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

September 9 to October 6, 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."

Poliomyelitis.—With the approach of winter and the close of the usual season of high poliomyelitis prevalence, the epidemic situation in the West appears to be returning to normal in nearly all of the States. However, California is still reporting 40 to 50 cases a week and the State of Washington reported an average of 50 cases a week during the current 4-week period, with 39 cases for the week ended October 13. Montana, Oregon, Idaho, Arizona, and Texas were also reporting more than the normal number for this season of the year. Several of the East North Central States also reported more than the expected number during the current 4-week period.

Table 1 summarizes in 4-week and weekly periods the reported cases in each State since the first of the year. It also includes totals for each State for a 26-week period ending October 13, 1934, with comparative data for the corresponding period in 1933, 1932, and 1931. This half-year period includes practically all of this season's epidemic. For the country as a whole, 5,986 cases were reported, 4,147 of which were in the Pacific and Mountain States, including 2,958 in California. As compared with 5,986 cases for the 6 months of 1934, 3,892, 2,884, and 13,169 cases were reported for the corresponding 6 months of 1933, 1932, and 1931, respectively. The 1931 epidemic was in the East, 9,462 of the 13,169 cases in that year being in the Middle Atlantic and New England States.

[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.

TABLE 1.—*Poliomyelitis cases reported in each State in 1934* [1]

Area and State	Cases reported during 26 weeks, Apr. 15–Oct. 13 [2]				Cases reported in 1934 for—												
					4-week period ended—									Week ended—			
	1931	1932	1933	1934	Jan. 27	Feb. 24	Mar. 24	Apr. 21	May 19	June 16	July 14	Aug. 11	Sept. 8	Sept. 15	Sept. 22	Sept. 29	Oct. 6	Oct. 13
All States	13,169	2,884	3,892	5,986	98	66	73	91	146	911	1,309	1,035	1,251	310	274	241	247	240
PACIFIC																		
California	137	95	74	2,958	18	20	19	25	80	801	1,110	466	231	69	53	45	51	42
Los Angeles City	32	26	21	1,255	6	5	9	6	19	416	434	193	96	32	19	9	19	16
Los Angeles County (outside of city)											266	115	57	11	13	4	6	9
San Francisco	8	8	1	120	1	2	0	1	0	36	61	15	7	0	0	1	0	0
Remainder of State											339	143	71	26	21	31	26	17
Oregon	5	10	22	59	0	1	0	1	1	4	9	6	11	2	6	10	3	7
Washington	51	50	55	597	12	1	5	2	2	3	13	132	204	61	71	25	47	39
MOUNTAIN																		
Arizona	5	5	4	95	4	0	0	3	15	6	6	14	36	4	2	2	6	4
Idaho	2	0	1	112	0	0	2	1	6	3	8	36	35	6	6	4	7	1
Montana	41	2	5	285	0	0	0	1	1	1	6	32	175	19	11	24	10	5
Wyoming	4	4	11	6	0	1	0	0	0	0	0	1	2	0	2	0	1	0
Utah	4	1	7	11	0	0	0	0	0	0	1	2	4	0	2	1	1	0
Colorado	5	2	7	13	0	2	0	0	0	2	0	3	6	0	2	0	0	0
New Mexico	12	5	4	11	1	1	2	1	0	0	1	4	0	2	1	3	0	0
WEST SOUTH CENTRAL																		
Texas	21	61	31	94	0	2	2	4	5	2	13	27	11	13	3	7	5	8
Oklahoma	13	17	14	11	0	0	1	0	3	1	1	1	1	2	0	1	1	0
Louisiana	16	30	17	9	2	1	1	0	0	2	2	3	1	1	0	0	0	0
Arkansas	7	9	7	6	0	0	5	0	3	0	0	0	2	1	0	0	0	0
WEST NORTH CENTRAL																		
Kansas	14	28	39	57	0	1	0	1	0	1	6	14	19	3	6	3	2	3
Nebraska	18	18	10	9	1	0	2	2	0	1	0	2	2	1	0	0	1	1
South Dakota	17	8	23	33	1	0	1	0	1	2	1	8	9	2	2	2	3	1
North Dakota	23	25	69	8	0	0	2	0	0	0	0	0	4	0	2	2	1	1
Minnesota	546	88	267	57	4	0	0	2	0	1	3	8	23	8	1	4	4	2
Iowa	83	35	32	23	0	2	1	0	1	2	1	2	10	1	1	0	3	3
Missouri	43	6	29	28	1	2	2	2	2	5	0	2	2	4	2	1	1	3

EAST NORTH CENTRAL																		
Illinois	502	125	177	162	3	5	2	6	3	6	14	31	57	9	9	12	8	11
Ohio	126	55	274	206	3	1	4	8	1	13	5	33	59	17	16	23	12	26
Michigan	996	82	69	176	3	4	1	2	3	2	3	18	62	16	20	14	16	21
Wisconsin	600	34	30	83	2	0	2	2	0	2	4	6	19	9	6	10	20	7
Indiana	39	11	30	44	1	1	1	1	0	2	0	7	20	2	3	7	1	2
EAST SOUTH CENTRAL																		
Mississippi	25	17	6	17	1	0	0	2	2	4	4	1	3	1	1	0	0	1
Alabama	30	21	13	36	3	1	1	1	0	1	6	11	12	2	2	1	0	1
Tennessee	36	30	95	43	3	1	1	3	0	1	3	5	18	3	1	3	4	4
Kentucky	17	22	30	89	4	2	1	1	1	2	6	15	37	7	1	7	8	5
SOUTH ATLANTIC																		
Delaware	4	8	14	2	1	0	0	0	0	0	0	0	2	0	0	0	0	0
Maryland	36	25	29	19	0	0	1	0	2	0	2	5	5	3	1	1	0	0
District of Columbia	14	24	6	7	0	1	0	0	0	0	0	3	2	0	0	1	1	0
Virginia	15	33	29	55	1	2	3	1	0	2	4	11	23	4	1	1	8	1
West Virginia	60	35	67	68	3	3	0	2	0	1	7	9	24	6	5	5	6	4
North Carolina	75	30	17	28	4	2	1	3	1	4	3	9	7	1	0	0	1	2
South Carolina	31	32	10	5	4	1	0	1	0	0	0	3	0	1	0	0	0	2
Georgia	25	6	4	16	0	0	1	0	1	5	1	2	2	0	3	0	0	2
Florida	9	0	5	9	0	0	3	2	0	0	8	1	0	0	0	0	0	0
MIDDLE ATLANTIC																		
New York	5,633	253	1,230	187	6	3	3	4	7	14	27	35	42	14	19	12	6	11
New Jersey	875	313	214	57	2	1	1	1	1	4	11	12	18	3	4	4	0	0
Pennsylvania	276	1,119	331	95	4	2	1	3	3	5	5	22	29	8	6	4	5	8
NEW ENGLAND																		
Massachusetts	1,274	38	339	62	2	0	1	1	3	4	8	24	8	3	2	2	4	4
Connecticut	1,049	22	64	13	1	0	0	0	1	0	2	2	5	2	0	1	0	0
Rhode Island	152	8	16	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
New Hampshire	58	3	6	6	0	0	1	1	0	0	3	1	2	0	0	0	0	0
Vermont	69	2	19	6	1	1	0	0	0	0	0	3	3	0	0	0	0	0
Maine	76	37	40	12	2	1	0	0	0	0	1	3	4	0	1	1	0	2

[1] Similar summary tables were given in Public Health Reports for Sept. 28 and Aug. 31, 1934, for weeks back to June 3, 1934. Cases for current weeks are given by States in each issue of the Public Health Reports.

Oct. 13, 1934; Oct. 14, 1933; Oct. 15, 1932; Oct. 17, 1931.

Scarlet fever.—The number of cases of scarlet fever rose from 3,922 for the 4 weeks ended September 8 to 8,355 for the 4 weeks ended October 6. An increase of this disease is expected at this season of the year and the current incidence compared favorably with that for the same period in the two preceding years. It was, however, considerably above the incidence in 1931 and 1930, when 6,428 and 5,220 cases, respectively, were reported. The disease was most prevalent in the East North Central and Mountain and Pacific areas. Ohio, Illinois, and Wisconsin in the former group of States reported significant increases over last year, while Colorado, Oregon, and Washington seemed mostly responsible for the highest incidence in recent years in the latter region. In other sections the incidence was below that of preceding years.

Measles.—Very little change from the preceding 4-week period occurred in the incidence of measles during the current period. The number of cases (3,031) represented a 50-percent excess over last year's figure for the corresponding period. For the entire reporting area the current incidence was the highest for this period in the 6 years for which data are available. The Middle Atlantic States reported twice as many cases for the current period as occurred last year at this time and each of the North Central areas reported about three times last year's figures. The South Atlantic and Mountain and Pacific areas reported fewer cases and the other regions closely approximated last year's incidence.

Smallpox.—One hundred and two cases of smallpox were reported for the 4 weeks ended October 6, as compared with 131, 130, and 335 for the corresponding period in the years 1933, 1932, and 1931, respectively. Texas reported 23 cases, Washington 20, Wisconsin 20, Colorado 8, and Minnesota 7; the remaining cases were distributed among the other States, no more than 4 cases occurring in any one State. The New England and Middle Atlantic areas remained free from the disease and only 1 case was reported from the South Atlantic States.

Typhoid fever.—A gradual decrease in the number of cases of typhoid fever continued during the current 4-week period; 2,885 cases were reported. For this period in 1933, 1932, and 1931 the numbers of cases were 3,093, 3,553, and 4,167, respectively. In the New England and Middle Atlantic, South Atlantic, and South Central sections the current incidence was the lowest in recent years, while in the West North Central section the number of cases (328) was the highest reported for this period in the 6 years for which data are available. The disease has been unusually prevalent in Iowa and Missouri. In the East North Central and Mountain and Pacific regions the current incidence compared very favorably with the average for recent years.

Meningococcus meningitis.—The incidence of meningococcus meningitis was practically on a level with that of last year. During the 4 weeks ended October 6, 135 cases were reported. For the corresponding period in the years 1932, 1931, and 1930 the cases totaled 179, 244, and 282, respectively. For the current period Illinois reported 19, Ohio 12, Pennsylvania 11, Missouri 9, West Virginia and Kentucky 7 each, New York and Wisconsin 6 each, and the remaining cases were widely scattered over the reporting area.

Diphtheria.—The expected seasonal increase of diphtheria was reported from all sections of the country during the 4 weeks ended October 6. For the country as a whole there were 3,560 cases reported, an increase of approximately 1,500 over the preceding 4-week period. Compared with recent years, however, the current incidence remained at a very low level. While each geographic area reported an increase over the preceding period, only one, the East North Central, reported an excess over the corresponding period of last year. The incidence in the South Central section was only about 60 percent of that for this period last year, and in each of the other geographic areas the number of cases was about 80 percent of last year's figure.

