PUBLIC HEALTH REPORTS

VOL. 49 MARCH 16, 1934 No. 11

CURRENT PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES [1]

January 28–February 24, 1934

The prevalence of certain important communicable diseases, as indicated by weekly telegraphic reports from State health departments to the United States Public Health Service, is summarized in this report. The underlying statistical data are published weekly in the Public Health Reports, under the section entitled "Prevalence of Disease."

Measles.—The incidence of measles was considerably above the usual seasonal expectancy. For the 4 weeks ended February 24 there were 94,984 cases reported, approximately 44,000 more than were reported for the preceding 4 weeks. Compared with recent years the number was more than twice that recorded for this period in each of the 6 years for which data are available. The current incidence reached the level of 1926, when measles was exceptionally prevalent. The peak incidence in that year, however, was not reached until the usual time of the highest incidence of measles, in May.

Measles reports for the country as a whole represent an average of so many localities whose epidemic peaks vary in time that the total cases do not differ greatly from year to year. However, there appear to be occasional years of exceptionally high incidence, such as 1926 and the present year.

Each geographic area reported a very significant increase over the preceding 4 weeks, and the increases over last year ranged from 19 percent in the New England and Middle Atlantic States to six times last year's figure in the South Central groups. In the West North Central, South Atlantic, South Central, and Mountain and Pacific areas the incidence was the highest since 1926. The number of cases (20,847) in the New England and Middle Atlantic States was slightly higher than that for the corresponding period last year; but it was approximately 3,000 cases below the number in 1932, when the disease was unusually prevalent in those regions. In the East North Central area the incidence was considerably above that for 1932 and 1933.

[1] From the Office of Statistical Investigations, U.S. Public Health Service. The numbers of States included for the various diseases are as follows: Typhoid fever, 48; poliomyelitis, 48; meningococcus meningitis, 48; smallpox, 48; measles, 47; diphtheria, 48; scarlet fever, 48; influenza, 43 States and New York City.

The District of Columbia is counted as a State in these reports. These summaries include only the 8 important communicable diseases for which the Public Health Service receives regular weekly reports from the State health officers.

Influenza.—For the 4 weeks ended February 24 the reported number of cases of influenza was 13,041, approximately 4,000 more than were reported for the preceding 4-week period. The current incidence closely approached that for the corresponding period in 1930, when the number of cases was 10,627. During this period in 1933 the 1932–33 epidemic was rapidly declining and the number of cases had dropped from 157,860, at the peak of the epidemic in December 1932, to 26,557. In 1932 a sharp rise in influenza occurred during this period and 25,207 cases were reported. For this period in 1931, when a minor epidemic prevailed, 41,548 cases were reported. In the South Central area, except for Texas, where there was some rise in the number of cases reported, the incidence of the disease continued practically on a level with that of last year, but all other areas reported significant decreases.

Smallpox.—The incidence of smallpox rose about 50 percent during the current 4 weeks as compared with the preceding 4-week period. All regions contributed to this expected seasonal increase. The number of cases reported (607), however, was the lowest for the corresponding period in recent years. In 1933, 1932, and 1931 the numbers of cases for this period were 748, 1,402, and 4,137, respectively. A slight increase over last year's figure was reported from the East North Central and South Atlantic areas, but all others reported decreases ranging from 7 percent in the South Central areas to 55 percent in the Mountain and Pacific areas.

Meningococcus meningitis.—The number of cases of meningococcus meningitis continued to be the lowest in recent years. For the 4 weeks ended February 24 the cases numbered 227, as compared with 307, 327, and 588 for the corresponding period in 1933, 1932, and 1931, respectively. The low incidence was very general. The Mountain area reported a slight increase over last year, but the incidence was still considerably below that of former years.

Poliomyelitis.—The incidence of poliomyelitis showed the expected seasonal decline during the current 4-week period, but the number of cases (66) represented an increase of approximately 30 percent over last year's figure for the corresponding period. For this period in 1932, 1931, and 1930 the numbers of cases were 130, 96, and 79, respectively. The Pacific area seemed mostly responsible for the increase over last year, 22 cases being reported there, as compared with 4 last year. California reported 20 of the 22 cases. The South Central area reported a 50 percent decrease, while other areas closely approximated last year's incidence.

Diphtheria.—There were 3,388 cases of diphtheria reported for the current 4-week period. In 1933, 1932, and 1931 the numbers of cases for this period were 3,187, 5,139, and 4,540, respectively. The South Atlantic area reported a 25 percent increase over last year's figure, and

in the South Central section the incidence was 1.7 times that of last year. Other areas closely approximated last year's incidence.

Scarlet fever.—For the country as a whole the number of cases of scarlet fever reported for the current 4-week period was 24,249, which was the highest incidence for this period in the 6 years for which data are available. Very appreciable increases over last year were reported from all sections of the country except the New England and Middle Atlantic. In the New England section the current incidence was practically on a level with that of last year, while a 10-percent decrease was reported from the Middle Atlantic area.

Typhoid fever.—For the 4 weeks ended February 24 the number of cases of typhoid fever was 619, as compared with 481, 794, and 580 for the corresponding period in the years 1933, 1932, and 1931, respectively. While the current incidence was about 30 percent in excess of that for this period last year, it compared very favorably with the average for recent years. The Middle Atlantic and West South Central areas seemed mostly responsible for the increase over last year. In the Middle Atlantic area 83 cases were reported for the current period as against 57 last year, and the West South Central area reported 153 as against 76 last year. In other areas the incidence differed but slightly from last year.

Mortality, all causes.—The average mortality rate for all causes in large cities for the 4 weeks ended February 24, as reported by the Bureau of the Census, was 12.7 per 1,000 inhabitants (annual basis). The rates for this period in 1933, 1932, and 1931 were 12.2, 12.3, and 14.2, respectively. The high rate in 1931 was due to a minor influenza epidemic which was in progress in this period.

CONTROL OF AMOEBIC DYSENTERY

By G. W. McCoy, *Medical Director, United States Public Health Service*

The outbreak of amoebic dysentery in 1933, which centered at Chicago, emphasized the fact, well known to special students of the problem of amoebiasis, that we do not have sufficient information as to the factors governing the transmission of this disease to enable us to take precisely directed and fully effective measures for its suppression.

The facts at present at the disposal of health officers do not afford sufficient basis for some of the drastic measures which are being put into execution. Perhaps, all things considered, it would not be a disadvantage from the administrative point of view to revert to the state of affairs that existed prior to the Chicago epidemic.

The following statement of facts may aid health authorities in formulating any control measures that may be considered necessary.

There appears to be very little evidence that clinical cases originating in Chicago have led to any considerable spread of the infection in the communities to which the infected individuals have gone.

Carriers of the *Endamoeba histolytica* do not appear to be so much of a menace as they were thought to be; indeed, there is no clear evidence that carriers, even among food handlers, are an important source of infection.

Control of the spread of the infection by the detection of carriers and their exclusion from food-handling groups does not appear to be practicable on a large scale.

There is no need for isolation of the clinical cases of amoebic dysentery beyond such isolation as may be necessary for the benefit of the patient. There is no need for the isolation of carriers.

When sanitary disposal of feces is practiced, no special precautions need be taken with stools; but where facilities for such disposal are not available, precautions should be taken to prevent contamination of water supplies and the possibility of fly contamination.

No particular attention need be paid to contacts of either clinical cases or carriers.

The measures that health officers may take with advantage in the present state of our knowledge would appear to be as follows:

Call the attention of physicians to the importance of recognizing and reporting cases of dysentery.

