	------	------	------	------	5

[1] Reports incomplete.

SMALLPOX

Place		Oct. 18–Nov. 14, 1931	Nov. 15, Dec. 12–1931	Dec. 13–1931, Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Week ended— February, 1932 13	20	27	March, 1932 5	12	19	26	April, 1932 2	9	16	23	30
Aden	C				2						1						
Algeria:																	
Algiers	C	1		1													
Constantine Department	C														1		
Southern Territories	C					2											
Brazil:																	
Porto Alegre (alastrim)	C	57	51	35	34	12		3	4		3	1	1				
	D	3	1	2								1					
Rio de Janeiro	C			1													
Santos	C		1		2												
British East Africa: Tanganyika	C	18	2	55	24		4		1								
	D	2		4	7		1	1									
British South Africa:																	
Northern Rhodesia	C			7	5												
Southern Rhodesia	C			1									4				
Canada:																	
Alberta	C	6	3	11													
British Columbia [1]	C	2		2	18	8	10	4	3	7		2	1				
Manitoba	C		2		10										1		
Nova Scotia	C		1					1									
Ontario	C	15	11	14	6	4	16		1	1			3		2	4	
North Bay	C				1												
Ottawa	C	12															
Toronto	C		1														
Quebec	C			3	1				8								
Saskatchewan	C	33	34	11	35		23		7	5			1		1	5	2
Chile:																	
Santiago	C	3															
	D	2															
Tocopilla	C			2													
China:																	
Amoy	C	8	46	218	183	35	34	30	22	15	12	8	10	7	5		
	D	6	36	79	91	11	14	12	7	5	7	3	10	4	3		
Canton	C	2	14	18	27	18	6	5	15	21	18	29	11	24	18	22	
	D								1	7						1	
Foochow	C	P	P	P	P				P		P		P		P		
Hankow	C	18	29	47	59		2	1	1			3					
	D		6	12	5		1										

[1] 23 cases of smallpox with 8 deaths were reported at Vancouver, British Columbia, from Jan. 1 to Feb. 18, 1932.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

SMALLPOX—Continued

[C indicates cases; D, deaths; P, present]

Place		Oct. 18–Nov. 14, 1931	Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Week ended— February, 1932 13	20	27	March, 1932 5	12	19	26	April, 1932 2	9	16	23	30
China—Continued.																	
Hong Kong	C	------	------	1	11	7	19	19	6	12	7	17	9	12	13	21	9
	D	------	------	------	6	2	9	9	3	7	6	7	8	2	6	6	6
Manchuria—Dairen	C	------	1	------	1	1	------	------	------	3	1	7	5	7	------	------	------
Nanking	C	------	2	------	------	------	------	------	------	------	------	------	------	------	------	------	------
	D	------	1	------	------	------	------	------	------	------	------	------	------	------	------	------	------
Shanghai—																	
Foreigners only	C	21	77	115	163	48	30	44	45	30	29	13	30	22	24	22	22
Including natives	D	2	31	41	62	24	18	17	8	15	17	6	7	7	10	8	10
Swatow	C	------	------	2	------	1	------	------	------	------	------	------	------	------	------	------	------
Tientsin	C	------	1	------	1	------	2	------	------	1	6	1	------	------	------	------	------
	D	------	------	------	------	------	------	------	------	------	1	------	------	------	------	------	------
Chosen (see table below).																	
Colombia: Cali	C	------	------	1	------	------	------	------	------	------	------	------	------	------	------	------	------
Dahomey	C	------	------	------	------	------	------	------	------	------	------	3	3	------	------	------	------
	D	------	------	------	------	------	------	------	------	------	------	------	1	------	------	------	------
Dutch East Indies: Batavia	C	------	------	1	1	------	------	------	------	------	------	------	------	------	------	------	------
	D	------	------	------	1	------	------	------	------	------	------	------	------	------	------	------	------
Egypt:																	
Alexandria	C	------	------	------	------	------	------	------	------	------	------	------	1	------	------	------	------
Cairo	C	------	------	------	1	------	------	------	------	------	------	------	------	------	------	------	------
Suez	C	------	------	------	------	------	------	------	2	3	5	7	5	1	1	2	------
	D	------	------	------	------	------	------	------	------	------	1	1	1	------	------	------	------
France (see table below).																	
Germany: Aix-la-Chapelle	C	------	------	------	1	------	------	------	------	------	------	------	------	------	------	------	------
Gold Coast (see table below).																	
Great Britain:																	
England and Wales	C	220	216	198	227	70	73	73	42	76	61	41	95	70	87	96	62
London	C	129	118	100	100	44	38	32	22	28	23	23	55	30	25	48	34
London and Great Towns	C	179	191	152	188	59	57	53	34	57	56	37	86	57	63	86	51
Guatemala (see table below).																	
Honduras: [2]																	
Ceiba	D	------	------	------	------	------	------	------	1	------	1	1	------	1	------	------	------
Puerto Castilla	C	1	------	------	1	------	1	2	1	------	------	------	------	------	------	------	4
Tegucigalpa	C	------	8	------	------	------	------	5	------	------	------	------	------	------	------	------	------