Influenza.—The number of cases of influenza reported for the current 4-week period was 1,777, as compared with 2,023, 2,593, and 1,683 for the corresponding period in 1933, 1932, and 1931, respectively. In each of the geographic sections, except the West North Central and South Central, the current incidence was practically the same as that of last year. In the West North Central area, while the number of cases (160) was not large, it was about four times last year's figure for this period. In the South Central sections the number of cases (388) was about half of that reported last year.

Mortality, all causes.—The average mortality rate from all causes in large cities for the 4 weeks ended October 6, as reported by the Bureau of the Census, was 9.9 per 1,000 inhabitants (annual basis). During the 3 preceding years the rates for the corresponding period were 9.8, 9.5, and 10.2, respectively.

THE CHICAGO EPIDEMIC OF AMOEBIC DYSENTERY IN 1933[1]

By HERMAN N. BUNDESEN, M.D., *President, Chicago Board of Health*

Your invitation to speak to this conference of distinguished health officers on the subject of amoebic dysentery is greatly appreciated, because you exert such a tremendous influence in the world of public health, and you are in a favorable position to pass on to other health officers valuable suggestions based upon the lessons learned from the Chicago outbreak. We have gathered a great deal of technical information—so much, in fact, that various authorities familiar with the situation here have said that the generally accepted textbook picture of amoebic dysentery must be revised as a result of the experiences in Chicago during the past year. Hindsight is always much clearer than foresight. With the knowledge that we now possess in regard to amoebic dysentery, our course of procedure would differ from last year's methods in a number of important respects if we should be confronted again with a similar problem. You who are the representatives of the public health profession have every right to know the facts, and I am grateful for this opportunity to present them.

There have been reported in Chicago, as in most large cities, a small number of amoebic dysentery cases every year for a number of years past. The number of cases which have been recognized only at autopsy and also the increase in the number of reports of cases attendant upon the publicity given this outbreak now seem to indicate that a fair number of unreported cases have occurred not only in Chicago but elsewhere, and that deaths from this disease have been occasionally reported as due to other causes. In view of the relatively small number of cases and deaths from amoebic dysentery reported in Chicago, in comparison with other communicable diseases, this disease never gave us serious concern until last year. There was a small outbreak in 1926, involving five cases in a hotel. This incident was carefully studied and reported by competent observers, the reports appearing in the Journal of the American Medical Association (1). It was believed that the disease was spread at that time by contamination of food by *amoeba* carriers among the food handlers. Measures for control were directed to that seemingly probable source of infection. Examinations of food handlers were made, and the elimination of the carriers appeared to check the outbreak. Various authorities have expressed the opinion that the vast majority of infections with *Endamoeba histolytica* in this country are acquired

[1] Presented at the 49th Annual Conference of State and Provincial Health Authorities of North America, Washington, D.C., June 5, 1934.

EDITORIAL NOTE: Papers dealing with the epidemiological, laboratory, and engineering aspects of the outbreak will be published later as a National Institute of Health Bulletin.

from food handlers in public eating places (2). In the light of the information recently obtained, we are now by no means sure that the 1926 outbreak really was caused by infected food handlers or that its subsidence was due to control measures employed at that time.

During the interval between 1926 and 1933, no undue prevalence of the disease was reported and nothing developed to attract our attention to the subject until about the middle of August of 1933. Two cases were then reported from one hotel, which I shall call Hotel C, that was directly across the street from the hotel involved in the small 1926 outbreak, which I shall designate Hotel A. The reporting of these two cases led to the usual inquiries. A preliminary survey of the source of supplies of water and fresh vegetables in this hotel was made, but it developed no suggestion that they might be responsible. Two days after the first 2 cases were reported from Hotel C, 2 more cases were discovered among guests of that hotel, followed by several others during the next few weeks. It was assumed, in the light of our 1926 experience, and also in accordance with the published views of well-known authorities, that we probably had another food-handler outbreak. Therefore, we quite naturally adopted the same control measures that appeared to be so successful in 1926 when applied to the Hotel A outbreak, confident that they would control the disease. One of the first steps was to initiate an examination of specimens of feces from all food handlers in Hotel C. Twenty-six out of 364 food handlers examined showed evidences of infection with *Endamoeba histolytica*, upon laboratory examination. Several of the 26 gave histories of diarrhea at the time they were examined, or previous thereto. These findings served to strengthen our belief that it was a food-handler outbreak.

When this first examination of food handlers was completed and those found to be infected were excluded, we believed that everything necessary had been done to suppress the outbreak, for we were enforcing stringent regulations, based upon, and in keeping with, the best scientific opinion on the subject at that time. Of course we watched the situation carefully, but were confident at that time that after the lapse of the rather long period of incubation, no more cases would develop. During September the number of reported cases decreased, and it looked very much as though the outbreak was subsiding. This decrease in cases made it appear that the time had come when a review of the outbreak could be written for publication in a scientific journal.

There appeared to be so many similarities in the 1933 and the 1926 outbreaks in method of spread and means of control that a paper concerning both outbreaks was read by some of my associates on October 9 at Indianapolis, before the American Public Health Association. The press service of the association mentioned the report in their

release to the newspapers, and the Indianapolis News published the item on October 9, and the Indianapolis Star on October 10. This was our first public announcement, and it is a curious and perhaps significant fact that apparently it did not "sink in" on anyone who heard the paper that an epidemic was in the making. Dr. George W. McCoy, director of the National Institute of Health, who heard the paper read, has told me that the suspicion never crossed his mind that he was hearing the first chapter of a public health drama—a tragedy, in the light of subsequent developments. He thought that it was an attempt by the Chicago Board of Health to support the waning popularity of general food-handler examinations. He put it down as a Bundesen publicity stunt.

The announcement, however, did have one unexpected effect. A physician of Indianapolis, who read the newspaper story, looked up one of the authors of the paper and informed him that he had several patients suffering from amoebic dysentery who had stopped at Hotel C. Until this time, no cases had been reported to us from outside of Chicago. Upon hearing of these cases in Indianapolis, I decided that there might be unrecognized cases out of town, which should be investigated at once by means of a questionnaire. We still were without any hint as to the very widespread nature of the outbreak. As soon as we could make the necessary arrangements for securing names, addresses, personnel, and similar preliminary preparations, questionnaires started to go out to guests of the hotel. We sent out about 16,000 questionnaires at that time, and later many thousands more to guests of other hotels. Permanent residents of the hotel and persons living in Chicago or elsewhere, but registered for a night or two at the hotel, under names hard to identify, such as Smith and Jones, were not included in this survey, because of the difficulty in locating them.

The returns were slow in coming in; but as they came, they began to point unmistakably to a rather wide geographical spread of cases, probably infected at Hotel C or Hotel A. We then began to recognize somewhat the extent of the infection, but still we felt sure that the measures we had taken to suppress it were adequate and that the cases reported had been infected before our preventive measures had become fully effective. Had not these measures been adopted on the basis of the views of the best authorities and in the light of our own experience in 1926? In all, approximately 94,000 questionnaires were sent out in the first circularization of the guests who had registered at various hotels, and to date this figure has increased to more than 122,000. By the evening of November 8, replies to enough of the questionnaires had been received and followed up by long-distance telephone calls to reveal definite cases of amoebic dysentery outside of Chicago among people who had stayed at Hotel C—16 cases, to be exact. There were also about 20 reports of intestinal disturbances

that we suspected might be unrecognized cases. Then we began to get the first real view of the extent and distribution of the outbreak.

It was decided to supplement the announcement made at Indianapolis, nearly a month before, by issuing a very definite warning through the press, which was given out on the following day, November 9. This time many newspapers gave effective publicity to the outbreak. There resulted an immediate increase in the number of case reports reaching us, both from Chicago and from outside. There was a lack of understanding of the seriousness of the outbreak until the replies to our questionnaires came in. Then, recognizing for the first time the national scope and significance of the outbreak, we adopted an unconventional means of combating it, by continuing to use the long distance telephone and telegraph. On November 9 we also notified the various State health officers and the secretaries of the State medical societies by telegram, in order to get their cooperation in reporting cases and to assist physicians in recognizing amoebic dysentery when the diagnosis was difficult. Early in November we asked the United States Public Health Service for the services of an expert, and the Surgeon General kindly assigned a well-qualified and experienced officer. He came to Chicago promptly, looked over the situation, gave approval to what we were doing, and expressed himself as follows: "Everything humanly possible has been done to control the outbreak. There is certainly no need for any general alarm. Dr. Bundesen and the board of health are to be congratulated on the promptness, aggressiveness, and thoroughness with which the situation has been handled."

At that time we all were thinking in terms of carriers and carrier control. From the information obtained from various sources, it soon became evident that physicians in different parts of the country were not, in many cases, recognizing the nature of the illness. Patients were being operated upon, because of erroneous diagnoses, of which appendicitis was one of the most common. Some physicians wrote to us directly, either as a result of a questionnaire sent to their patients or because of the newspaper publicity. Many of them expressed a desire for further information about symptoms and the diagnosis of amoebic dysentery. In order to supply such information, and as an emergency measure to save lives, we got directly in touch with many physicians, contacting them through the information given on questionnaires sent in by the patients. Whenever we had good reason to suspect that the case was one of amoebic dysentery, we ventured to suggest to the physician that he consider the possibility of that diagnosis. We endeavored to give suggestions as tactfully as we could, and I am glad to say that we have had but one communication from a physician who indicated resentment. This man curtly advised us that he resented our intrusion, and that he was accustomed to seek a con-

sultation, and not have it thrust upon him. In contrast with this were many expressions of appreciation from physicians who felt that we had done them a service.

The whole object of this somewhat unorthodox way of dealing with the situation was to save time and thereby save lives, because the results of unnecessary surgical interference were most deplorable. Time was the essence of the situation, and we used the telegraph and the long-distance telephone freely. Data in our files on many cases that we failed to reach early have shown that the number of fatalities through mistaken diagnoses has been most distressing. Amoebic dysentery recognized even reasonably early and treated intelligently, has a very favorable prognosis; when subjected to surgery, the outlook is most gloomy. I claim no particular credit for our aggressive action by which we hoped to save lives, and it is not in a spirit of boasting that I say that reports indicate that these long-distance telephone calls and telegrams saved a number of lives, which would probably have been lost without their timely warning. Then I began to think of the many others whose illness had not been reported and who possibly were in danger of operations under erroneous diagnoses. The great range of the radio was suggested, and so we broadcast an appeal from coast to coast in the United States and Canada over the National Broadcasting System, urging all those having symptoms of amoebic dysentery to consult their physicians, and also asking doctors to investigate the amoebiasis angle wherever the patients presented intestinal disturbances.

The next event of importance, and one which gave me great concern, was the receipt of reports through the replies to questionnaires of amoebic dysentery cases among persons who had registered at the hotels after the time that our control measures had been put into effect. An examination of all employees in Hotel C was under way while these questionnaires were being sent out, having been started during the last week in October. An appreciable number of food handlers found negative in August were discovered to be positive for *Endamoeba histolytica* in November. It then painfully dawned on us that we had not yet discovered the main source of the trouble. In other words, all our best efforts along the line of carrier control were not stopping the outbreak. I was at length convinced that we were on the wrong track, in part at least, even though it was the generally accepted one, in the measures which we had adopted. Immediately I set about trying to find a more effective mode of attack against the outbreak. It was then that we began to go very carefully into the question of contamination of water in the hotel.