Require the reporting of all cases of dysentery, distinguishing between the amoebic and the bacillary types and those of undetermined nature.

Provide facilities for the aid of physicians in making diagnoses.

Inaugurate educational measures among all food handlers to the end that members of this group may become cognizant of the necessity for personal cleanliness, particularly in respect to the washing of the hands after defecation.

Require laboratory examination of feces of food handlers in investigations to determine the source of infection, in order that the significance of this possible source of infection may be ascertained.

Require the elimination of all possible contamination of drinking water supplies by cross connections and similar sources. This applies especially to hotels and public eating places.

It is hoped that the research now being conducted by the Public Health Service and other agencies may lead to a better understanding of many of the now obscure features of amoebic dysentery.

NOTES ON EXPERIMENTAL RHEUMATIC FEVER [1]

By A. M. Stimson, *Medical Director*, O. F. Hedley, *Passed Assistant Surgeon*, and Edythe Rose, *Associate Bacteriologist, United States Public Health Service*

Epidemiological studies and surveys of rheumatic fever, including those conducted thus far by this Office, while still incomplete and unsatisfactory in many particulars, have nevertheless been in essential agreement on certain features of the disease. Bacteriological studies also, while presenting some difficult points of disagreement, have increasingly tended to implicate one or more forms of streptococci in the etiology.

On the basis of the data from these two sources it is possible to construct a working hypothesis as a guide to experimental work. As such a basis we have assumed, then, that rheumatic fever is a disease of temperate climates and more prevalent in their colder sections; that it has a well-marked seasonal prevalence on this continent during the late winter and early spring months; that it prevails to a disproportionate degree among the poorer classes, to which we must add the qualifying phrase "living at home", because our observations tend to confirm those of others that children removed from poor home environments and placed under good institutional care rarely have rheumatic fever; that it is more common in cities than in the country; that the age of first attacks is during childhood after the ages of 4 or 5; and that streptococci play an important, if not essential, etiological role.

That streptococci alone could explain all of the features in the above assumptions appeared unlikely. The evidences of selection appeared to indicate a contributory predisposition. It seemed to us that nutritional differences might explain this predisposition. On the resultant hypothesis we planned animal experiments in which inoculation with streptococci would be done after preparation by dietary deficiency. In a considerable series of puppies in which induced vitamin A deficiency was followed by inoculation with streptococci derived from cases of rheumatic fever, the results were negative. It was then planned to proceed with the other known vitamin deficiencies, using suitable animal species.

At this time Rinehart and Mettier (1) reported the production of lesions resembling those of human rheumatic carditis in the hearts of guinea pigs in which scurvy had been induced; and hemolytic streptococci derived from spontaneous lymphadentis in the same species had been inoculated intracutaneously.

Our own attempts to reproduce such lesions were for a long time unsuccessful. Only recently have we been able, and in only a few

[1] From the Office of Heart Disease Investigations, U.S. Public Health Service.

animals, to produce valvular lesions (figs. 1 and 2) similar to those found in some of Dr. Rinehart's slides, which he kindly furnished us. The most plausible explanation for these failures which we were able to assume was that the cultures which we used, although similar in source and description, were in some way lacking in this specific pathogenicity.

The purpose of this paper is to report a finding which may explain our failures and throw additional light on the nature of the lesions in question. It has been found possible to produce lesions (figs. 3 and 4) similar to the myocardial lesions described by Dr. Rinehart, in scorbutic guinea pigs by the injection of streptococcus exotoxin, without the introduction of living organisms. It would seem, therefore, that the ability of an organism to produce such lesions may be dependent upon its toxin production.

Seven guinea pigs were placed on vitamin C deficient diet, and 21 days later were injected intracardially with a streptococcic toxin of high potency for rabbits but apparently of little or no toxicity for normal guinea pigs. This toxin was prepared from streptococci of scarlet fever origin. The 7 pigs died in from 1 to 11 days after injection. In 2 of these animals (1 dying after 5 and the other after 6 days) lesions of the myocardium were found on microsection which correspond to the most significant lesions which we have observed in Dr. Rinehart's slides. In 2 more pigs similar, but less extensive and complete, lesions were found. The hearts of the 3 remaining animals failed to show lesions in the sections examined. The valves appeared not to be involved in this series.

It is not intended in this article to discuss the significance of the lesions produced by Dr. Rinehart and reproduced by us, further than to say that they give a sufficiently similar picture to that of some stages of human rheumatic heart lesions to justify, in our opinion, much further study along these lines.

The following description of the lesions is furnished by Surg. R. D. Lillie, in charge of the section of pathology of the National Institute of Health:

"In the cross section through the midportion of the ventricles several focal lesions are seen, 3 in the wall of the left ventricle, 1 in the right, and 1 in the septum. In all of these there is a proliferative reaction composed of small and medium sized fibroblasts and small giant cells with megakaryocytoid nuclei, generally loosely packed, replacing muscle fibers and infiltrating perivascular spaces. At the margin of one is a compact, rounded mass of nuclear debris resembling a necrotic cellular thrombus. Another large focus contains centrally some hyalinized, coagulated and necrotic muscle fibers. Sometimes a few lymphocytes occur in the peripheral parts of some of the lesions. Most of these foci are close to the endocardial surface; one is deep."

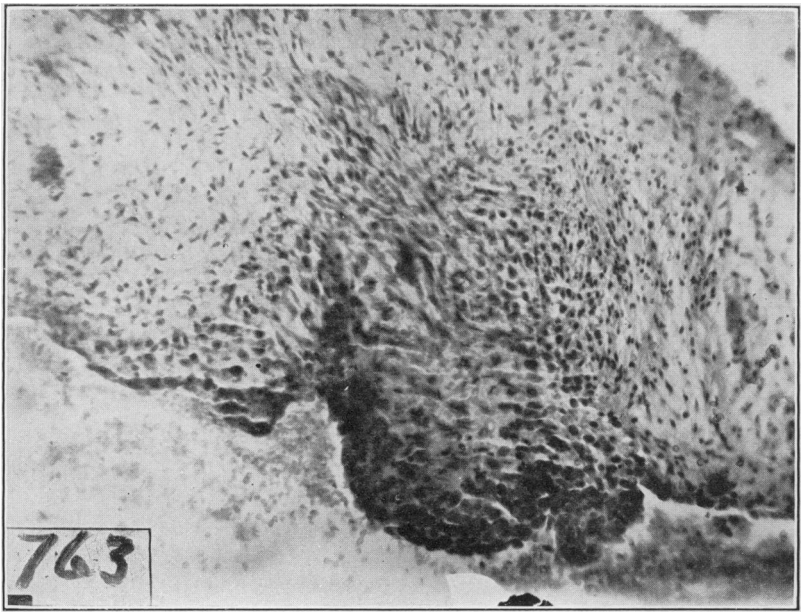

FIGURE 1.—Lesion in the mitral valve of guinea pig in which scurvy had been induced and a culture of streptococci from spontaneous guinea-pig lymphadenitis injected intracutaneously. Low power.