Tela	C												2	2			
Trujillo	C	1						35									
	D							5									
India	C	1,152	2,298	2,361	4,576	1,623	2,397	2,745	2,930	3,006							
	D	246	1,066	464	970	293	493	545	565	580							
Bassein	C				1									1			
	D													1			
Bombay	C		1	3	6	3	2	5	13	8	8	4	7	7	7	8	3
	D		1	2	2	2	1	1	6	4	3	1	4	2	3	5	
Calcutta	C	1	1	7	27	9	25	35	33	22	44	50	43	38	19	40	
	D	1	1	3	15	6	7	18	23	14	30	36	35	30	11	22	
Cochin	C	5			1	1	1	4	3	2		1		1			
Karachi	C	1	5	3	18	9	11	3		4	3	3	9	6	4	10	9
	D				6		5	3		1	1	3	3	2		2	5
Madras	C	5	7	7	9	4	2	2	7	15	9	15	12	15	20	13	10
	D		2	2	3		3		1	6	4	1	5	4	2	2	3
Moulmein	C				4	2			2	4	2	1		1			
Negapatam	C	1	1					1				1					
	D	1	1		1												
Rangoon	C	3	9	39	147	141		104	173	172	128	163	143	116	71	32	41
	D	1	7	10	40	18	48	29	34	61	37	50	31	32	28	12	16
Tuticorin	C	5	8	6	28	9	5	15	7	9	4		1		3		2
	D	1			2	2	1		5	4	4		1		1		2
Vizagapatam	C			2			1	1	1			2					
India (French):																	
Karikal	C	4	7	4	1			1	3	3	2	8	6	3			
	D	3	7	2	1			1	3		2	1	6	3			
Pondicherry Territory	C	38	26	22	32	8	4	4	4	11	10	1	7	3	10	6	3
	D	36	25	22	27	8	4	4	4	7	10	4	5	2	8	6	3
Indo-China (see also table below):																	
Pnompenh	C				1	2						1					
Saigon and Cholon	C	7	26	32	117	38	45	33	28	54	45	71	42	33	35	32	13
	D	5	12	24	92	24	23	23	15	48	35	60	31	30	32	27	12
Iraq:																	
Baghdad	C		11	15	10	2	1	1		1	1	12	6		5	10	12
	D		5	8	13	2	1	1		1		5	4		2	5	6
Basra	C			1	2	1	1					4	7	1	1		1
	D			2													1
Ivory Coast (see table below).																	
Jamaica	C		1														
Japan:																	
Kobe	C								1	1		1			1		
	D									1							
Osaka Prefecture	C															3	90
Taiwan	C				35		55	3			1						
Yokohama	C		1	1	2												
Mexico (see also table below).																	
Chihuahua	D					1		1	1				1	1			
Durango	D													1			
Jalisco (State)—Guadalajara	D	2	1	1	3					1						1	1

[2] 590 cases of smallpox with 15 deaths were reported in Honduras from July, 1931, to Feb, 16, 1932.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

SMALLPOX—Continued

[C indicates cases; D, deaths; P, present]