In the intensive study then undertaken, the sanitary engineers and plumbing inspectors discovered defects which were potential hazards and which were ordered corrected, or eliminated, as rapidly as found.

Cross-connections between water and waste pipes were found at intervals during this study from November to April. The search which made known their existence has seldom, if ever, been equaled in extent and attention to detail necessitated by the complexity of the piping systems. Many of the cross-connections were hidden away in walls and ceilings in most inaccessible places. This study has gone on for more than 6 months, and has engaged at times as many as 50 men on inspections and more than 100 persons on certain tests. As a result, several conditions which were highly dangerous have been eliminated, and a great portion of the plumbing system of Hotel C has been completely redesigned and rebuilt of new materials. It is reported that considerably more than a mile of new pipe, ranging in size from 4 to 15 inches in diameter has been installed in this 1 building. No case of amoebic dysentery has been traced to date to either Hotel C or Hotel A in any person who was not there prior to the elimination of these defects.

During the week of January 22 of this year a committee of experts studied the outbreak and made the report which appeared in the Journal of the American Medical Association of February 3 (3). Since that time the United States Public Health Service has been making some very thorough and interesting studies of our records and reports, and has reclassified some of the cases and carriers upon the basis of more complete data. This work requires the modification of a few of the details of the published reports, particularly the numbers of cases and carriers.

To date, 932 cases, with 52 deaths, have been classified as probably true cases by the United States Public Health Service experts, and there are several hundred suspects still under investigation to determine whether or not they are cases of amoebic dysentery. Of those cases and deaths thus far classified, approximately one-third occurred in Chicago and two-thirds outside. Approximately 330 Chicago cases are divided between those having a history of contact with Hotel A or Hotel C, and those whose sources of infection have not been traced. Since November 1933, the Chicago cases of which the source has not been traced constitute the larger group. The United States Public Health Service and the Chicago Board of Health are now investigating these cases to determine, if possible, the sources of infection.

One of the embarrassing features in dealing with the amoebic dysentery outbreak has been the slowness of physicians in reporting cases, due, we think, very largely to delays in diagnosis, which were often caused by some very real difficulties. Even in the very recent experience of the men now working on the problem, cases often do not come to our attention until months after the onset. For example, one of the cases was reported as having its onset early in May of this

year, but actually a careful history obtained by officers of the United States Public Health Service showed the onset to have been in October 1933. We are still watching conditions in these hotels and are sending questionnaires to the guests registered this year, but have had no indication of any cases developing since January. We are also keeping in close touch with the house physicians of the hotels.

I wonder how many appreciate the change of front that was necessary on our part, to swing over from the apparently well-established food-handler theory as the exclusive means of transmission to that of water transmission. It has been interesting to observe the reactions of the various experts in protozoology and administrative public health work who have studied the situation with respect to the cases originating at the hotels. Nearly all came fully convinced that we were dealing with a food-handler situation; but when the facts were presented to them, they swung over to the water-contamination view. Chicago, like most large cities, is continuing to have cases not attributable to hotels. The number is not large, just a few, but more than we had before the outbreak of last year. How many of these reports are due to better recognition and how many to a real increase, if any, we do not know. There appears to be no common source of infection among them. The number of cases being reported in Chicago has now dropped off to fewer than one a day. From the very first, as cases were reported to us they in turn have been promptly reported by us to the Illinois State Department of Public Health and, later, after the emergency became apparent, they were, in addition, reported directly to State and local health officers concerned, since it was felt that in this way time would be saved.

This is a brief, general outline of the situation met with and the measures taken to control it. Data are still being collected and experimental work is still going on which will, we hope, lead in the future to a fuller understanding of the scientific and administrative problems of amoebic dysentery and to a publication of the complete facts.

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(3) Jour. Am. Med. Assoc., **102**: 369 (Feb. 3, 1934).

MILK-SANITATION RATINGS OF CITIES

Cities for Which Milk-Sanitation Ratings of 90 Percent or More Were Reported by State Milk-Sanitation Authorities During the Months of July, August, and September 1934

The last complete revision of the list of American municipalities for which milk-sanitation ratings of 90 percent or more were reported by their respective State milk-sanitation authorities was presented in the Public Health Reports of July 27, 1934 (also Reprint No. 1637). A supplementary list is presented herewith showing the cities for which ratings of 90 percent or more were reported during the months of July, August, and September 1934.

The rules governing inclusion in these lists and the significance of the milk-sanitation ratings made in accordance with the Public Health Service rating methods were presented in the Public Health Reports of July 27, 1934.

Cities included in this and the previous list are advised to bring their milk-sanitation status to the level required by the latest edition of the Public Health Service Milk Ordinance and Code. Cities which are not now on the list should improve their milk supplies as much as possible and then request the State milk-control authority to determine their ratings.

State milk-control authorities are urged to equip themselves to make milk-sanitation ratings of their cities as soon as possible in fairness to their cities. States already equipped for this work should not permit ratings of their cities to lapse, as no rating more than 2 years old will be included in the complete semiannual revision of the list to be published next January.

Cities having ratings of 90 percent or more according to reports received during July, August, and September 1934

City	Percentage of milk pasteurized	Date of rating
Bowling Green, Ky	25	May 1934.
Henderson, Ky	37	Do.
Winona, Minn	100	September 14, 1934.
Ash Grove, Mo	0	August 24, 1934.
Charleston, S.C	100	April 1934.
San Antonio, Tex	56	July 1934.

COURT DECISION ON PUBLIC HEALTH

Pulmonary asbestosis held compensable under workmen's compensation act.—(North Carolina Supreme Court; *McNeely* v. *Carolina Asbestos Co.*, 174 S.E. 509; decided May 23, 1934.) The plaintiff brought an action for damages, his complaint being that he had contracted pulmonary asbestosis while in the employ of the defendant

company. He alleged that the injury was produced by the negligence of the employer in that the latter maintained no dusting or suction system such as was approved and in general use in other asbestos plants. The plaintiff's injury began and progressively produced disability within a period of approximately 5 months. His total period of employment with the defendant was approximately 15 months, and before that he had worked in another asbestos plant for about 11 years without suffering any ill effects from the work. The plaintiff contended that he was suffering from an occupational disease, that such disease was not compensable under the workmen's compensation act, and that, therefore, his sole remedy consisted of a common-law action for damages. The compensation law provided that "'injury and personal injury' shall mean only injury by accident arising out of and in the course of the employment and shall not include a disease in any form except where it results naturally and unavoidably from the accident." The supreme court, after quoting definitions of the term "occupational disease", took the view that the plaintiff had not suffered such a disease and that the inquiry then was as to whether the injury was accidental within the meaning of the compensation act. It was held that the plaintiff had suffered an accidental injury which was compensable under the compensation law, the court saying, in part, as follows:

> It seems to be generally conceded that, if an employee should suddenly inhale a volume of air laden with poison or other destructive agencies, producing injury immediately or within a short period of time, such injury would be deemed to be accidental or "injury by accident", but it does not seem that the time element should be paramount or controlling. *Cabe* v. *Parker-Graham-Sexton, Inc.*, 202 N.C. 176, 162 S.E. 223. If so, the courts are forced into the field of speculation in an effort to determine what is a reasonable time or what standard of time shall be adopted in determining the rights of the parties. Moreover, it would not seem that the unexpected, unforeseen, and, therefore, accidental inhalation of deleterious matter could be deprived of its accidental quality by the mere consideration of whether it took 5 days or 5 months to produce the same result.
>
> An examination of the workmen's compensation act of North Carolina discloses many uses of the expression "injured employee" without the qualifying words "accident" or "by accident." So that, unless we attempt to whittle down or enlarge words or undertake to put big threads through the eyes of little needles, it would seem manifest that our act did not undertake to limit compensation to cases where the injury was begun and completed within narrow limits of time, but that it used the expression "injury by accident" in its common-sense everyday conception as referring to an injury produced without the design or expectation of the workman. Indeed, section 13 of the act (Code 1931, sec. 8081 (t)) declares: "No compensation shall be payable if the injury or death was occasioned by the intoxication of the employee or by the willful intention of the employee to injure or kill himself or another." Manifestly, all other accidental injuries, not specifically withdrawn from the benefits of the act, should be logically deemed to fall within its purview.

The ruling of the trial court, sustaining a motion of nonsuit at the conclusion of the evidence for the plaintiff, was affirmed.

DEATHS DURING WEEK ENDED OCT. 6, 1934

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

	Week ended Oct. 6, 1934	Corresponding week, 1933
Data from 86 large cities of the United States:		
Total deaths	7,105	7,014
Deaths per 1,000 population, annual basis	9.9	9.8
Deaths under 1 year of age	502	565
Deaths under 1 year of age per 1,000 estimated live births	47	[1] 49
Deaths per 1,000 population, annual basis, first 40 weeks of year	11.4	10.9
Data from industrial insurance companies:		
Policies in force	67,062,013	67,628,120
Number of death claims	11,743	11,218
Death claims per 1,000 policies in force, annual rate	9.1	8.6
Death claims per 1,000 policies, first 40 weeks of year, annual rate	10.0	9.8

[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 Oct. 13, 1934, and Oct. 14, 1933

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Oct. 13, 1934, and Oct. 14, 1933

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933
New England States								
Maine	1	2			6	2	0	0
New Hampshire		1			5		0	0
Vermont	1						0	0
Massachusetts	13	21			12	67	2	0
Rhode Island	2				3	1	0	0
Connecticut	2	3	1	2	18	4	1	0
Middle Atlantic States:								
New York	25	55	[1] 9	[1] 13	52	43	1	1
New Jersey [2]	12	15	7	7	2	15	0	1
Pennsylvania	51	43			125	35	2	2
East North Central States:								
Ohio	74	78	26	80	57	12	1	1
Indiana	36	73	15	45	44	4	0	2
Illinois	65	44	6	4	37	13	4	3
Michigan	16	33		4	32	11	0	0
Wisconsin	8	2	8	29	56	25	0	0
West North Central States:								
Minnesota	1	19		1	33	1	0	0
Iowa [2]	9	11			48	4	3	0
Missouri	78	111	56	2	49	4	2	1
North Dakota	1	13			51	4	0	0
South Dakota		2		2	13	4	0	0
Nebraska	4	3			4	3	0	0
Kansas	19	20	3		30	3	0	0
South Atlantic States:								
Delaware						1	0	0
Maryland [2]	13	27	8	6	10	2	0	2
District of Columbia	10	7	2		1	1	0	0
Virginia	89	122			22	15	1	1
West Virginia	81	115	14	18	34	1	1	1
North Carolina [2]	133	171	6	10	20	19	0	0
South Carolina	10	43	132	244	1	51	0	0
Georgia [2]	32	66				49	0	0
Florida [2]	11	9			1	1	0	0
East South Central States:								
Kentucky	75	131			27		0	1
Tennessee	49	118	11	30	8	36	1	1
Alabama [2]	92	61	22	13	12	6	0	1
Mississippi [2]	20	55					2	3