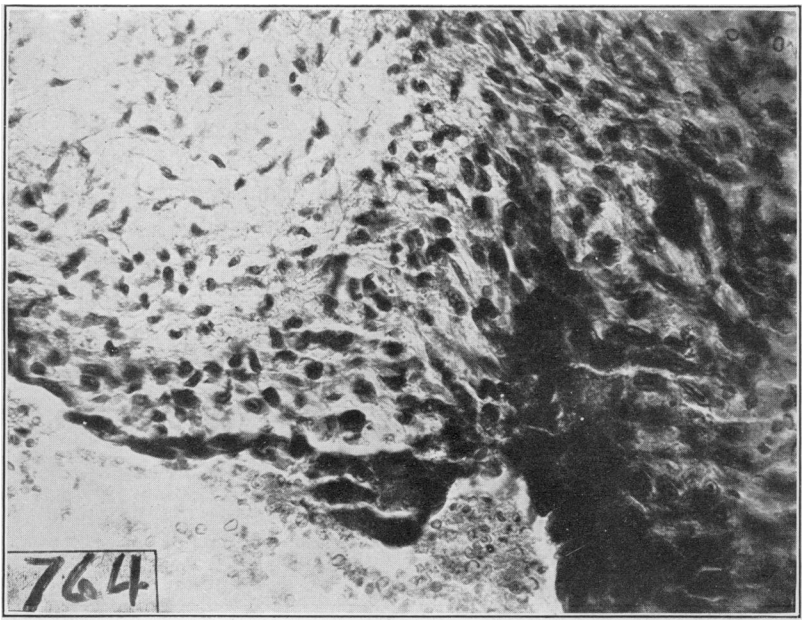

FIGURE 2.—Same as fig. 1. High power.

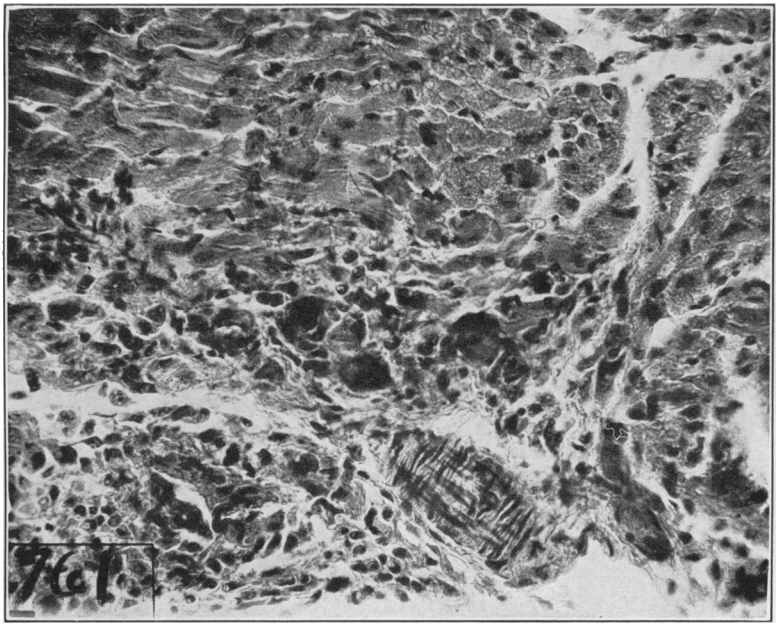

FIGURE 3.—Myocardial lesion in a guinea pig in which scurvy had been induced and an intracardial injection of scarlatina streptococcus toxin made. Death occurred 6 days after injection. High power.

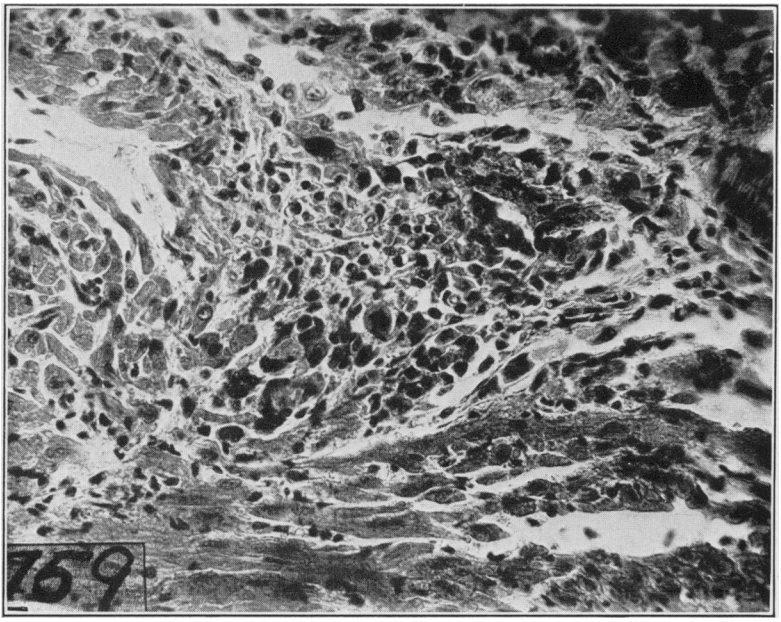

FIGURE 4.—Another lesion from the same heart as that shown in fig. 3.

REFERENCE

(1) Papers presented at the meeting of the American Association of Pathologists and Bacteriologists, May 9 and 10, 1933, by James F. Rinehart, M.D., and Stacy R. Mettier, M.D. *A.* The heart valves in experimental scurvy and scurvy with superimposed infection. *B.* The joints in experimental scurvy and scurvy with superimposed infection. With a consideration of the possible relation of scurvy to rheumatic fever.

ROCKY MOUNTAIN SPOTTED FEVER

THE SUSCEPTIBILITY OF MICE [1]

By WILLIAM L. JELLISON, *Assistant Bacteriologist, United States Public Health Service*

The opinion has been generally held that the small mammalian hosts of larval and nymphal *Dermacentor andersoni*, which are susceptible to Rocky Mountain spotted fever, serve as a means for the transfer of spotted fever virus from infected to noninfected ticks and that they are, therefore, an important factor in the maintenance of the virus in nature. The number of species of susceptible host animals potentially concerned is large, since representative species of such large groups of rodents and carnivores as the chipmunks, ground squirrels, tree squirrels, cottontail, jack and snowshoe rabbits, marmots, woodrats, and weasels have been proved susceptible in varying degrees by the work of Ricketts, McClintic, Rucker, and Parker. Tick-to-tick transfer of the virus through a number of species proved susceptible also has been demonstrated, and there is no logical reason to suppose that this process does not occur in nature. Since these smaller wild animals, when infected, seldom exhibit diagnostic gross lesions or reliable febrile reactions and seldom die, their susceptibility is usually determined by transfering blood or emulsified tissue from the experimental animals to normal male guinea pigs.

The present paper concerns the susceptibility of mice, which, as a group, have heretofore been thought not susceptible. Negative results with deer mice, *Peromyscus maniculatus artemisiae*, and meadow mice, *Microtus pennsylvanicus modestus*, were recorded by Rucker (1912), but no experimental data were submitted. Fricks (1916) states that white mice are apparently immune. Wolbach (1919) states that mice are not susceptible, but does not mention what species he tested.

Dr. Parker's earlier observations, in both eastern and western Montana, have shown that mice are of greater importance as larval and nymphal hosts of *D. andersoni* than had been supposed. It has

[1] Contribution from the Rocky Mountain Spotted Fever Laboratory of the U.S. Public Health Service Hamilton, Mont.

been deemed desirable, therefore, to determine definitely the susceptibility of representative species of various groups of mice to Rocky Mountain spotted fever infection and to demonstrate whether or not these rodents can serve as avenues for tick-to-tick transfer of the virus.

