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EXPERIMENTAL PSITTACOSIS IN THE POCKET GOPHER¹

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INTRODUCTION AND LABORATORY OBSERVATIONS

From the time of Ritter's recognition and report of psittacosis as a clinical entity in 1879 to the widespread epidemic of 1929-30, the disease was considered one peculiar to parrots alone and incapable of being transmitted to man. With the advent of the epidemic of 1929-30, psittacosis emerged from the status of being a little-known sporadic disease to become one of universal interest.

Extensive study of the disease was then undertaken by research workers in many countries, and a considerable amount of this work has been directed to the search for additional hosts, both as potential vectors of psittacosis and as animals suitable for experimental and diagnostic studies. This line of research has revealed that a surprisingly large number of both birds and mammals are more or less susceptible to the disease. In 1929, Barros (1) reported instances of several human cases in Argentina contracted from sick thrushes and one case from an Italian cardinal bird. In 1930, Thompson (2) reported 3 cases from exposure to infected love birds, and in the following year 2 cases occurred from infected canaries (3). Sturdee and Scott (4) have reported that they were able to infect chickens, but were unable to infect pigeons, green finches, or linnets. Levinthal (5) was able to infect the Japanese rice bird, and this bird has since been used extensively for diagnostic purposes. Rivers and Berry (6) found that rabbits and guinea pigs were susceptible by intracerebral inoculation, but were refractory to the disease by other methods of inoculation.

Of great practical importance was the discovery of Krumwiede (7) et al, that white mice were relatively uniformly susceptible to psittacosis, that a fairly characteristic reaction was obtained, and that these animals were therefore satisfactory for diagnostic studies. Much of the hazard and expense incident to the use of psittacine birds for this purpose was thereby eliminated.

Psittacosis is, then, as has been shown, a disease capable of attacking, at least experimentally, a wide variety of hosts. In practically

¹ From the Psittacosis Laboratory of the U. S. Public Health Service, Pasadena, Calif.

every instance, however, the susceptible animals have been numbered among the domesticated varieties. During the course of our studies on psittacosis, it was decided to determine whether any of the more common wild animals were susceptible. For this purpose we selected three of the most common animals found wild in southern California, namely, the wild rat (*Rattus norvegicus* Linnaeus), the ground squirrel (*Citellus beecheyi beecheyi* (Richardson)) and the pocket gopher (*Thomomys bottae bottae*). We were unable to infect either the rat or squirrel by massive subcutaneous inoculations or by feeding, but the gopher proved to be highly susceptible to psittacosis by all methods of infection.

The pocket gopher (*Thomomys bottae bottae*) is native to Southern California and is one of a great number of closely related species, the habitat of which includes most of the middle and western States. The common name is derived from a peculiarity of its anatomical structure, consisting of two large cheek pouches, or pockets, opening on either side of the mouth and extending back to the shoulders, and which are used for carrying food.

The adult animal is dark reddish brown in color and measures 8 to 10 inches in length from the tip of the nose to the root of the tail, with long claws and powerful legs and shoulders. The animals prefer soft fertile soil in which they dig almost endless tunnels just beneath the roots of the grass and other vegetation, which constitutes their chief food supply. This mode of living accounts for their choice of lawns and gardens as their favorite abode, and in which they do a great amount of damage. Two to six offspring are produced at a time and several litters are born during the year.

Although gophers are very numerous in this section of the country, they are, due to their living habits, rather infrequently seen and extremely difficult to obtain alive. For this reason our studies were limited to 16 animals. Of these, 11 were infected with psittacosis and 5 normal animals were studied for comparison.

The virus used consisted of 2 strains, 1 of which was from a fatal human case and had been carried through more than 100 mouse passages. The other strain was more recently isolated from a parakeet which had been responsible for a nonfatal human case and had gone through only 3 mouse passages. No difference was apparent in the results obtained from the two strains. The dosage ranged from 0.2 to 0.25 cc of a 1-percent suspension of virulent mouse spleen, the inoculations being made subcutaneously on the back. This dosage had previously been found to kill white mice almost uniformly in 7 to 8 days. As shown in the accompanying table, the average killing time for the gophers was somewhat less than that for the mice, although heretofore white mice have been considered the most susceptible mammal.