Place		Oct. 18–Nov. 14, 1931	Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Week ended— February, 1932			March, 1932				April, 1932				
						13	20	27	5	12	19	26	2	9	16	23	30
Mexico (see also table below)—Continued.																	
Mexico City and surrounding territory	C	5	10	8	14	7	9	11	6	6				2	5		
	D	1					1										
Monterrey	C	2			1		1	2	5	1					1	1	
San Luis Potosi	D			2	5		1		1	2	1				1	1	
Torreon	C		7	2	6				2		1	1		1			2
	D			2	2	1			2		1	1		1			2
Morocco (see table below).																	
Netherlands: Friesland—Opsterland	C	1															
Nigeria	C	69	15		217			1	45		270	1					
	D	15	1		120				2		24	1					
Panama: Chiriqui	C		3														
Poland	C	2	1	1													
Portugal:																	
Lisbon	C	78	91	108	98	21	5	17	7	10	14	8	6	5	11	4	6
Oporto	C		2	2	3	4	1	1	8	4	4	4	2	10	6		5
Salvador	C						50	15	20	10							
Siam	C			13	1					2							
Sierra Leone: Freetown	C													3			
Straits Settlements	C			2	4	3	1		2	1							
	D				1					2							
Sudan (Anglo-Egyptian)	C		2	2	3			3	5	1		3			1		
	D				1				1								
Sweden: Malmo	C				9												
Syria (see table below).																	
Tunisia: Tunis	C			1						1							
Turkey (see also table below): Istanbul	C					1											
Union of South Africa:																	
Cape Province	C	P	P	P													
Transvaal	C	P	P								P	P					
On vessels:																	
Brazilian ship Jaboatao at New Orleans from Brazil	C			1													
S. S. Tacoma at Manila from Shanghai	C			1													
S. S. Cressington Court at Yokohama from Shanghai	C				1												
S. S. Bollington Court at Yokohama from Shanghai	C				1												

S. S. Victoria City at Brisbane from Shanghai	C				1														
S. S. Bellasco at Mobile from Habana, Cuba, and Hull, England	C			1								[3]							
S. S. Frauenfels at Suez from Calcutta	C										1								
S. S. Uwajima Maru at Osaka from Shanghai	C				1														
S. S. President Jackson at Yokohama from San Francisco via Honolulu	C			1															
S. S. Hong Kheng at Singapore from Amoy, via Swatow and Hong Kong	C				1														
S. S. Hai Ning and S. S. Solviken at Hong Kong	C				P														
S. S. Merkara at Aden from Colombo	C				2														
S. S. Tjisadane at Hong Kong from Shanghai and Amoy	C				P														
S. S. Poafung at Shanghai	C				1														
S. S. Rajula at Penang from Negapatam	C				P														
S. S. MacGillivary at Suez from Rangoon	C										[4]1								
S. S. Tainui at Southampton from New Zealand	C												[4]1						
S. S. Glenbank at Suez from Aden	C													1					

Place		October, 1931	November, 1931	December, 1931	January, 1932	February, 1932	March, 1932
Chosen	C	7	2	1	1	6	30
	D	1				3	9
France	C		6	1			
Guatemala	C				5		
	D				1		

Place		October, 1931	November, 1931	December, 1931	January, 1932	February, 1932	March, 1932
Mexico (see also table above)	D	427	419	423			
Morocco	C	91	152	279	488	368	308
Turkey (see also table above)	C				31	22	2
	D				1	1	

Place		October, 1931	November, 1931	December, 1931	January, 1932			February, 1932			March, 1932			April, 1932	
					1-10	11-20	21-31	1-10	11-20	21-29	1-10	11-20	21-31	1-10	11-20
Gold Coast	C						2								
	D						1								
Indo-China (see also table above)	C	47	120	509	11	107	191	145	206	309	230	275	222	175	247
	D	16	22	93	11	52	85	47	98	86	109	113	120	80	97
Ivory Coast	C		1												
	D		1												
Syria: Beirut	C				2	3								1	1

[3] Imported case.

[4] A suspected case.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

TYPHUS FEVER

[C indicates cases; D, deaths; P, present]

Place		Oct. 18–Nov. 14, 1931	Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Week ended— January, 1932			February, 1932				March, 1932				April, 1932				
					16	23	30	6	13	20	27	5	12	19	26	2	9	16	23	30
Algeria:																				
Algiers	C	2		4	1						3				7			8	9	
Constantine Department	C	38	3	5	2		3	2						7						
Geryville	C				5		2		1											
Oran	C	1	1										1							
Bulgaria	C	2	4	22	16	12	13	3	1	29	36		12	10						
	D			3		2	3	1		3	3		1	1						
Chile:																				
Antofagasta	C	1		1			1													
Santiago	C	34	3											1						
China:																				
Hankow	C			4										1	3					
Swatow	C										2									
Chosen (see table below).																				
Colombia: Cali	D								1											
Czechoslovakia (see table below).																				
Egypt:																				
Alexandria	C			5					1									2	7	
Beheira	C	1		7						63	7					46				
Cairo	C		1																	
Gharbieh	C	1		1					12											
	D	1																		
Provinces	C			11	4		13	26	26	11	104	192	148	164	164	200	112	49		
	D			2			2	1	1	2	5	17	15	17	17		18	9		
Greece (see tab'e below).																				
Irish Free State:																				
Donegal County—Stranorlar	C		2																	
Limerick County—Limerick	C		1																	
Waterford County—Lismore	C			1																
Latvia (see table below).																				
Lithuania (see table below).																				