MEADOW MICE

Susceptibility of meadow mice to spotted fever blood virus.—On March 20, 1933, 11 meadow mice, *Microtus pennsylvanicus modestus*, captured near Victor, Mont., were each injected intraperitoneally with 0.1 cc of guinea-pig passage blood virus 274. Two normal mice of the same lot were saved as controls. These mice were numbered 20 to 32, inclusively. No attempt was made to record their temperatures. One mouse was sacrified each day from the fourth to tenth day, except on those days that 1 or more were found dead, and the 3 remaining mice were sacrified on the eleventh day. At necropsy each mouse was tested for infective virus by making spleen emulsion transfers intraperitoneally to two male guinea pigs. In one instance testicular emulsions were also used. The results of these transfers were judged by temperature records, scrotal lesions (swelling, reddening, and necrosis), and necropsy findings.

Mouse 23 died on the seventh day and mice 24 and 25 died on the eighth day following the blood virus injections. Mice 23 and 25 were females and showed no gross lesions other than splenic enlargement. Mouse 24, an adult male, exhibited marked swelling and discoloration of the scrotum, an enlarged spleen, and adherence of the visceral and parietal laminae of the tunica vaginalis. Mouse 25, which was moribund when killed and which was necropsied on the eighth day, showed similar lesions.

Definite and fatal spotted fever resulted in at least 1 of the 2 transfer guinea pigs from each of the 11 mice. Transfers from the 3 mice killed and autopsied on the eleventh day gave typical and fatal infection in 4 of the 6 test guinea pigs; the 2 other guinea pigs died without diagnostic lesions. Of the 22 test guinea pigs, 18 showed definite spotted fever, from which only 1 recovered. The remaining 4 guinea pigs all died of intercurrent infection, 2 of them representing transfers from mouse 24, which was found dead on the eighth day with advanced post-mortem changes in spleen and liver. Transfers of this material resulted in peritonitis, but testicular emulsions from the same mouse produced definite spotted fever in two transfer guinea pigs.

The course of infection in transfer guinea pigs was characterized by brief prefebrile or incubation periods and high febrile courses terminating in death. Nine guinea pigs, 49506 to 49514, inclusive, receiving 0.25 cc of guinea-pig passage virus 274, which was the source of inoculum for the mice, died of typical spotted fever.

Two other series of tests with meadow mice have been made, one in 1929 and the other in 1933. The results were comparable to those of the series cited, but fewer tests were made. In one series, infection was demonstrated in a single test specimen of *M. nanus*.

Tick-to-tick transfer of spotted-fever virus through meadow mice and their susceptibility to tick virus.—In order to demonstrate tick-to-tick transfer of the virus through meadow mice a series of three normal mice (88, 89, and 90) were infested with spotted-fever-infected nymphs and normal larvae of *D. andersoni*.

The three tests were comparable except with respect to the interval between the infestation of the host mice with infected and noninfected ticks. For number 88 this was 2 days; for 89, 1 day; and 90 was infested with both at the same time. Host 88 was sacrificed on the fourteenth day, and a spleen transfer to normal male guinea pig 54006 caused definite, fatal spotted fever. Ten engorged larvae from this host were macerated and injected intraperitoneally into guinea pigs 54014 and 54015. Guinea pig 54014 showed no definite reaction, and the subsequent immunity test with blood virus was negative. Guinea pig 54015 developed definite and fatal spotted fever, with typical gross lesions.

Mouse 89 was moribund on the eleventh day and was killed and autopsied. A spleen tissue transfer to guinea pig 53981 resulted in a nonfatal spotted fever infection. Ten engorged larvae from this host were macerated and injected intraperitoneally into guinea pigs 54016 and 54017; both showed typical infections and one died. Death of mouse 90 occurred on the eleventh day; but owing to marked post-mortem changes, tissue transfers were not made. Ten engorged larvae from this host when macerated and injected into guinea pigs 54018 and 54019 gave negative results.

Serial passage of spotted-fever virus through meadow mice without loss of virulence.—Spotted-fever virus was passed successfully by serial transfer through four pairs of meadow mice, the series being terminated voluntarily. The first pair were each injected with guinea-pig blood passage virus. One was sacrificed on the seventh day and transfers were made to two others by injection of macerated spleen tissue. Subsequent transfers were made after the same interval and in the same manner. The spleen tissue from the sacrificed mouse of the second pair and from 1 mouse of the fourth pair was used in both instances for the injection of 2 control guinea pigs. All four of these controls died of typical spotted-fever infections, and no diminution of virulence was evident.

In another experiment 2 different strains of virus were passed through meadow mice and then through 3 pairs of guinea pigs in series. Control series of guinea pigs were started from the original virus donors. There was no evidence of loss of virulence in either strain by passage through mice.

DEER MICE

Thirteen deer mice, *Peromyscus maniculatus artemisiae*, from the vicinity of Hamilton, Mont., were each injected intraperitoneally with 0.05 cc of guinea-pig passage blood virus 293 on May 9, 1933. Two of these mice were killed each day from the fourth to the ninth and one on the tenth day. An intraperitoneal transfer of emulsified spleen tissue was made from each mouse to one male guinea pig.

Two control guinea pigs injected with virus 293, which was the source of inoculum for the mice, died of typical spotted fever.

No fatalities occurred among the inoculated deer mice during the experiment, nor were there any gross lesions such as were present in the field mice. Uncertain or possibly negative results were obtained from the 2 seventh-day transfers and from 1 each of those made on the eighth and ninth days. The other nine transfers produced typical fatal infections in the injected guinea pigs, and characteristic gross lesions were found on necropsy.

HOUSE MICE

Nine house mice, *Mus musculus*, from various residences in Hamilton were each injected with 0.05 cc of passage virus 269 on February 27. These mice were all sacrificed, 2 on the seventh day and 1 on each day from the eighth to the eleventh. Emulsified spleen tissue was transferred from each mouse to two male guinea pigs, intraperitoneally.

Two control guinea pigs injected with 1 cc of virus 269, which was the source of inoculum for the mice, died of spotted fever.

None of the mice died during the experiment, and when killed and necropsied none showed gross lesions suggestive of spotted fever, nor did spotted fever result from any of the transfers. Five of the guinea pigs injected with spleen tissue died of intercurrent infection. On the twelfth day the remaining 7 received an immunity test of 1 cc of passage virus; all 7 developed typical spotted fever.

SUMMARY AND DISCUSSION

Meadow mice have been proved highly susceptible to Rocky Mountain spotted fever. Laboratory infection in them differed from that observed in most other native rodents in that fatalities and scrotal involvement were frequent. The virus was maintained in meadow mice without apparent loss of virulence through 4 consecutive transfers over a period of 28 days. Infected nymphal ticks transmitted the virus to meadow mice, from which noninfected larvae acquired the infection, thus demonstrating tick-to-tick transfer of the virus through this rodent as a medium.

Deer mice were also found definitely susceptible, but evidently in less degree than meadow mice. No fatalities occurred among the virus-injected deer mice, and characteristic gross lesions were lacking in those that were sacrificed for passage material.

House mice were distinctly resistant to the virus, and it was not possible to recover the infection from them 7 to 11 days after injection.

It appears probable that meadow mice and deer mice are natural avenues for the transfer of spotted fever virus from infected to non-infected ticks. In some regions, at least, it is possible that they (particularly species of *Microtus*) may be factors of importance in the natural maintenance and spread of the virus. This is most likely in parts of the United States in which *D. variabilis* is prevalent, since mice are apparently far more important hosts of the larval and nymphal stages of this tick than of those of *D. andersoni*.