TABLE I.—Summary of laboratory observations

Gopher no.	Dosage of 1:100 suspension of virulent mouse spleen	Route of inoculation	Killing time	Gross pathology			Microscopic pathology		Virus recovered by mouse inoculation	Culture of heart blood	Remarks	
				Injection of abdominal wall and peritoneum	Enlargement of liver and spleen	Necrosis of liver	Spleen					Liver
							L.C.L. bodies in impression smears	L.C.L. bodies in impression smears				
1	cc. 0.25	S.C.	6	+++	++	++	+++	++	Yes	Neg.	Not studied histologically.	
2	.25	S.C.	3	+++	++	---	+++	++	Yes	Neg.	Do. 3 separate contacts in 24 days. Pleomorphic gram. neg. rods.	
3	.25	S.C.	5	++++	++	---	+++	++	Yes	Neg.		
4		Contact	24, 6, 2	++++	+	---	---	---	Yes	Neg.		
5	(¹)	G.I.	17	++++	+++	---	++	+	Yes	Neg.	Accidentally killed within 24 hours. Virus from G. through mice and back to gopher.	
6	.2	S.C.	4	+	+	++	++	---	Not inoc.	Neg.		
7	.2	S.C.	3	+++	++	---	++	++	Yes	Neg.	Virus from G. through mice and back to gopher.	
8	.2	S.C.	1	---	---	---	---	---	Not inoc.	Neg.		
9	(¹)	G.I.	8	+	++	---	++++	+++	Yes	Neg.		
10	.2	S.C.	7	++++	++	---	+++	++	Yes	Neg.	Virus recently isolated from parakeet.	
11	.2	S.C.	3	+	+++	---	+++	++	Yes	Neg.		

NORMAL CONTROLS

1									No	Neg.	
2									No	Neg.	
3									No	Neg.	
4									No	Neg.	

¹ Indefinite.

At autopsy the gophers dying from psittacosis presented a quite constant and characteristic picture. In almost every animal, regardless of the method of infection, an extensive hemorrhagic infiltration of the abdominal wall and peritoneum was noted. In degree, the amount of infiltration ranged from slight in 1 or 2 animals, to frank intra-abdominal hemorrhage in others. Enlargement of the liver and spleen with increased friability of the spleen was a constant finding, but macroscopic areas of necrosis, which is a common finding in the livers of mice, were noted in only 2 of the animals, and in these the gross appearance differed from that seen in the liver of mice. However, the number of L.C.L. bodies, which we consider indicative of psittacosis, was found in impression smears of the spleen and liver to exceed in almost every gopher the number usually seen in similar smears from mice. In 9 of the animals, in addition to the demonstration of L.C.L. bodies in impression smears, the virus was recovered from the gopher spleen by inoculation into white mice. In the other two recovery was not attempted. In almost every instance it

was found that the killing time in mice was reduced by a few days for 2- or 3-mouse passages, after which the original killing time of 7 to 8 days was reestablished.

Heart-blood cultures were taken on all animals used, both normal and infected, and in only one was infection of the blood stream found to exist. This is in direct contrast with the results seen in white mice when used for experimental work with psittacosis, as these animals are very frequently found to be infected with one or more of several strains of bacteria of the Salmonella group. Such infections, while sometimes defeating the purpose of an experiment, can and frequently do exist coincidentally with psittacosis without materially affecting the accuracy of the experiment.

CONCLUSIONS

The results of this experiment naturally bring to mind the question as to whether or not the pocket gopher is or could ever become a natural vector of psittacosis. We have no evidence that infection with this disease has ever occurred in this animal in its wild state. In view, however, of the animal's habitat, its mode of living, and its ready susceptibility to psittacosis, the possibility that such infection could occur must be admitted; that such infection, if it did occur, could be carried to a noninfected aviary seems quite unlikely and practically impossible in the case of well-built and well-kept aviaries.