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Oct. 13, 1934, and Oct. 14, 1933—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933
West South Central States:								
Arkansas	14	20	9	2	1	7	0	0
Louisiana	22	30	3	2	1	-------	1	1
Oklahoma [4]	10	63	26	22	1	10	0	0
Texas [3]	44	202	90	158	23	4	1	3
Mountain States:								
Montana	1	1	2	------	32	1	0	0
Idaho	2	1	3	1	-------	-------	0	0
Wyoming	2	1	-------	-------	1	-------	0	0
Colorado	11	3	-------	-------	18	-------	0	0
New Mexico	1	4	-------	-------	27	11	0	0
Arizona	2	3	1	6	2	6	0	0
Utah [2]	-------	-------	-------	2	2	13	0	0
Pacific States:								
Washington	1	7	-------	-------	67	18	1	1
Oregon	-------	-------	28	16	7	8	0	0
California	31	33	26	34	36	108	0	2
Total	1,174	1,842	514	753	1,031	623	24	28

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933
New England States:								
Maine	2	3	18	5	0	0	7	4
New Hampshire	0	1	25	6	0	0	1	0
Vermont	0	7	6	17	0	0	0	0
Massachusetts	4	8	84	113	0	0	5	3
Rhode Island	0	0	4	11	0	0	0	1
Connecticut	0	2	16	39	0	0	0	2
Middle Atlantic States:								
New York	11	40	179	164	0	0	15	19
New Jersey [3]	0	18	45	74	0	0	8	7
Pennsylvania	8	18	197	252	0	0	36	51
East North Central States:								
Ohio	26	26	318	425	0	0	23	48
Indiana	2	2	81	125	1	0	0	13
Illinois	11	12	282	189	0	0	44	23
Michigan	21	8	106	148	0	0	11	13
Wisconsin	7	2	287	39	8	4	6	1
West North Central States:								
Minnesota	9	19	49	59	14	3	1	3
Iowa [3]	2	3	44	42	1	1	20	3
Missouri	3	0	101	95	0	0	22	3
North Dakota	1	8	45	17	1	0	2	2
South Dakota	3	2	-------	16	1	0	0	2
Nebraska	1	0	16	15	0	0	0	0
Kansas	3	2	62	108	0	0	10	10
South Atlantic States:								
Delaware	0	0	5	8	0	0	4	3
Maryland [3]	0	1	61	49	0	0	16	19
District of Columbia	0	0	17	14	0	0	2	4
Virginia	1	3	101	114	0	0	11	29
West Virginia	4	1	117	79	0	0	33	30
North Carolina [3]	2	1	109	126	0	0	6	11
South Carolina	0	0	6	9	0	0	1	19
Georgia [3]	2	0	17	21	0	0	18	15
Florida [3]	0	0	5	-------	0	0	0	5
East South Central States:								
Kentucky	5	1	84	165	3	0	29	26
Tennessee	4	3	56	125	1	0	12	27
Alabama [3]	1	0	23	49	0	0	16	11
Mississippi [2]	1	0	15	40	0	0	5	11

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Oct. 13, 1934, and Oct. 14, 1933—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933	Week ended Oct. 13, 1934	Week ended Oct. 14, 1933
West South Central States:								
Arkansas	0	0	9	7	1	0	5	6
Louisiana	0	0	13	14	0	0	13	13
Oklahoma [4]	0	1	6	35	0	0	9	33
Texas [3]	8	0	20	29	2	4	28	8
Mountain States:								
Montana	5	0	19	10	0	0	6	1
Idaho	1	0	1	----	0	1	1	0
Wyoming	0	1	7	3	0	0	3	0
Colorado	0	2	45	22	0	0	11	10
New Mexico	0	0	13	17	0	0	5	12
Arizona	4	0	23	6	0	0	2	3
Utah [3]	0	0	11	7	0	0	1	2
Pacific States:								
Washington	39	4	42	25	28	2	4	2
Oregon	7	0	35	26	2	1	6	2
California	42	4	142	154	0	5	13	11
Total	240	203	2,967	3,113	63	21	471	521

[1] New York City only.
[2] Week ended earlier than Saturday.
[3] Typhus fever, week ended Oct. 13, 1934, 34 cases, as follows: North Carolina, 1; Georgia, 6; Florida, 1; Alabama, 8; Texas, 18.
[4] Exclusive of Oklahoma City and Tulsa.

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
August 1934										
New Mexico	2	16	8	25	31	7	1	9	0	45
September 1934										
California	2	92	69	25	168	3	222	377	0	52
Indiana	4	118	69	2	71	----	28	234	3	98
Iowa	3	21	----	1	17	1	7	114	2	90
Maine	2	4	----	----	6	----	4	63	0	14
Maryland	1	31	170	----	28	----	6	108	0	68
Massachusetts	5	37	----	2	43	1	8	273	0	22
Michigan	5	34	4	16	74	----	66	319	0	69
Nebraska	1	21	----	----	4	----	1	47	6	5
New Jersey	2	39	33	4	57	----	14	121	0	38
New Mexico	2	7	2	13	22	1	6	26	0	47
North Carolina	3	327	4	----	99	29	2	312	1	76
Ohio	5	190	66	52	357	----	85	857	----	179
Pennsylvania	6	124	----	5	315	2	21	520	0	195
South Dakota	1	10	3	----	72	----	11	20	1	10
Tennessee	4	198	59	817	54	11	12	220	1	191
Wyoming	----	2	----	----	2	----	3	18	1	6

August 1934

New Mexico:	Cases
Chicken pox	3
Dysentery	6
Food poisoning	2
German measles	1
Lethargic encephalitis	6
Mumps	6
Paratyphoid fever	3
Puerperal septicemia	3
Septic sore throat	1
Undulant fever	3
Whooping cough	46

September 1934

Anthrax:	
North Carolina	1
Chicken pox:	
California	163
Indiana	19
Iowa	17
Maine	38
Maryland	23
Massachusetts	101
Michigan	123
Nebraska	14
New Jersey	78
New Mexico	7
North Carolina	32
Ohio	130
Pennsylvania	246
South Dakota	6
Tennessee	15
Wyoming	7
Diarrhea:	
Maryland	120
Diarrhea and enteritis:	
Ohio	30
Dysentery:	
California (amoebic)	11
California (bacillary)	38
Indiana (amoebic)	1
Iowa	5
Maryland	35
Massachusetts (amoebic)	2
Massachusetts (bacillary)	45
Michigan	9
New Jersey (bacillary)	14
New Mexico	4
Ohio	6
Pennsylvania	12
Tennessee	10
Food poisoning:	
California	9
Ohio	42
German measles:	
California	54
Iowa	2
Maine	1
Maryland	2
Massachusetts	19
New Jersey	22
North Carolina	8
Ohio	10
Pennsylvania	19
Tennessee	1
Wyoming	1
Granuloma, coccidioidal:	
California	2
Hookworm disease:	
California	1

September 1934—Continued

Impetigo contagiosa:	Cases
Iowa	6
Maryland	41
South Dakota	1
Tennessee	27
Jaundice, epidemic:	
California	1
Lead poisoning:	
Massachusetts	1
New Jersey	2
Ohio	13
Lethargic encephalitis:	
California	8
Indiana	76
Iowa	2
Maine	1
Michigan	12
Nebraska	4
New Jersey	6
Ohio	69
Pennsylvania	4
Tennessee	2
Mumps:	
California	218
Indiana	3
Iowa	38
Maine	12
Maryland	15
Massachusetts	75
Michigan	62
Nebraska	8
New Jersey	51
New Mexico	6
Ohio	86
Pennsylvania	245
South Dakota	11
Tennessee	31
Wyoming	2
Ophthalmia neonatorum:	
Maryland	2
Massachusetts	44
New Jersey	2
New Mexico	2
North Carolina	1
Ohio	71
Pennsylvania	12
Paratyphoid fever:	
California	10
Iowa	1
Maine	2
Massachusetts	1
Michigan	4
New Jersey	2
New Mexico	1
North Carolina	1
Ohio	3
Tennessee	2
Puerperal septicemia:	
New Mexico	1
Ohio	3
Rabies in animals:	
California	51
Indiana	27
Massachusetts	15
New Jersey	4
New Mexico	1
Relapsing fever:	
California	3
Rocky Mountain spotted fever:	
Maryland	3
North Carolina	3
Wyoming	1
Scabies:	
Tennessee	2

September 1934—Continued

Septic sore throat:	Cases
California	7
Indiana	2
Iowa	1
Maryland	4
Massachusetts	7
Michigan	32
New Mexico	1
North Carolina	14
Ohio	101
South Dakota	1
Tennessee	11
Wyoming	1
Tetanus:	
California	7
Maryland	1
Massachusetts	4
Ohio	6
Tennessee	2
Trachoma:	
California	43
Maryland	1
Massachusetts	2
New Jersey	1
Ohio	2
Pennsylvania	3
Tennessee	5
Trichinosis:	
California	3
Massachusetts	3
Michigan	1
New Jersey	1
Tularaemia:	
California	1
Indiana	2
Michigan	1
Wyoming	2
Typhus fever:	
North Carolina	1
Ohio	1
Undulant fever:	
California	17
Iowa	26
Maine	5
Maryland	4
Massachusetts	1
Michigan	17
New Jersey	2
North Carolina	1
Ohio	10
Pennsylvania	2
Vincent's infection:	
Iowa	1
Maine	5
Maryland	3
Michigan	29
Tennessee	4
Whooping cough:	
California	430
Indiana	134
Iowa	37
Maine	229
Maryland	233
Massachusetts	506
Michigan	526
Nebraska	29
New Jersey	629
New Mexico	46
North Carolina	386
Ohio	588
Pennsylvania	1,478
South Dakota	89
Tennessee	185
Wyoming	2

DENGUE IN SOUTHEASTERN STATES

During the week ended October 13, 1934, 134 cases of dengue were reported in the State of Georgia.

On October 12, 1934, it was estimated that there were 250 cases of dengue in Miami, Fla., with very few new cases.

CASES OF VENEREAL DISEASES REPORTED FOR AUGUST 1934

This statement is published monthly for the information of health officers in order to furnish current data as to the prevalence of the venereal diseases. The figures are taken from reports received from State health officers. They are preliminary and are, therefore subject to correction. It is hoped that the publication of these reports will stimulate more complete reporting of these diseases.