REFERENCES

Rucker, W. C.: (1912) Rocky Mountain spotted fever. Pub. Health Rep., 27: 1465–1482.

Fricks, L. D.: (1916) Rocky Mountain spotted fever. A report of laboratory investigations of the virus. Pub. Health Rep., 31: 516–521.

Wolbach, S. B.: (1919) Studies on Rocky Mountain spotted fever. Jour. Med. Res., 41: 1–197.

METHYLENE BLUE IN THE TREATMENT OF HCN GAS POISONING—A CORRECTION

In the Public Health Reports for December 1, 1933, page 1443, 1 percent methylene blue solution is stated as the solution used by Brooks in her experimental work with HCN poisoning of rats. This is an error. The solution of methylene blue which Brooks used was 0.01 M.

Although no reference was made to Brooks' work in CO poisoning, it is of interest to note that intravenous injections of 0.01 percent solution of methylene blue were used in her experiments with rabbits.

COURT DECISION ON PUBLIC HEALTH

Revocation by commissioners of shell fisheries of certificate of sanitary condition sustained.—(Rhode Island Supreme Court; *Meunier* v. *Commissioners of Shell Fisheries*, 168 A. 907; decided Nov. 10, 1933.) The duty of enforcing the Rhode Island statutes providing for the protection of the shell fisheries in the public waters of the State and for the protection of the public health as related to the consumption of shellfish as food was imposed on the commissioners of shell fisheries. By General Laws 1923, chapter 233, section 6, it was provided that

"Said commissioners may issue certificates from time to time to any person whose premises or grounds are found by them to be in a sanitary condition, setting forth that they have examined such opening or packing house or such shellfish ground and that the methods followed in the preparation of oysters or other shellfish in such opening or packing house are sanitary and that the grounds inspected are in proper sanitary condition for the production of shellfish for consumption as food." Section 4 of said chapter provided that the commissioners should inspect any or all of the leased oyster and other shellfish grounds to determine whether the said grounds were in a proper sanitary condition for the production of shellfish for consumption as food. And in General Laws 1923, chapter 230, section 7, there was contained the provision that "Said commissioners shall make all necessary regulations for enforcing the laws of the State relating to shell fisheries and for executing the duties imposed upon them by law." As a prerequisite to the issuance of a certificate of sanitary condition an applicant for such certificate was required to sign an application, on a form provided by the commissioners, whereby he agreed "to handle, ship, or offer for sale only such shellfish as had been obtained from beds or areas examined, approved by the board and to comply with the rules and regulations of your board governing equipment and methods of handling shellfish."

A certificate of sanitary condition which had been issued by the commissioners was rescinded by them. The person to whom the certificate had been granted was charged by the commissioners with "having in his possession quahaugs under legal size, purchasing shellfish from unlicensed fishermen, keeping inaccurate records of the purchases of shellfish and handling shellfish from areas not approved by the commissioners." In a certiorari proceeding to review the action of the commissioners, the petitioner contended that, inasmuch as there was no finding that his premises were not in a sanitary condition, the commissioners were without jurisdiction to revoke his certificate. The supreme court said that there would be force in this contention if section 6, referred to above, stood alone, but then went on to mention the other statutory provisions above referred to. Concerning the statute relative to the making of regulations, it was said by the court that "Under this power of regulation, the commissioners may make such rules as are reasonably conducive to making effective the intent of the statute relating to shellfish." With regard to the agreement required of an applicant for a certificate, the court stated:

> We deem this to be a reasonable exercise of the power to make rules and regulations as conferred on the commissioners by statute. It would be an anomaly to confine the power of the commissioners in issuing certificates of sanitary condition to the places where shellfish are sold when the same might have been obtained from polluted areas. * * *

In conclusion, the court said that "As there was competent evidence tending to prove that the petitioner had violated his agreement, the action of the commissioners in revoking his certificate will not be reviewed on certiorari. [Case cited.] The writ of certiorari is quashed."

DEATHS DURING WEEK ENDED FEBRUARY 24, 1934

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Feb. 24, 1934	Corresponding week, 1933
Data from 86 large cities of the United States:		
Total deaths	9,124	8,802
Deaths per 1,000 population, annual basis	12.7	12.3
Deaths under 1 year of age	597	640
Deaths under 1 year of age per 1,000 estimated live births	56	[1] 55
Deaths per 1,000 population, annual basis, first 8 weeks of year	12.6	12.6
Data from industrial insurance companies:		
Policies in force	67,553,818	68,993,332
Number of death claims	13,510	13,934
Death claims per 1,000 policies in force, annual rate	10.4	10.5
Death claims per 1,000 policies, first 8 weeks of year, annual rate	10.7	11.3

[1] Data for 81 cities.

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 March 3, 1934, and March 4, 1933

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Mar. 3, 1934, and Mar. 4, 1933

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933
New England States:								
Maine			6	13	4	4	0	0
New Hampshire				11	206		0	0
Vermont		2			44	29	0	0
Massachusetts	9	24		8	2,375	323	1	1
Rhode Island	5	3		8	8		0	0
Connecticut	3	1	24	24	49	178	0	1
Middle Atlantic States:								
New York	53	62	[1] 32	[1] 53	1,175	3,301	4	1
New Jersey	18	18	28	75	472	1,093	0	4
Pennsylvania	65	69			3,823	1,328	0	17
East North Central States:								
Ohio	30	44	15	23	342	609	1	2
Indiana	20	30	103	96	807	40	1	3
Illinois	39	47	66	70	1,139	277	9	21
Michigan	13	10	2	13	73	975	1	2
Wisconsin	6	5	98	143	1,136	106	5	1
West North Central States:								
Minnesota	8	5			227	1,444	1	6
Iowa [2]	8	7	3		187	2	1	1
Missouri	37	32	153	10	990	284	1	11
North Dakota	3	5	55	57	321	221	0	2
South Dakota	2	4	4	2	340	8	1	0
Nebraska	23	10	6	7	239	16	0	0
Kansas	15	14	5	9	246	292	1	0
South Atlantic States:								
Delaware	1	4	1		123	3	0	0
Maryland [2]	12	12	15	44	735	11	0	0
District of Columbia	7	9	1	1	514	3	0	0
Virginia	23	14			940	399	2	1
West Virginia	24	21	118	53	73	281	1	1
North Carolina	27	18	80	168	2,421	370	0	2
South Carolina	16	12	799	1,151	532	129	0	0
Georgia [2]	14	19		381	1,917	28	0	5
Florida	5	10	2	23	111	10	1	0
East South Central States:								
Kentucky	17	14	44	82	269	67	1	1
Tennessee	10	16	215	93	1,411	89	2	3
Alabama [2]	31	11	171	148	872	33	0	0
Mississippi [2]	5	8					0	0

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Mar. 3, 1934, and Mar. 4, 1933—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933
West South Central States:								
Arkansas	7	4	50	101	561	37	1	1
Louisiana	28	8	18	6	159	51	0	2
Oklahoma [4]	18	10	131	160	625	18	3	3
Texas [3]	114	54	902	317	2,312	615	2	4
Mountain States:								
Montana	3		25	31	12	205	1	1
Idaho	4	1		1	33	63	0	0
Wyoming [5]				2	51	1	1	0
Colorado	3	3		58	188	4	0	8
New Mexico	7	10	2	18	118	2	1	0
Arizona	1	2	16	2	39	24	0	0
Utah [2]		3		4	711	5	1	0
Pacific States:								
Washington	2	7		1	189	32	0	1
Oregon		1	91	43	117	160	1	1
California	33	62	60	133	1,570	911	2	3
Total	769	725	3,341	3,643	30,806	14,081	47	110