Another interesting possibility brought out by this experiment is the use of this animal for diagnostic studies. Our experiments, although limited, seem to prove conclusively that this gopher is more uniformly susceptible to psittacosis than white mice. In addition, the apparent resistance of this animal to the infections so frequently met with in the use of white mice removes much of this difficulty which, in our experience, has often been considerable. The greatest objection, of course, in the use of this animal for experimental purposes is the difficulty in obtaining it. It is entirely possible, however, that the animal could be reared in captivity. Although we have not attempted any breeding experiments, we have found that these animals thrive in captivity, requiring no more space and less attention than is required to raise white rats.

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THE PATHOLOGY OF PSITTACOSIS IN THE POCKET GOPHER¹

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On gross examination of pocket gophers inoculated with psittacosis virus these animals generally present enlargement of the liver and spleen, congestion of the abdominal wall, often a thin hemorrhagic peritoneal exudate, and, in some animals, small foci of necrosis in the liver.

Impression smears from the spleen generally show more or less numerous coccoid rickettsiae, in some animals extraordinarily numerous.

Material for histologic examination was available in 5 gophers dying 3 to 6 days after subcutaneous inoculation on the back, in 2 dying, respectively, 8 days after a single feeding and 14 days after the first of a series of feedings with infective material, in 1 accidentally killed within 24 hours of inoculation and in 1 gopher exposed to infection by contact 24, 6, and 2 days before death. From the paucity and early histologic type of the lesions in this last animal we are inclined to consider the last contact to be the infecting contact. In addition, tissues from 5 presumably normal, uninoculated gophers were studied for comparison.

Material was fixed as promptly as possible after death in Orth's fluid, washed in running water, and preserved and shipped from Pasadena to Washington in 70-percent alcohol. Dehydration was completed with acetone, then clearing was done in cedar oil or gasoline and embedding in paraffin *in vacuo*, followed according to our usual technique (1). Paraffin sections were stained by a modified Romanowsky technique² and by iron chloride hematoxylin and picrofuchsin.

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² We have further modified this method since its publication (2), and now proceed as follows: 0.6 gm of dry Balch method eosinate of polychrome methylene blue is dissolved in 25 cc C.P. glycerin and 75 cc reagent methyl alcohol. This is the stock stain and is stored in small, tightly stoppered, full bottles rather than in one large bottle, as it apparently deteriorates in partly filled containers. For staining take 2 cc of stock stain, 3 cc of methyl alcohol, 3 cc of C.P. acetone, and 35 cc of phosphate buffer solution of pH 5.3 (M NaH₂PO₄, 65 cc, and M/15 Na₂HPO₄, 26 cc). Stain for 30 minutes, rinse in distilled water, dehydrate in acetone, clear in xylol, mount in heavy liquid petrolatum, U.S.P., and seal with pyroxylin cement.

TABLE 1.—Summary of protocols, with distribution and type of histologic lesions

Gopher no.	Pathology no.	Killing time	Route of inoculation	Liver							Spleen		Brain			
				Foc. coag. necrosis (infarct)	Isol. coag. liv. cells	Foc. fibrino. Kar-yorrh. necr.	Hyal. cap. thromb.	Swoll. Kupffer cells	Rickettsiae	Midrenal fatty degen.	Thrombocrosis of pulp. fibrinoclas.	Rickettsiae				
7	5353	3 Days	S.C.	lh.	+	+	+	+	+	+	+	+	+	+	+	+
11	5589	3	S.C.	Small	+	+	+	+	+	+	+	+	+	+	+	+
6	5352	4	S.C.	Small	+	+	+	+	+	+	+	+	+	+	+	+
10	5587	6	S.C.	—	+	+	+	+	+	+	+	+	+	+	+	+
2	5099	6	S.C.	—	+	+	+	+	+	+	+	+	+	+	+	+
9	5588	8	G.I.	Small	+	+	+	+	+	+	+	+	+	+	+	+
*5	5354	14	G.I.	—	+	+	+	+	+	+	+	+	+	+	+	+
8	5462	1	S.C.	—	+	+	+	+	+	+	+	+	+	+	+	+
4	5463	24, 6, 2	Contact	+h	Few	lh.	+	+	+	+	+	+	+	+	+	+