State	Syphilis		Gonorrhea	
	Cases reported during month	Monthly case rates per 10,000 population	Cases reported during month	Monthly case rates per 10,000 population
Alabama [1]				
Arizona	32	0.71	135	2.98
Arkansas	438	2.34	380	2.03
California	1,721	2.84	1,568	2.59
Colorado [2]				
Connecticut [3]	185	1.12	169	1.03
Delaware	132	5.48	42	1.74
District of Columbia	220	4.44	137	2.77
Florida	584	3.76	67	.43
Georgia	603	2.07	442	1.52
Idaho	0		0	
Illinois	1,413	1.81	1,448	1.85
Indiana	124	.38	82	.25
Iowa [3]	156	.63	199	.80
Kansas [3]	171	.90	83	.44
Kentucky	250	.94	441	1.67
Louisiana	190	.88	150	.70
Maine	49	.61	46	.57
Maryland	637	3.83	296	1.78
Massachusetts	401	.93	680	1.58
Michigan	841	1.67	700	1.39
Minnesota	355	1.37	370	1.43
Mississippi	1,174	5.74	1,615	7.89
Missouri [1]				
Montana [3]	25	.46	50	.93
Nebraska	33	.24	84	.60
Nevada [2]				
New Hampshire	22	.47	35	.75
New Jersey	663	1.58	361	.86
New Mexico [1]				
New York	5,051	3.90	1,571	1.21
North Carolina	1,268	3.87	652	1.99
North Dakota [1]				
Ohio [3]	589	.87	265	.39
Oklahoma [3]	113	.54	117	.56
Oregon	30	.31	52	.53
Pennsylvania	358	.37	297	.30
Rhode Island	70	1.00	77	1.10
South Carolina [3]	150	.86	226	1.29
South Dakota	7	.10	31	.44
Tennessee	968	3.63	535	2.01
Texas	286	.47	125	.21
Utah [3]				
Vermont	15	.42	29	.80
Virginia	390	1.60	294	1.20
Washington	154	.96	226	1.41
West Virginia [1]				
Wisconsin [4]	20	.07	204	.68
Wyoming [2]				
Total	19,888	1.74	14,281	1.25

[1] Have been reporting regularly, but no report received for current month.
[2] Not reporting.
[3] Incomplete.
[4] Only cases of syphilis in the infectious stage are reported.

NOTE.—Surveys in which all medical sources have been contacted in representative communities throughout the United States have revealed that the monthly rate per 10,000 population is 6.6 for syphilis and 10.2 for gonorrhea.

WEEKLY REPORTS FROM CITIES

City reports for week ended Oct. 6, 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	1	4	0	0	1	6	21
New Hampshire:											
Concord	0	------	0	0	0	0	0	0	0	0	7
Nashua	0	------	0	0	0	2	0	0	0	0	0
Vermont:											
Barre	0	------	0	0	0	0	0	0	0	0	1
Burlington	0	------	0	0	0	0	0	0	1	3	6
Massachusetts:											
Boston	3	------	3	0	11	10	0	8	0	22	215
Fall River	0	------	0	0	1	0	0	1	0	2	29
Springfield	0	------	0	0	0	2	0	0	0	0	34
Worcester	0	------	0	1	4	7	0	3	0	7	55
Rhode Island:											
Pawtucket	0	------	0	0	0	0	0	0	0	0	15
Providence	2	------	0	2	0	6	0	1	0	29	58
Connecticut:											
Bridgeport	0	------	0	0	0	1	0	0	0	0	27
Hartford	0	------	0	14	1	3	0	1	0	0	45
New Haven	0	------	1	0	0	0	0	0	0	1	31
New York:											
Buffalo	1	------	0	4	6	13	0	10	0	13	109
New York	10	7	3	5	64	20	0	67	12	207	1,180
Rochester	0	------	0	9	2	2	0	0	1	2	58
Syracuse	0	------	0	1	2	3	0	2	0	18	42
New Jersey:											
Camden	1	1	1	0	2	1	0	1	0	4	28
Newark	1	1	0	1	4	4	0	5	0	18	76
Trenton	1	------	0	0	0	2	0	1	[1]1	5	26
Pennsylvania:											
Philadelphia	1	------	2	0	13	27	0	15	4	143	429
Pittsburgh	21	------	1	2	12	23	0	1	1	18	130
Reading	0	------	0	0	0	4	0	0	0	14	10
Scranton	0	------	------	0	------	2	0	------	0	2	------
Ohio:											
Cincinnati	4	------	1	0	5	19	0	5	1	5	104
Cleveland	4	11	0	1	5	20	0	9	4	30	153
Columbus	4	------	0	0	7	24	0	6	0	1	91
Toledo	2	1	1	0	5	5	0	3	2	5	66
Indiana:											
Fort Wayne	5	------	0	0	1	2	0	0	0	0	17
Indianapolis	6	------	0	0	6	15	0	4	2	4	------
South Bend	0	------	0	21	0	0	0	0	0	0	13
Terre Haute	1	------	0	0	0	0	0	0	0	0	16
Illinois:											
Chicago	7	------	4	9	35	115	0	31	2	54	623
Springfield	1	------	0	1	0	5	0	1	0	3	27
Michigan:											
Detroit	7	------	2	5	11	29	0	10	7	37	225
Flint	2	------	0	1	1	3	0	0	0	9	23
Grand Rapids	0	------	0	2	1	11	0	1	0	3	20
Wisconsin:											
Kenosha	1	------	0	1	0	1	0	0	1	5	3
Milwaukee	0	------	0	3	6	120	0	0	0	33	83
Racine	0	------	0	1	0	6	0	0	0	4	10
Superior	0	------	0	1	0	0	0	0	0	0	19
Minnesota:											
Duluth	0	------	0	13	3	0	0	1	0	0	25
Minneapolis	5	------	0	6	2	11	0	2	1	3	87
St. Paul	0	1	1	0	6	8	0	2	0	8	57
Iowa:											
Davenport	0	------	------	0	------	0	0	------	0	0	------
Des Moines	0	------	------	0	------	8	0	------	0	1	19
Sioux City	0	------	------	0	------	0	0	------	0	1	------
Waterloo	1	------	------	0	------	1	0	------	0	2	------
Missouri:											
Kansas City	------	------	------	------	------	------	------	------	------	------	------
St. Joseph	1	------	0	0	2	1	0	0	0	0	14
St. Louis	9	1	0	2	7	6	0	10	4	4	188

[1] Nonresident.

City reports for week ended Oct. 6, 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
North Dakota:											
Fargo	0		0	0	0	0	0	1	0	14	4
Grand Forks	0			0		1	0		0	2	
South Dakota:											
Aberdeen	0			1		0	0		0	2	
Nebraska:											
Omaha	3		0	3	3	10	0	2	0	0	35
Kansas:											
Topeka	1		0	0	1	4	0	0	0	1	15
Wichita	1		0	0	3	2	0	0	0	0	11
Delaware:											
Wilmington	1		0	0	0	0	0	0	1	1	27
Maryland											
Baltimore	6	1	1	0	11	13	0	7	1	30	187
Cumberland	1	2	1	0	0	3	0	0	0	2	12
Frederick	0		0	0	0	0	0	0	0	0	1
Dist. of Columbia:											
Washington	15		0	0	7	16	0	8	0	10	128
Virginia:											
Lynchburg	6		0	0	0	2	0	0	2	1	5
Richmond	5		0	0	5	6	0	1	0	0	54
Roanoke	4		0	0	1	8	0	0	0	0	12
West Virginia:											
Charleston	5		0	1	2	5	0	1	0	0	24
Huntington	6			0		3	0		0	0	
Wheeling	0		1	1	2	13	0	1	1	6	21
North Carolina:											
Raleigh											
Wilmington	3		0	0	1	0	0	0	0	2	8
Winston-Salem	13		0	0	0	4	0	0	2	4	14
South Carolina:											
Charleston	0	13	0	0	0	0	0	2	1	0	23
Columbia	0		0	0	2	0	0	1	0	0	19
Greenville	0		0	0	1	2	0	0	0	0	7
Georgia:											
Atlanta	12	33	1	0	0	7	0	5	0	1	79
Brunswick	0		0	0	0	0	0	0	0	0	2
Savannah	0	1	0	0	1	0	0	2	2	1	35
Florida:											
Miami	0		0	0	1	0	0	2	0	0	25
Tampa	4		0	0	0	1	0	1	0	0	23
Kentucky:											
Ashland											
Lexington	3		0	0	3	2	0	2	0	0	24
Tennessee:											
Memphis	4		0	0	5	3	0	2	0	11	86
Nashville	6		0	0	2	10	0	1	2	3	35
Alabama:											
Birmingham	2		1	1	5	5	0	1	3	0	55
Mobile	7		1	0	0	0	0	1	0	0	21
Montgomery	2			0		1	0		0	0	
Arkansas:											
Fort Smith											
Little Rock	3		0	0	1	3	0	1	0	0	2
Louisiana:											
New Orleans	5		4	0	10	3	0	5	3	0	135
Shreveport	0		0	1	3	0	0	4	0	0	28
Oklahoma:											
Oklahoma City	2		0	0	3	2	0	2	0	0	37
Texas:											
Dallas	4		0	0	6	1	0	4	0	0	52
Fort Worth	3		0	0	1	0	0	1	0	0	28
Galveston	0		0	0	1	0	0	1	0	0	14
Houston	15		0	0	7	2	0	2	1	0	74
San Antonio	0		1	0	4	0	0	4	0	0	46
Montana:											
Billings	1		0	0	0	1	0	0	0	0	7
Great Falls	0		0	0	0	0	0	0	0	0	9
Helena	0		0	0	0	0	0	0	0	0	2
Missoula	0		0	0	1	0	0	0	0	1	4
Idaho:											
Boise	0		0	0	0	0	0	0	0	0	8
Colorado:											
Denver	6	41	0	21	2	40	0	3	2	9	69
Pueblo	2		0	0	1	2	0	0	2	0	6
New Mexico:											
Albuquerque	0		0	0	3	0	0	5	0	0	14

City reports for week ended Oct. 6, 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								
Utah:											
Salt Lake City	0	------	0	7	1	12	0	2	1	30	32
Nevada:											
Reno	0	------	0	0	0	0	0	0	0	0	6
Washington:											
Seattle	0	------	0	1	3	3	0	2	3	8	87
Spokane	0	1	1	2	0	2	0	0	1	3	32
Tacoma	0	------	0	0	0	0	0	0	0	3	26
Oregon:											
Portland	0	------	0	0	3	10	0	0	1	1	67
Salem	0	2	--------	0	-------	1	0	-------	0	0	--------
California:											
Los Angeles	11	6	0	7	6	32	0	17	0	13	291
Sacramento	0	------	0	0	3	2	0	1	2	0	24
San Francisco	1	------	0	7	7	14	0	8	0	20	140

State and city	Meningococcus meningitis		Poliomyelitis cases
	Cases	Deaths	
Massachusetts:			
Worcester	0	0	1
New York:			
Buffalo	0	0	2
New York	1	0	2
Pennsylvania:			
Pittsburgh	0	1	1
Ohio:			
Cincinnati	0	0	2
Cleveland	0	0	5
Indiana:			
Indianapolis	1	0	0
Illinois:			
Chicago	3	2	4
Michigan:			
Detroit	0	0	12
Flint	0	1	0
Wisconsin:			
Milwaukee	0	0	3
Iowa:			
Des Moines	1	0	0
Sioux City	[1] 2	0	0
Missouri:			
St. Louis	0	0	1
Kansas:			
Topeka	0	0	1
District of Columbia:			
Washington	0	0	1
South Carolina:			
Greenville	0	1	0
Tennessee:			
Memphis	0	0	2
Louisiana:			
New Orleans	1	1	0
Texas:			
Fort Worth	0	0	1
Nevada:			
Reno	1	1	0
Washington:			
Seattle	0	0	11
Spokane	0	1	5
Tacoma	0	0	1
Oregon:			
Portland	0	0	3
California:			
Los Angeles	0	0	19

[1] Nonresident.