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933
New England States:								
Maine	0	0	20	20	0	0	2	1
New Hampshire	0	0	14	35	0	0	0	0
Vermont	0	0	7	13	0	0	0	0
Massachusetts	0	0	216	436	0	0	2	0
Rhode Island	0	0	15	30	0	0	0	0
Connecticut	0	0	53	109	0	2	1	0
Middle Atlantic States:								
New York	1	1	782	981	0	0	7	8
New Jersey	1	0	182	335	0	0	1	2
Pennsylvania	0	1	1,038	1,171	0	0	9	6
East North Central States:								
Ohio	1	0	749	673	1	3	2	8
Indiana	0	1	281	195	3	1	0	2
Illinois	1	0	701	477	3	15	6	5
Michigan	1	1	786	548	9	1	7	1
Wisconsin	0	2	308	162	26	0	1	1
West North Central States:								
Minnesota	0	0	45	86	8	0	0	1
Iowa [2]	0	0	78	41	12	44	1	0
Missouri	1	0	71	112	0	5	1	1
North Dakota	0	0	24	27	0	1	0	0
South Dakota	1	0	13	21	3	4	0	0
Nebraska	1	0	30	40	0	0	1	0
Kansas	0	0	106	56	2	2	4	1
South Atlantic States:								
Delaware	0	0	19	6	0	0	0	0
Maryland [2]	0	0	91	97	0	0	1	2
District of Columbia	0	0	16	13	0	0	1	0
Virginia	0	0	46	53	0	0	2	2
West Virginia	0	0	81	31	2	0	3	2
North Carolina	0	0	53	33	2	5	0	4
South Carolina	0	1	13	11	5	0	1	3
Georgia [2]	0	0	7	12	0	3	4	3
Florida	2	0	4	5	0	0	0	4
East South Central States:								
Kentucky	0	0	56	55	0	1	1	4
Tennessee	1	0	31	63	0	1	4	7
Alabama [2]	0	0	11	13	5	1	2	2
Mississippi [2]	0	0	25	11	0	0	0	3

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Mar. 3, 1934, and Mar. 4, 1933—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933	Week ended Mar. 3, 1934	Week ended Mar. 4, 1933
West South Central States:								
Arkansas	5	0	9	14	1	0	1	6
Louisiana	1	0	25	14	1	0	11	2
Oklahoma [4]	0	0	18	23	12	1	3	2
Texas [3]	0	0	146	65	18	12	16	6
Mountain States:								
Montana	0	0	20	12	0	0	0	9
Idaho	0	0	15	4	5	4	1	1
Wyoming [5]	0	0	3	1	0	0	0	0
Colorado	0	0	72	55	11	0	5	0
New Mexico	0	0	20	12	1	0	3	1
Arizona	0	0	11	18	0	0	0	0
Utah [2]	0	0	4	18	0	0	0	1
Pacific States:								
Washington	0	1	72	65	4	4	2	0
Oregon	0	0	39	20	0	10	0	0
California	4	0	234	239	1	56	3	7
Total	21	8	6,660	6,531	135	176	109	108

[1] New York City only.
[2] Week ended earlier than Saturday.
[3] Typhus fever, week ended Mar. 3, 1934, 18 cases, as follows: Georgia, 3; Alabama, 12; Texas, 3.
[4] Exclusive of Oklahoma City and Tulsa.
[5] Rocky Mountain spotted fever, week ended Mar. 3, 1934, Wyoming, 3 cases.

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
January 1934										
California	15	209	203	----	4,467	4	25	1,534	65	63
Colorado	1	34	10	----	114	----	0	162	16	3
Montana	2	6	46	----	33	----	0	92	3	7
Oklahoma [1]	8	157	469	19	1,761	1	0	112	12	20
Oregon	1	15	123	----	149	----	0	223	23	8
Puerto Rico	----	59	87	3,932	65	1	0	----	0	32
South Dakota	1	8	22	3	1,694	----	1	110	8	2
Texas	13	718	2,102	1,328	----	185	0	629	----	64
Virginia	11	170	491	2	1,830	6	2	413	1	37
Wisconsin	6	28	315	----	1,477	----	1	705	133	2

[1] Exclusive of Oklahoma City and Tulsa.

January 1934

	Cases
Botulism:	
California	5
Colorado	3
Chicken pox:	
California	3,244
Colorado	678
Montana	236
Oklahoma [1]	92
Oregon	195
Puerto Rico	30
South Dakota	121
Virginia	499
Wisconsin	2,401
Diarrhea and dysentery:	
Virginia	26

January, 1934—Continued

	Cases
Dysentery:	
California (amoebic)	20
California (bacillary)	28
Colorado	4
Oklahoma [1]	6
Oregon	3
Puerto Rico	203
Favus: Montana	1
Filariasis: Puerto Rico	7
Food poisoning: California	50
German measles:	
California	174
Montana	2
Wisconsin	69

January, 1934—Continued

	Cases
Granuloma, coccidioidal:	
California	5
Impetigo contagiosa:	
Colorado	30
Montana	14
Oregon	59
Leprosy: California	3
Lethargic encephalitis:	
California	8
Oregon	2
Texas	7
Virginia	2
Mumps:	
California	2,223
Colorado	156

[1] Exclusive of Oklahoma City and Tulsa.

January 1934—Continued

Mumps—Continued	Cases
Montana	4
Oklahoma [1]	53
Oregon	13
Puerto Rico	37
South Dakota	39
Virginia	108
Wisconsin	121
Ophthalmia neonatorum:	
California	4
Puerto Rico	6
Virginia	1
Wisconsin	2
Paratyphoid fever:	
California	2
Puerto Rico	2
Texas	2
Puerperal septicemia:	
Puerto Rico	4
Rabies in animals:	
California	111
Scabies:	
Montana	7
Oklahoma [1]	33
Oregon	73

January 1934—Continued

Septic sore throat:	Cases
California	17
Colorado	5
Montana	3
Oklahoma [1]	21
Oregon	4
Virginia	31
Tetanus:	
California	2
Puerto Rico	9
Virginia	2
Tetanus, infantile:	
Puerto Rico	15
Trachoma:	
California	14
Montana	24
Oklahoma [1]	5
Puerto Rico	44
South Dakota	1
Virginia	1
Trichinosis:	
California	1
Tularaemia:	
California	1
Montana	1

January 1934—Continued

Tularaemia—Continued	Cases
Virginia	10
Undulant fever:	
California	11
Oregon	1
South Dakota	1
Virginia	4
Wisconsin	3
Vincent's infection:	
Colorado	2
Montana	2
Oklahoma [1]	3
Oregon	12
Whooping cough:	
California	1,730
Colorado	408
Montana	74
Oklahoma [1]	25
Oregon	133
Puerto Rico	426
South Dakota	76
Virginia	424
Wisconsin	1,385
Yaws:	
Puerto Rico	1

[1] Exclusive of Oklahoma City and Tulsa.