Mexico:																				
Guadalajara	D			1																
Mexico City, including municipalities in Federal District	C	16	22	11	5	10	4	6	7	8	3	2	2	3	2		3	2		
	D	4	4	6	1	4	2	2	1	4	3	4	2		2		1			
San Luis Potosi	D			1								1		1						
Torreon	C	3																		
	D	6																		
Morocco	C	1	17	9		2	1	3	7	19	19	14	3	21		5	9	7	3	
	D		2	1								6	2	4			1			
Palestine	C	3	1	4	1	1		1		1										
Paraguay: Asuncion	D								1											
Peru: [1]																				
Poland	C	20	106	193	69	61	74	61	49	41	58	67	74	65	52	64	85	95		
	D	3	10	14	4		4	2	2	3	7	9	5	5	4	8	5	10		
Portugal: Oporto	C	3					1		1								10			
Rumania	C	38	68	108	62	83	68	51	79	74	94	49	82							
	D	9	6	10	3	1	8	1	7	6	7	8	12							
Tunisia: Tunis	C	3	26	2				1	13		11		14	26	10	31	32	6	20	19
	D		2						1		2		2		3	3	4			
Turkey (see table below).																				
Union of South Africa:																				
Cape Province	C	P	P	P	P	P		P	P	P	P	P		P	P					
Natal	C		P	P					P	P	P	P								
Orange Free State	C	P	P	P	P	P		P	P	P	P	P	P		P					
Transvaal	C	P	P	P	P	P		P	P	P	P									
Venezuela: Caracas (see table below).																				
Yugoslavia (see table below).																				
On vessel: At Antofagasta, from Iquique and points north	C			1																

Place		October, 1931	November, 1931	December, 1931	January, 1932	February, 1932	March, 1932
Chosen: Seoul	C	24	4			5	4
	D	1	1			1	
Czechoslovakia	C	18		10	1		
	D	1		3			
Greece	C	12	4	6	4	4	
	D			1			
Latvia	C			12			
Lithuania	C	5	9	20	21	10	32
	D	1		1	3	3	3
Turkey	C	11	14	21	14	22	6
	D			2	3	1	3
Venezuela: Caracas	D			1	2		
Yugoslavia	C	1	2	14	11	26	5
	D		1	1		2	1

[1] Typhus fever was reported in Peru from May to November, 1931, 153 new cases being reported during the months of October and November. The disease did not spread to the coastal regions.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

YELLOW FEVER

[C indicates cases; D, deaths; P, present]

Place		Oct. 18–Nov. 14, 1931	Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Week ended— February, 1932			March, 1932				April, 1932				
						13	20	27	5	12	19	26	2	9	16	23	30
Brazil:																	
Alagoas State—																	
Maceio	D	1															
Utinga	C	1															
	D	2															
Bahia State	C			2													
Sobral	C	1															
	D	1															
Ceara State	C																1
	D																1
Espirito Santo State [1]	C										2			1	P	P	P
	D										2			1			
Santa Teresa (about 56 miles from Victoria)	D								1								
Pernambuco State—Pau d'Alho	C	1															
	D	1															
Dahomey: Porto Novo	C												1				
	D												1				
Gold Coast:																	
Avudua	C												1	1			
Cape Coast	C									P							
Dagomba District	C		1														
Salaga	C		1														
	D		1														
Tamale	C	1	3								1						
Yapei	C																
Ivory Coast: Tehini	C	1															
Nigeria	C	2	2				1										
	D	1	2														
Sudan (French): Macina—Kayo Circle	C	2															
	D	2															
Togo (French): Atakpame—Anie Circle	C	1															
	D	1	1														
Upper Volta: Dedougou	C	2															

[1] During the 3 weeks ended Apr. 30, 1932, a number of cases of suspected yellow fever were reported in the interior of the State.

×