Dengue.—Cases: Atlanta, 25; Savannah, 28; Miami, 25; Tampa, 14.
Lethargic encephalitis.—Cases: Toledo, 3; Indianapolis, 1; Chicago, 1.
Pellagra.—Cases: Philadelphia, 1; Charleston, S.C., 1; Atlanta, 1; Savannah, 3; New Orleans, 3; San Francisco, 1.
Typhus fever.—Cases: Charleston, S.C., 1; Montgomery, 1; Dallas, 2.

FOREIGN AND INSULAR

CUBA

Habana—Communicable diseases—5 weeks ended September 29, 1934.—During the 5 weeks ended September 29, 1934, certain communicable diseases were reported in Habana, Cuba, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Diphtheria	2		Scarlet fever	1	
Malaria	[1] 36	3	Tuberculosis	43	8
Measles	2		Typhoid fever	[1] 41	12
Poliomyelitis	[1] 24	5			

[1] Includes imported cases.

ITALY

Communicable diseases—4 weeks ended April 1, 1934.—During the 4 weeks ended April 1, 1934, cases of certain communicable diseases were reported in Italy, as follows:

Disease	Mar. 5–11		Mar. 12–18		Mar. 19–25		Mar. 26–Apr. 1	
	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected
Anthrax	9	9	8	8	13	9	9	8
Cerebrospinal meningitis	17	16	10	9	17	16	16	13
Chicken pox	409	115	458	127	326	128	340	105
Diphtheria and croup	508	285	476	294	492	253	398	228
Dysentery	6	6	10	9	3	3	9	7
Lethargic encephalitis	2	2	8	8	1	1	3	3
Measles	2,978	324	3,099	328	2,579	324	2,372	325
Poliomyelitis	9	9	6	6	6	6	1	1
Scarlet fever	280	115	271	109	268	103	228	96
Typhoid fever	202	116	217	129	156	91	183	115

JAMAICA

Communicable diseases—4 weeks ended October 6, 1934.—During the 4 weeks ended October 6, 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
Cerebrospinal meningitis		1	Leprosy		2
Chicken pox	2	2	Puerperal fever		2
Diphtheria	1	2	Scarlet fever		1
Dysentery	11	6	Tuberculosis	35	82
Erysipelas		1	Typhoid fever	16	116

PUERTO RICO

Notifiable diseases—4 weeks ended October 6, 1934.—During the 4 weeks ended October 6, 1934, cases of certain notifiable diseases were reported in the municipalities of Puerto Rico, as follows:

Disease	Cases	Disease	Cases
Chicken pox	33	Ophthalmia neonatorum	3
Diphtheria	48	Pellagra	3
Dysentery	39	Puerperal fever	2
Erysipelas	1	Ringworm	2
Filariasis	1	Syphilis	24
Influenza	16,240	Tetanus	6
Leprosy	1	Tetanus, infantile	1
Malaria	1,377	Tuberculosis	783
Measles	46	Typhoid fever	13
Mumps	38	Whooping cough	113

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		Feb. 25–Mar. 31, 1934	Apr. 1–28, 1934	Apr. 29–May 26, 1934	May 27–June 30, 1934	Week ended— July 1934 7	14	21	28	August 1934 4	11	18	25	September 1934 1	8	15	22	29
Ceylon: Colombo	C				1													
China:																		
Amoy	C					[1] 1												
Canton	C				1													
Fort Bayard	C				1													
Hankow	C					2												
Shanghai	C								2	1								
Tientsin	C				1													
India	C	9,335	7,719	13,008	22,932	6,575	8,258	10,335	14,140	15,284	14,901	14,611						
	D	4,353	3,813	6,146	12,315	3,627	4,462	5,750	7,340	7,592	7,570	7,523						
Bombay Presidency	C	107	425	957	830	179		788	2,018	2,688	3,253	2,619	2,804	1,502				
	D	58	221	486	393	50		261	694	868	1,124	1,065	1,068	603				
Bombay	C		7	[2] 7	3				1		1			1		1		
Calcutta	C	381	574	465	476	86	78	64	66	49	46	43	44	44	30	32	34	43
Chittagong	C	4	7	16	6	1	4	4					2	1				
Madras Presidency	C	649	507	614	1,410		602	726	1,135	1,806	1,937	1,667	1,473					
	D	286	272	330	729		266	303	524	755	936	815	678					
Madras	C	4		1	25	1	3		1	52	37	33	23	8	21	10	7	14
	D	2			15		3			17	14	12	12	1	10	5	3	10
Rangoon	C	1	1	2										1				
Vizagapatam	C										2	1	1		6			
India (French):																		
Chandernagor	D		11	4	2	2	3	1										
Karikal	C								1			7	9		11	14		
Mahe	C			11														
Pondichery	C		2			1			5	24	20	16	46		21	4		
India (Portuguese)	C	1																

Place		April 1934			May 1934			June 1934			July 1934			August 1934		
		1-10	11-20	21-30	1-10	11-20	21-31	1-10	11-20	21-30	1-10	11-20	21-31	1-10	11-20	21-31
Indo China (French) (see also table above):																
Cambodia [3]	C	2	4	4	11	8		1		2	1	1		2		
	D	2	2	3	1	4		1		2	1	1		1		
Cochin-China [3]	C	3	2		6	4	4		10	9	4	2	6	1		2
	D	2	2		6	4	4		8	3	4	2	4	1		1

Place																
Indo China (see also table below):																
Baclieu	D				2											
Pnom-Penh	C			1						2						
	D			2			1									
Poulo Condor Island	C				3											
Rachgia	C	1														
Philippine Islands:																
Bohol Province	C	139	2													
	D	84	2													
Cebu Province	C	1														
	D	1														
Occidental Negros Province	C	48	3													
	D	31	3													
Oriental Negros Province	C	33														
	D	24														
Rizal Province—Manila	C				1											
Samar Province	C	18														
	D	18														
Siam	C			4	1	1										
On vessels:																
S.S. *Chyebassa* at Calcutta	C	1														
S.S. *Narbada* at Singapore from Calcutta	D		1													
S.S. *Viking II* at Calcutta from Aden	C			1												
S.S. *Cape Ortegal* at Calcutta from Bombay	C				1											
S.S. *Jaladurga* at Calcutta from Rangoon	C				2											
S.S. *Khostan* at Calcutta from Karachi	C					1										
S.S. *Erinpura* at Port Swettenham	C										1					

[1] Suspected.

[2] Includes 4 imported cases.

[3] Reports incomplete.

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

PLAGUE [1]

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

Place		Feb. 25–Mar. 31, 1934	Apr. 1–28, 1934	Apr. 29–May 26, 1934	May 27–June 30, 1934	Week ended— July 1934 7	14	21	28	August 1934 4	11	18	25	September 1934 1	8	15	22
Argentina (see also table below): Santiago de Estero Province.[2]																	
Azores. (See table below.)																	
Belgian Congo	C		1		6	6			2								
Bolivia. (See table below.)																	
British East Africa (see also table below):																	
Kenya	C	4		2	9	1						2	3	8	1	2	
Tanganyika	D	4															
Uganda	C	17	15	67	215	26	40	55	10	37	22	19	23	16	12		
	D	16	14	64	208	23	38	50	11	37	22	17	25	14	14		
Ceylon: Colombo	C	6	12	9		1											
	D	6	10	9	1	1											
Plague-infected rats		1	2	1											1		
China (see also table below):																	
Fort Bayard.[3]																	
Manchuria [4]	D						22			8							
Tanghai Island	C				7												
Dutch East Indies:																	
Java—Batavia.[5]																	
West Java	C	2,150	1,882	1,609	1,273	299	311	238	300								
	D	2,147	1,881	1,609	1,273	299	308	237	300								
Ecuador. (See table below.)																	
Egypt:																	
Alexandria—Plague-infected rats		1		P	P		P			P		P		P			
Asyut	C	3	26	22	6												
Faiyum	C	1	1	1													
Gharbiya	C			1	6	15	2	4	1								
	D				2	1	2		3								
Minufiya	C				1												
Minya	C				8												
Hawaii Territory:[6] Hawaii Island—Hamakua district—																	
Kukaiau—Plague-infected rats					1												
Paauilo	C				1												

India	C	22,842	11,196	4,905	774	126	148	290	357	579	606	870					
	D	16,093	8,673	3,825	657	79	98	170	231	320	370	491					
Bassein	C	10	7	3	7		1	2	2	3	2					1	
Plague-infected rats		3	2		1			1		2			1	1			2
Bombay Presidency	C	2,645	617	439	218	63		143	173	329	247	415	473	431			
	D	1,807	425	301	143	38		80	102	168	143	244	287	268			
Bombay	C	9	4	3	1				1								1
Plague-infected rats		18	2	3	2												2
Delhi	C		1														
Madras Presidency	C	394	39	34	42		32	70	92	77	64	93	99				
	D	221	28	11	15		13	35	50	37	37	43	48				
Moulmein	C											1					
	D											1					
Rangoon	C	3	3	3	5	1				1				2		1	
Plague-infected rats		4	2	3	3						1						
India (Portuguese)	C	6															
Indo China (see also table below):																	
Bentre	C										1						
Longxuyen	C				1												
Pnom-Penh	D	2		2	4	1					1						
Sadec	C				1												
Saigon and Cholon	C	1		3	4			1				1			1		
Vinhlong	C				1												
Iraq: Baghdad	C	1		1	3	1											
Libya	C				5												
	D				1												
Madagascar. (See table below.)																	
Peru (see also table below): Salaverry—Plague-infected rats					1												
Senegal. (See table below.)																	
Siam	C	[2]	6	1	2												
South-West Africa.[7]																	
Tunisia: Tunis—Plague-infected rats					4												
Union of South Africa: Orange Free State	C	1	5														
United States:																	
California:																	
Human plague—Tulare County	C				1												
Plague-infected ground squirrels:																	
Kern County		17	64	26	[8] 36	1	1										
Modoc County																	
Tulare County		10	43	33	6												
Oregon: Lake County	C			1													
	D			1													
On vessel: S. S. *Barjora* at Rangoon from Moulmein	C														1		
	D														1		

[1] Including plague in the United States and its possessions.
[2] A report dated May 17, 1934, states that 15 deaths from plague occurred up to that date in Santiago de Estero Province, Argentina.
[3] During the week ended June 2, 1934, suspected cases of plague were reported in Fort Bayard, Kwangchowan Territory, China.
[4] Up to Aug. 28, 1934, deaths from plague were reported in Manchuria, China, as follows: Tungliao, 66; Nungan, 93; and Changchietun, 26.
[5] A report dated Oct. 9, 1934, states that 3 cases of plague, including 2 imported cases, and 3 deaths were reported in Batavia, Java.
[6] During the week ended Oct. 13, 1934, 2 plague-infected rats were reported in a location 9 miles from the Port of Kahului, Makawao district, Island of Maui, Hawaii Territory.
[7] From January to June 30, 1934, 20 cases of plague were reported in Ovamboland, South-West Africa.
[8] Includes 1 plague-infected wood-rat.