WEEKLY REPORTS FROM CITIES

City reports for week ended Feb. 24, 1934

[This table summarizes the reports received regularly from a selected list of 121 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table. Weekly reports are received from about 700 cities, from which the data are tabulated and filed for reference]

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Maine:											
Portland	0	------	0	0	5	1	0	0	0	2	33
New Hampshire:											
Concord	0	------	1	41	2	0	0	1	0	0	14
Manchester	0	------	2	7	2	3	0	0	0	0	12
Nashua	0	------	0	1	0	0	0	0	0	2	--------
Vermont:											
Barre	0	------	0	0	0	0	0	0	0	0	4
Burlington	0	------	0	0	0	2	0	0	0	3	21
Massachusetts:											
Boston	0	------	2	262	32	63	0	9	0	51	262
Fall River	0	------	1	2	1	3	0	1	0	3	32
Springfield	1	------	0	1	1	7	0	0	0	8	41
Worcester	0	------	0	44	8	10	0	2	0	14	59
Rhode Island:											
Pawtucket	0	------	0	0	0	2	0	0	0	0	0
Providence	0	------	0	3	12	8	0	2	0	24	65
Connecticut:											
Bridgeport	0	5	3	2	5	10	0	1	0	0	42
Hartford	2	------	0	1	11	8	0	2	0	5	59
New Haven	0	------	0	2	4	1	0	1	0	0	46
New York:											
Buffalo	1	0	1	311	27	22	0	10	0	22	154
New York	34	16	15	56	206	291	0	76	6	94	1,703
Rochester	0	------	0	0	5	43	0	1	0	8	66
Syracuse	0	------	0	2	1	8	0	0	0	32	51
New Jersey:											
Camden	0	------	0	93	3	7	0	0	0	0	38
Newark	1	5	1	2	14	14	0	5	0	25	111
Trenton	1	------	2	30	4	9	0	0	0	1	35
Pennsylvania:											
Philadelphia	3	5	9	1,216	59	130	0	27	2	31	539
Pittsburgh	5	7	6	103	46	41	0	11	4	51	187
Reading	1	------	0	3	5	8	0	0	0	9	32
Scranton	0	------	0	1	0	9	0	0	0	8	--------
Ohio:											
Cincinnati	4	------	0	206	14	32	0	4	0	17	160
Cleveland	5	66	4	34	17	123	0	11	0	86	206
Columbus	2	1	1	9	5	35	0	3	1	5	85
Toledo	2	1	1	77	9	37	0	4	0	73	84

City reports for week ended Feb. 24, 1934—Continued

State and city	Diphtheria cases	Influenza cases	Influenza deaths	Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
Indiana:											
Fort Wayne	6		0	8	21	16	0	1	0	0	20
Indianapolis	4		1	285	23	16	0	3	1	41	
South Bend	0		0	0	1	4	0	0	0	0	21
Terre Haute	0		0	21	2	0	0	0	0	4	23
Illinois:											
Chicago	4	6	4	97	64	287	0	41	2	167	768
Cicero	0		0	0	0	0	0	0	0	0	6
Springfield											
Michigan:											
Detroit	11	2	4	13	41	144	0	19	0	93	305
Flint	0		0	10	10	78	0	2	0	7	33
Grand Rapids	0		1	0	2	21	0	0	0	1	31
Wisconsin:											
Kenosha	0		0	1	0	36	1	0	0	1	5
Milwaukee	0		0	2	7	77	1	4	0	105	85
Racine	0		0	2	0	7	0	1	0	5	6
Superior	0		0	0	1	0	0	0	0	0	6
Minnesota:											
Duluth	0		0	0	1	0	0	1	0	0	10
Minneapolis	7		0	3	3	36	0	3	1	18	108
St. Paul	0		0	0	8	11	0	0	1	14	58
Iowa:											
Des Moines	0			3		21	0		0	0	24
Sioux City	1			13		1	0		0	1	
Waterloo	0			0		0	0		0	8	
Missouri:											
Kansas City	3		0	4	17	15	0	4	0	3	121
St. Joseph	1		0	7	8	5	0	2	0	0	36
St. Louis	32		2	659	14	27	0	9	1	57	243
North Dakota:											
Fargo	0		0	128	0	1	0	0	0	4	10
Grand Forks	0		0	0	0	0	0	0	0	0	0
South Dakota:											
Aberdeen	0		0	1	0	0	0	0	0	0	
Nebraska:											
Omaha	2		0	176	10	8	0	3	0	7	59
Kansas:											
Topeka	0		0	0	8	3	0	0	0	11	33
Wichita	0		0	1	5	2	0	0	0	6	27
Delaware:											
Wilmington	2		0	66	2	2	0	2	0	3	24
Maryland:											
Baltimore	1	6	3	288	33	30	0	19	0	175	264
Cumberland	1	2	0	0	0	1	0	1	0	2	14
Frederick											
District of Columbia:											
Washington	4	2	1	473	14	25	0	10	0	41	166
Virginia:											
Lynchburg	1		0	0	0	0	0	0	0	2	15
Norfolk	2		0	33	5	2	0	3	0	1	31
Richmond	2	2	3	38	5	4	0	3	0	0	58
Roanoke	0		0	0	1	3	0	0	0	2	13
West Virginia:											
Charleston	0		0	0	1	1	0	1	0	0	9
Huntington	0		0	1	0	9	0	0	0	0	
Wheeling	0		0	0	4	10	0	0	0	3	17
North Carolina:											
Raleigh	1		0	20	2	3	0	0	0	13	12
Wilmington	0		0	0	0	0	0	1	0	0	7
Winston-Salem	2	5	0	112	2	3	0	1	0	0	20
South Carolina:											
Charleston	0	61	3	20	0	0	0	2	1	0	30
Columbia											
Greenville	0		1	1	4	0	0	0	0	10	16
Georgia:											
Atlanta	1	31	3	283	13	3	0	4	1	3	105
Brunswick	0	1	1	154	0	0	0	0	0	0	6
Savannah	0	31	1	146	4	0	0	1	0	0	34
Florida:											
Miami	1		0	13	5	0	0	5	0	3	42
Tampa	1		0	0	1	0	0	1	0	0	28
Kentucky:											
Ashland	0			0		0	0		0	0	
Lexington	0		0	0	5	1	0	2	0	0	21
Louisville	6	3	0	1	12	29	0	1	2	15	76
Tennessee:											
Memphis	1		2	353	11	3	2	8	2	7	88
Nashville	0		1	126	10	1	0	2	0	16	66

City reports for week ended Feb. 24, 1934—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Alabama:											
Birmingham	2	30	3	16	12	6	0	6	0	3	79
Mobile	0		1	12	3	0	0	1	0	0	37
Montgomery	8	1		13		0	0		0	9	
Arkansas:											
Fort Smith	1			94		3	0		0	0	
Little Rock	[1] 1		0	64	2	1	0	0	0	3	2
Louisiana:											
New Orleans	15	9	4	24	16	31	0	12	3	0	167
Shreveport	4		1	5	5	2	0	2	0	5	33
Oklahoma:											
Oklahoma City	3	12	1	47	10	5	0	0	0	6	45
Tulsa	0			89		3	0		0	1	
Texas:											
Dallas	4	2	2	0	14	5	0	2	0	4	79
Fort Worth	3		0	0	7	10	0	0	1	0	31
Galveston	0		0	0	6	2	0	1	0	0	26
Houston	6		1	2	11	6	3	6	2	0	80
San Antonio	2		2	2	11	10	0	6	1	2	68
Montana:											
Billings	0		0	1	0	1	0	0	0	2	6
Great Falls	0		0	3	1	0	0	0	1	6	5
Helena	0		0	0	0	0	0	0	0	0	5
Missoula	0		0	0	0	0	0	0	0	0	8
Idaho:											
Boise	0		0	4	2	0	2	0	0	4	10
Colorado:											
Denver	2	29	3	56	8	20	0	1	0	91	77
Pueblo	0		0	0	1	2	0	0	0	15	9
New Mexico:											
Albuquerque	0		0	1	3	5	0	3	0	3	18
Utah:											
Salt Lake City	0		0	476	4	8	0	0	0	21	44
Nevada:											
Reno	0		0	0	0	0	0	0	0	0	5
Washington:											
Seattle	0		7	6	3	27	1	4	0	63	99
Spokane	0			92	1	1	0	1	0	8	29
Tacoma	0		0	26	6	0	0	1	0	19	39
Oregon:											
Portland	0		0	2	9	11	1	1	0	6	81
Salem	0		0	0	0	0	0	0	1	4	
California:											
Los Angeles											
Sacramento	0	3	3	1	2	3	0	3	0	1	35
San Francisco	0		1	32	9	16	0	10	0	24	181

[1] Nonresident.

State and city	Meningococcus meningitis		Poliomyelitis cases	State and city	Meningococcus meningitis		Poliomyelitis cases
	Cases	Deaths			Cases	Deaths	
New York:				District of Columbia:			
New York	3	3	0	Washington	0	1	0
Pennsylvania:				Georgia:			
Philadelphia	1	0	0	Atlanta	1	0	0
Pittsburgh	1	0	0	Kentucky:			
Ohio:				Lexington	1	0	0
Cleveland	1	1	0	Tennessee:			
Indiana:				Memphis	2	0	0
Indianapolis	2	0	0	Louisiana:			
South Bend	1	0	0	New Orleans	0	1	0
Illinois:				Montana:			
Chicago	5	2	0	Great Falls	1	1	0
Missouri:				California:			
St. Louis	4	2	0	San Francisco	0	0	1

Lethargic encephalitis.—Cases: Boston, 1; Philadelphia, 1; Charleston, S.C., 1; Mobile, 1; New Orleans, 2.

Pellagra.—Cases: Lynchburg, 1; Raleigh, 1; Tampa, 1; New Orleans, 2; Dallas, 1; Sacramento, 1.

Typhus fever.—Cases: Atlanta, 2; Montgomery, 1. Deaths: New York, 1.

FOREIGN AND INSULAR

CANADA

Quebec Province—Communicable diseases—2 weeks ended February 24, 1934.—The Bureau of Health of the Province of Quebec, Canada, reports cases of certain communicable diseases for the 2 weeks ended February 24, 1934, as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis	1	Poliomyelitis	3
Chicken pox	223	Puerperal septicemia	3
Diphtheria	32	Scarlet fever	164
Erysipelas	26	Tuberculosis	100
German measles	11	Typhoid fever	69
Influenza	15	Undulant fever	1
Measles	161	Whooping cough	509
Ophthalmia neonatorum	1		

CUBA

Habana—Communicable diseases—4 weeks ended February 24, 1934.—During the 4 weeks ended February 24, 1934, certain communicable diseases were reported in Habana, Cuba, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Diphtheria	11	4	Tuberculosis	14	4
Leprosy	1		Typhoid fever	[1] 5	1
Malaria	[1] 21	1			

[1] Includes cases from outside Habana.

CZECHOSLOVAKIA

Communicable diseases—December 1933.—During the month of December 1933, certain communicable diseases were reported in Czechoslovakia, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax	2		Paratyphoid fever	23	1
Cerebrospinal meningitis	13	4	Poliomyelitis	10	1
Chicken pox	590		Puerperal fever	47	21
Diphtheria	2,907	199	Scarlet fever	2,637	35
Dysentery	11		Trachoma	124	
Influenza	139	4	Typhoid fever	391	36
Malaria	9		Typhus fever	14	

ITALY

Communicable diseases—4 weeks ended September 17, 1933.—During the 4 weeks ended September 17, 1933, cases of certain communicable diseases were reported in Italy, as follows:

Disease	Aug. 21-27		Aug. 28-Sept. 3		Sept. 4-10		Sept. 11-17	
	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected
Anthrax	53	43	56	47	42	31	44	36
Cerebrospinal meningitis	6	6	2	2	5	5	7	6
Chicken pox	110	71	72	42	45	33	56	40
Diphtheria and croup	386	217	427	244	506	287	468	267
Dysentery	45	24	58	27	53	26	27	20
Lethargic encephalitis	1	1	1	1	2	2	1	1
Measles	761	189	1,450	177	590	142	449	127
Poliomyelitis	15	14	16	12	10	9	16	14
Scarlet fever	270	128	228	123	292	139	277	118
Typhoid fever	1,336	591	1,139	533	1,223	566	1,205	572

JAMAICA

Communicable diseases—4 weeks ended February 24, 1934.—During the 4 weeks ended February 24, 1934, cases of certain communicable diseases were reported in Kingston, Jamaica, and in the island outside of Kingston, as follows:

Disease	Kingston	Other localities	Disease	Kingston	Other localities
Chicken pox	1	29	Leprosy		5
Diphtheria	1	2	Puerperal fever		1
Dysentery	17	19	Tuberculosis	23	56
Erysipelas		1	Typhoid fever	34	78

PUERTO RICO

Notifiable diseases—4 weeks ended February 24, 1934.—During the 4 weeks ended February 24, 1934, cases of certain notifiable diseases were reported in the municipalities of Puerto Rico, as follows:

Disease	Cases	Disease	Cases
Chicken pox	159	Paratyphoid fever	4
Diphtheria	80	Pellagra	9
Dysentery	106	Ringworm	7
Filariasis	7	Syphilis	25
Influenza	45	Tetanus	1
Leprosy	2	Tetanus, infantile	3
Malaria	[1] 18,703	Trachoma	47
Measles	68	Tuberculosis	552
Mumps	33	Typhoid fever	32
Ophthalmia neonatorum	6	Whooping cough	362

[1] Includes results from a special survey.

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

(NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the PUBLIC HEALTH REPORTS for Feb. 23, 1934, pp. 276–288. A similar cumulative table will appear in the PUBLIC HEALTH REPORTS to be issued Mar. 30, 1934, and thereafter, at least for the time being, in the issue published on the last Friday of each month.)

Cholera

Philippine Islands.—During the week ended March 3, 1934, cholera was reported in the Philippine Islands as follows: Bohol Province—Calape, 7 cases, 5 deaths; Carmen, 3 cases, 1 death; Clarin, 10 cases, 8 deaths; Inabanga, 15 cases, 5 deaths; Loon, 7 cases, 7 deaths; Tubigon, 20 cases, 15 deaths. Oriental Negros Province—Tanjay, 6 cases, 3 deaths; Vallehermoso, 6 cases, 4 deaths.

Plague

Angola.—A report states that at the end of December 1933 and the beginning of January 1934, 32 cases of plague with 17 deaths occurred in an almost inaccessible part of the Bulo-Bulo Mountain, about 30 miles from Lobito, Angola. A supervisory service has been established around the focus of infection.

Smallpox

Great Britain—England—Blackburn.—A report from the health section of the Secretariat of the League of Nations dated February 26, 1934, states that on January 26, a cotton mill worker, aged 62, in charge of cotton from Egypt fell ill but came to work the next day, the 27th. On the 28th, a rash appeared without any definite characteristics. The man was admitted to an isolation hospital on February 2, the disease being diagnosed as malignant varicella, and he died on the 3d.

From February 7 to 12, 7 other members of his family fell ill, and the disease was then diagnosed as a serious form of smallpox. Since then, 12 other cases have occurred, all among persons who had been in contact with the first case, bringing the total up to 20 cases, 3 of which ended in death.

×