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

PLAGUE—Continued

Place		March 1934	April 1934	May 1934	June 1934	July 1934	August 1934
Argentina (see also table above)	C	1	-------	-------	2	2	6
Azores	C	1	2	3	3	5	-------
Bolivia	C	-------	P	P	-------	-------	-------
British East Africa (see also table above):							
Kenya	C	4	-------	5	6	-------	-------
Uganda	C	14	16	90	-------	-------	-------
China: Kwangchowan	C	-------	-------	-------	21	10	3
	D	-------	-------	-------	12	4	3
Ecuador	C	-------	-------	-------	7	-------	-------
Indo China (see also table above):							
Cambodia	D	17	6	5	4	2	3
Cochin-China	C	1	-------	3	9	8	2
Madagascar (central region)	C	363	250	87	71	97	160
	D	341	242	83	71	96	158
Peru (see also table above)	C	10	6	-------	1	-------	1
Senegal:							
Dakar [1]	C	6	19	9	33	55	52
	D	6	16	8	27	47	47
Diourbel [1]	C	-------	-------	-------	-------	-------	5
	D	-------	-------	-------	-------	-------	3
Louga [1]	C	-------	-------	-------	2	-------	-------
	D	-------	-------	-------	2	-------	-------
Rufisque [1]	C	-------	-------	-------	18	33	42
Sebikotane [1]	C	-------	-------	9	-------	-------	-------
Thies [1]	C	2	10	26	64	50	39
Tivaouane [1]	C	-------	13	35	32	27	82

[1] Reports incomplete.

SMALLPOX

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

Place		Feb. 25–Mar. 31, 1934	Apr. 1–28, 1934	Apr. 29–May 26, 1934	May 27–June 30, 1934	Week ended— July 1934 7	14	21	28	August 1934 4	11	18	25	September 1934 1	8	15	22	29
Algeria:																		
Algiers Department	C	2	2	1	1			1										
Constantine Department	C		1		2										1			
Oran Department	C				3													
Arabia: Oman Sultanate—Muscat	C	5																
Belgian Congo (see also table below)	C								1	1	1			5				
Bolivia. (See table below.)																		
Brazil: Porto Alegre (alastrim)	C			1	2			1	1	1	4							
British East Africa:																		
Kenya	C	554	46	6	13	8	54		31	28	5	73	63	18	27	6		
Tanganyika	C	56	66	4	40	2					4		2					
British Somaliland	C	19	11	10					16						2			
British South Africa:																		
Northern Rhodesia	C				28													
Southern Rhodesia	C		12	14								1						
Bulgaria	C			6														
Cameroun (French). (See table below.)																		
Canada:																		
British Columbia	C	1	[1] 3										[2] 1					
Manitoba	C	[2] 1															[2] 1	
Ceylon: Colombo	C															4	7	6
China:																		
Amoy	C	4	15	22	22	1		1	4	3								
Canton	C	39	9	1	1													
Dairen	C	123	104	74	45	3	2		1					2				
Foochow			P		P		P		P		P							
Hangchow	C	9	2	5		1	1											
Hankow	C	1	1	1	1										1			
Hong Kong	C	60	33	[2] 22	10									1				
Kwantung Leased Territory	C	51	73	18	24													
Macao	D	13	7	3	1													
Nanking	C	4	1															

[1] Includes 1 imported case.

[2] For 2 weeks.

[3] Includes 2 imported cases.

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

SMALLPOX—Continued

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

Place		Feb. 25–Mar. 31, 1934	Apr. 1–28, 1934	Apr. 29–May 26, 1934	May 27–June 30, 1934	Week ended— July 1934 7	14	21	28	August 1934 4	11	18	25	September 1934 1	8	15	22	29
China—Continued.																		
Shanghai	C	188	119	56	25	5	1	1	1		1	2			1			
South Manchuria Railway Zone	C	27	57	23	18													
Swatow	C	2	1	6	7					1								
Tientsin	C	3	3		1	1	1											
Chosen. (See table below)																		
Dahomey. (See table below.)																		
Dominican Republic: Santo Domingo	C			1	1													
Ecuador. (See table below.)																		
Egypt:																		
Alexandria	C												2					
Aswan	C	12	18	3	3		3	1										
Asyut	C	4	4	6	2													
Cairo	C	5	11	2	3			1		1	3			1				
Dakahliya	C	2		1														
Damietta	C				1													
Faiyum	C			17	55	2												
Gharbiya	C	8	4	10	4													
Girga	C	32		13	7	1		3										
Minya	C	73	11	9	8	8	7			2	1							
Port Said	C			1														
Qena	C	9	1	1	4													
Provinces	C	163	76	74	89	12	10	7	10	10	9	1	11	5	1	1	3	3
Eritrea	C	1		1						1								
Finland. (See table below.)																		
France. (See table below.)																		
Gibraltar	C		4															
Gold Coast. (See table below.)																		
Great Britain:																		
England and Wales	C	35	21	11	10	1	2											1
Blackburn	C	4																
London	C	31	20	10	7													
London and Great Towns	C	35	21	10	8													1
Greece (see also table below): Salonika	C	3		4	9	1	1	1	4		4	4						
Guatemala. (See table below.)																		

Honduras:																			
Belize	D				1														
Tegucigalpa	C		2	P	P							4	P			2			
India	C	36,781	34,292	36,595	29,379	5,190	3,787	3,975	3,392	2,765	3,070	4,217							
	D	8,431	7,164	8,185	7,028	1,232	981	911	842	655	751	1,234							
Bassein	C	32	7	1	5			1		1									
	D	19	5	1	1			1		1									
Bombay Presidency	C	3,454	2,760	3,181	2,803	471		411	318	275	246	310	303	178					
	D	603	516	577	555	104		77	68	58	62	62	55	42					
Bombay	C	56	42	26	13	3	1		1	1	2		1	1		2	5	6	
	D	28	28	11	9	1			1	1	1		1			1	4	1	
Calcutta	C	391	254	157	73	7	7	4	5	2	1	1	3			12		4	
	D	278	205	112	60	7	6	2	3	2	1	2	3			3	2	4	
Cochin	C	20	17	8	1														
Karachi	C	31	14	14	7	4	2	5	2	1	3	2				2	1		
Madras Presidency	C	9,324	8,538	7,932	6,223		1,255	1,125	1,196	918	817	973	689						
	D	1,582	1,360	1,247	1,162		194	189	205	183	141	167	125						
Madras	C	119	72	64	35	8	5	9	12	6	9		4	5	7	4	1	5	
Negapatam	C	2	7	5	8	1	2	1	3			3	1	1			2		
Rangoon	C	48	79	37	10	3		2	1		1	2				1	1		
Tuticorin	C	1				6										1	1		1
Vizagapatam	C	27	22	33	4	3				4	1	1	2						1
India (French):																			
Chandernagor	D	1	4	2	2				1			1	1						
Karikal	C	7		1															
	D	5																	
Pondichery	C	179	165	96	134	26	32	43	30	62	31	32	45		56	40			
	D	99	96	60	72	14	24	21	19	35	13	28	27		44	30			
Indo China (see also table below):																			
Haiphong	C	66	26	17	7									1	1				
Pnom-Penh	C		1																
Saigon and Cholon	C	2																	
Tourane	C		6	5	24	6	6	2	3	2	2	4	1	3					
Iraq	C	8	31	27	88		13				4		1			6	1		
Amara liwa	C			2															
Arbil	C																		
Baghdad	C	3	1		1				15										
Basra	C		4	5							1	1					[4]1		
Italy:																			
Genoa	C																		
Milan	C									4	3	1		2					
Ivory Coast. (See table below.)																			
Japan	C	17		12	7			6							1	1			
Kobe	C		1			1													
Moji	C	3																	
Nagasaki	C			1															
Osaka	C	3	3	2	2														
Tokyo	C	3	1																
Liberia.[5]																			

[4] Imported.

[5] A report dated June 27, 1934, states that an epidemic of smallpox has occurred in Sanoyea, near Monrovia, Liberia. All sanitary measures are taken.

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

SMALLPOX—Continued

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

Place		Feb. 25–Mar. 31, 1934	Apr. 1–28, 1934	Apr. 29–May 26, 1934	May 27–June 30, 1934	Week ended— July 1934 7	14	21	28	August 1934 4	11	18	25	September 1934 1	8	15	22	29
Mexico:																		
Guadalajara	D			1														
Mazatlan.[6]																		
Mexico, D.F.	C	3	22	14	12	2	2	1		3								
Monterrey	C									1								
Piedras Negras	C			1														
Rosita	C			11														
San Luis Potosi	D		2	2		1												
Tampico	C																	
Teitipac.[6]																		
Torreon	D		2	1	1													
Vera Cruz	C	1																
Morocco. (See table below.)																		
Mozambique. (See table below.)																		
Nigeria	C	808	717	1,277	136					159		57						
Lagos	C	19	12	15	9			1	1		1	1	1	1	1			
Nyasaland. (See table below.)																		
Palestine	C	17		2	7													
Persia	C						2			3								
Teheran	C			1		3	4			1								
	D	1	3		1									1				
Peru. (See table below.)																		
Poland	C	1		1			1											
Portugal (see also table below):																		
Lisbon	C	4	2	8	6	1	3											1
Oporto	C		3															
Portuguese East Africa. (See table below.)																		
Salvador	C		[3] 42	60	35		[3] 21					[7] 30		[3] 10				
Siam	C	4	24	5	96	4	2								32			
Sierra Leone	C	429	40	77	226	[3] 14		[3] 53		[3] 54		[3] 26				[3] 143		
Spain	C	51	28	64	131	13	22	7	12	10	18	7	12	11	5	4		
Straits Settlements: Singapore	C		1	1														
Sudan (Anglo-Egyptian)	C	90	19		7		3					4				1		
Syria:																		
Beirut	C	8		2						1	1							
Provinces	C	29	55	31	31	15	13	13	9	6	5	12	9		28	27	17	

Trans-Jordan	C				2			1												
Turkey. (See table below.)																				
Union of South Africa: Cape Province	C		P																	

On vessels:

S.S *Ranpura* at Bombay from Shanghai	1 case	Feb.	26, 1934
S.S. *Minnie Moller* at Shanghai	1 case	Feb.	27, 1934
S.S. *Shantung* at Hong Kong	Present	Mar.	2, 1934
S.S. *Pronto* at Hong Kong	Present	Mar.	12, 1934
S.S. *Ekma* at Rangoon from Calcutta	1 case	Mar.	17, 1934
S.S. *Norviken* at Hong Kong	Present	Mar.	17, 1934
S.S. *Sandviken* at Hong Kong	Present	Mar.	22, 1934
S.S. *Moldavia* at Port Said from Bombay	1 case	Mar.	26, 1934
S.S. *Hydrangea* at Hong Kong from Swatow	1 case	Mar.	28, 1934
S.S. *Yuen Sang* at Hong Kong from Swatow	1 case	Apr.	3, 1934

On vessels—Continued.

S.S. *Ramsay* at Singapore from Vladivostok	1 case	Apr.	27, 1934
S.S. *Taima* at Moji	1 case	Apr.	27, 1934
S.S. *Kut Sang* at Hong Kong from Amoy	Present	May	9, 1934
S.S. *Tjinegara* at Hong Kong	Present	May	16, 1934
S.S. *Britannia* at Port Said from Liverpool	1 case	May	31, 1934
S.S. *Rhona* at Penang from Madras	1 case	June	14, 1934
S.S. *Rajula* at Penang	1 case	June	28, 1934
S.S. *Rhona* at Penang from Madras	1 case	July	12, 1934
S.S. *Tacoma* at Moji from Dairen	1 case	July	28, 1934

Place		March 1934	April 1934	May 1934	June 1934	July 1934	August 1934
Belgian Congo (see also table above)	C	148	104			360	
Bolivia	C	42	20				
Cameroun (French)	C	31	105				
Chosen	C	102		7		7	
Dahomey	C			5		83	
Ecuador	C	[4] 3				1	
Finland	C					1	
France	C						3
Gold Coast	C	36	11				
Greece (see also table above)	C	5					
Guatemala	C						1
Indo China (see also table above)	C	697	703	592	215	192	150
	D	64	69	76	39	29	39
Ivory Coast	C	36	11		4	2	
Morocco	C	2	19	3	2	5	2
Mozambique	C					3	4
Nyasaland	C	115	149	36			16
Peru	D	33	18	16	29	24	
Portugal (see also table above)	C	78	68	110			
	D	15	3	1			
Portuguese East Africa	C		1	34	5		
Turkey	C		3	5	2	17	4

[3] For 2 weeks.
[4] Imported.
[6] A report dated Aug. 27, 1934, states that smallpox has appeared in the suburbs of Mazatlan, Sinaloa, Mexico; the report also states that 104 deaths from smallpox have occurred in Teitipac, Oaxaca, Mexico
[7] For 4 weeks.

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

TYPHUS FEVER

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

Place		Feb. 25–Mar. 31, 1934	Apr. 1–28, 1934	Apr. 29–May 26, 1934	Week ended— June 1934					July 1934				August 1934				September 1934		
					2	9	16	23	30	7	14	21	28	4	11	18	25	1	8	15
Algeria:																				
Algiers Department	C	12	13		11		1	5	1			1				1				
Constantine Department	C	51	20	41	34	15	10	25	7	12	10	3	7	3	6	3		3	1	1
Bone	C		1													1		1		
Oran Department	C	6	1	5			3		2	1		1				10				
Australia: Sydney	C	1																		
Azores. (See table below.)																				
Basutoland. (See table below.)																				
Belgian Congo [1]	C					33	40	47	88	53	2	49	31	52	30	26		13	19	13
Bolivia. (See table below.)																				
British East Africa: Uganda	C	44	17	2	5		1										1			
Bulgaria	C	42	38	45	11	2	2		4				2							
Chile	C	[2] 603		[3] 1,192	213	193	286	210	192	215	208									
Concepcion	C									8	5									
Santiago	C	201	108	164	74	46	72	61	68	63	107	94	101	73						
Tarapaca Province [4]																				
Valparaiso	C	9	10	11	1	3	1	6	11	11	10	3	6	2	8	7	4	3	8	6
China:																				
Hangchow	C								1											
Hankow	C				1															
Harbin	C			P	1		2													
Nanking	C	2	2	3	3															
Shanghai	C		1					1	2											
South Manchuria Railway Zone	C	3	1	1			2	1												
Tientsin	C		1	5	2															
Chosen. (See table below.)																				
Cuba: Oriente Province	C										2									
Czechoslovakia. (See table below.)																				
Egypt:																				
Alexandria	C	14	9	4	3	1	3	1	1	1		1		1						
Asyut	C			7		1	2	1		1										
Beheira	C	608		347	79	58	53	30	43	16	14	15	7	7	9	15			1	
Cairo	C	7	9	7		1				1	1									
Dakahliya	C	126	27	139	30	9	23	5		7	5	1	4	2	5					
Damietta	C	20	12	5	1				1		1									

Faiyum	C					2													
Gharbiya	C	526	62	328	65	55	26	27	20	39	7	13	12	12	4	6			1
Girga	C	13		1					1						1				
Minufiya	C	275		127	34	20	8	19	6	6	8	10	2		3	2			
Minya	C													1					
Port Said	C	2	1		2	1		1											
Qena	C					6	2	2	3	1				1	5				
Sharkiya	C						14		8		7	1	7	1		2			1
Provinces	C	1,977	1,641	1,360	219	166	130	95	85	83	44	49		25	28	27	18	13	4	10
Estonia	C															1			
Finland. (See table below.)																			
Greece. (See table below.)																			
Guatemala. (See table below.)																			
Hungary	C	12																	
Iraq	C		47	27	19	5		41											
Baghdad	C		23	6	3			[5] 1							2		1	1	
Kifrik liwa	C		68	41	16			40	3										
Mosul liwa	C												14	3					
Irish Free State:																			
Cork County—Castletown	C										5								
Waterford County—Lismore	C	2																	1
Wicklow County—Altidore	C											7							
Italy:																			
Leghorn	C														1		1		2
Palermo	C									1									
Japan: Aomori Prefecture	C													3	1				
Latvia. (See table below.)																			
Lithuania	C	47	62	12	4					8		6	3	3	2		2		
Mexico:																			
Guadalajara	D																		1
Mexico, D. F	C	100	79	64	15	8	36	26	23	13	18	6	1	8	12	5			
Saltillo	D																		[2]
San Luis Potosi	D	3				1						1							
Torreon	C										1			1					
Morocco	C	61	69	34	28	9	7		1	3	4	3	8	36	6		1	1	
Palestine	C				2		1	1			4	1							1
Persia	C	146	76	230	52	64	23	58	20	33	39	26	14	9	21	13	6	17	5
Teheran	C	18	8	36	5	3	7	7		3	4	4	14	1	4	1	1	2	
Peru. (See table below.)																			
Poland	C	948	679	426	80	70	52	47	35	33	40	30	45	20	20	25	12	10	13
	D	60	37	28	9	5	3	5	1	2	5	2	3	1		1	4		9
Portugal (see also table below): Oporto	C									1								1	1
Rumania. (See table below.)																			
Scotland	C			3															
Spain: Catalonia	C						27												
Straits Settlements: Singapore	C												2						
Syria: Beirut	C													1					

[1] From Apr. 18 to May 27, 1934, 256 cases of typhus fever with 7 deaths were reported in Belgian Congo.
[2] For 4 weeks ended Mar. 17, 1934.
[3] For 9 weeks.
[4] A report dated July 13, 1934, states that 41 cases of typhus fever with 7 deaths have been reported in the villages of Usmagama and Pachica, Tarapaca Province, Chile.
[5] Imported.

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

TYPHUS FEVER—Continued

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

Place		Feb. 25–Mar. 31, 1934	Apr. 1–28, 1934	Apr. 29–May 26, 1934	Week ended— June 1934					July 1934				August 1934				September 1934		
					2	9	16	23	30	7	14	21	28	4	11	18	25	1	8	15
Trans-Jordan	C	13	11	6	3	4	7	1	1	-----	4	-----	-----	3	1	-----	-----	-----	-----	-----
Tunisia:																				
Tunis	C	1	12	2	15	-----	3	4	-----	1	-----	-----	-----	-----	-----	-----	1	-----	-----	-----
Provinces	C	88	146	90	38	7	13	17	24	12	9	13	12	-----	13	1	-----	-----	1	?
Turkey. (See table below.)																				
Union of South Africa. (See table below.)																				
Yugoslavia. (See table below.)																				

Place		March 1934	April 1934	May 1934	June 1934	July 1934	August 1934
Azores	C	5	9	-----	-----	-----	-----
Basutoland	C	-----	81	-----	-----	-----	-----
Bolivia	C	79	38	98	46	-----	-----
Chosen	C	3	7	-----	6	-----	-----
Czechoslovakia	C	123	78	66	20	3	-----
Finland	C	-----	-----	4	-----	-----	-----
Greece	C	14	2	3	-----	9	-----
Guatemala	C	17	26	42	18	24	36
Latvia	C	1	-----	3	-----	-----	-----
Peru	C	26	59	24	59	43	-----

Place		March 1934	April 1934	May 1934	June 1934	July 1934	August 1934
Portugal	C	5	9	28	-----	-----	-----
Rumania	C	492	349	176	73	16	-----
Turkey	C	14	41	39	15	9	22
Union of South Africa:							
Cape Province	C	238	132	119	250	289	-----
Natal	C	16	8	7	10	26	-----
Orange Free State	C	339	454	343	884	709	-----
Transvaal	C	5	-----	8	38	24	-----
Yugoslavia	C	361	445	398	118	58	27

YELLOW FEVER

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

Place		Feb. 25–Mar. 31, 1934	Apr. 1–28, 1934	Apr. 29–May 26, 1934	Week ended— June 1934					July 1934				August 1934				September 1934		
					2	9	16	23	30	7	14	21	28	4	11	18	25	1	8	15
Brazil:																				
Bahia State: Victoria Bank	C				1															
Ceara State:																				
Carius	C		1	1	1															
Iguatu	C		1																	
St. Mathew	C	1																		
Santa Quiteria	C								1											
Mato Grosso State: Coronel Ponce	C			1																
Para State—St. Sebastian	C			1																
French West Africa—Guinea—Kindia	C																			1
Gold Coast: N'Kaw Kaw	C										1									
Ivory Coast:																				
Abidjan [1]	C				2				1											
	D				1				1				1							
Agboville	C																			1
Bingerville	C														1					
Rubino	C			2																
Niger Territory:																				
Maradi	C																		1	
Zinder	C												1	2	1	2				
	D												1	2		2				
Senegal: Matam	C			1																
Sudan (Anglo-Egyptian): Wau	C					1														

[1] During the week ended Sept. 29, 1934, 1 case of yellow fever with 1 death was reported at Abidjan, Ivory Coast.