NORMAL CONTROLS

1	5355	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	5464	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	5466	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	5465	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	5488	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Gopher no.	Pathology no.	Days	Route of inoculation	Adrenal	Heart, cloudy swelling	Lungs					Kidney					
						Congestion	Foc. alv. hem.	Ser. alv. exud.	Alv. epith. desquam.	Interstit. edema	Hyal. cap. thromb.	Parench. degen.	Macro.	Lympho.	Pelvic infiltration	
7	5353	3	S.C.	—	+	—	—	—	—	—	+	Rare	+	+	+	+
11	5589	3	S.C.	—	+	—	—	—	—	—	—	—	+	+	+	+
6	5352	4	S.C.	Infarct	+	+	—	—	—	—	—	—	+	+	+	+
10	5587	6	S.C.	0	+	+	—	—	—	—	—	—	+	+	+	+
2	5099	6	S.C.	—	+	+	—	—	—	—	—	—	+	+	+	+
9	5588	8	G.I.	—	+	+	—	—	—	—	—	—	+	+	+	+
*5	5354	14	G.I.	—	+	+	—	—	—	—	—	—	+	+	+	+
8	5462	1	S.C.	0	—	—	—	—	—	—	—	—	—	—	—	—
4	5463	24, 6, 2	Contact	—	—	—	—	—	—	—	—	—	—	—	—	—

NORMAL CONTROLS

1	5355	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	5464	—	—	—	+	—	—	—	—	—	—	—	—	—	—	—
3	5466	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	5465	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	5488	—	—	—	—	+	+	—	—	—	—	—	—	—	—	—

A=Autolyzed; 0=No tissue examined.

* This animal also showed an obvious bacteremia, and the glomerular necroses seen in it were attributed to that cause.

The histologic findings are summarized in table 1.

The liver generally shows scattered, isolated, coagulated necrotic liver cells with strongly oxyphil cytoplasm and nuclei in varying phases of karyolysis or less often karyorrhexis. Less often small clumps of coagulated liver cells are found, forming small focal necroses. Small hyaline capillary thrombi occur in about half of the animals. Usually there are variably numerous small (100μ) rounded foci of fibrinocaseous necrosis composed of a fairly close network of rather coarse fibrin enmeshing pyknotic nuclear fragments and sometimes marginally an occasional coagulated liver cell. Kupffer cell swelling is much less marked than in mice (unpublished data, Lillie, and Rivers and Berry (3)) or parrots and parrakeets (Lillie (4), Rivers, Berry, and Sprunt (5), Elkeles and Schneider (6), Pesch and Siegmund (7)) being confined to scattered, isolated, vacuolated endothelial cells. An occasional finding was a midzonal finely vacuolar degeneration of the liver cells, probably fatty in nature. Owing to the mode of preparation of the material, fat stains could not be used. Rickettsiae were not numerous and were usually confined to swollen Kupffer cells and to the small hyaline thrombi, once also in the fibrinocaseous focal necroses. This distribution resembles that seen in mice (unpublished data, Lillie). The organisms are usually coccoid or less often diplococcoid in form, occasionally bacilliform.

The spleen generally shows a widespread fibrinous thrombosis of the pulp, accompanied by karyorrhexis in the tissue cells, grading into caseous necrosis. This thrombosis is interspersed with unthrombosed areas crowded with red corpuscles. Reticulum cell swelling is not readily identifiable on account of the extensive degenerative changes. Rickettsiae were often identifiable in the thrombosed areas as minute, deeply basophil coccoid and diplococcoid bodies, occasionally also as short, solid, deeply basophilic rods and longer lightly basophil bacillary forms with deeply stained polar granules. The splenic follicles sometimes showed some cell separation and oedema and occasionally accumulation of nuclear fragments in clear spaces and swollen follicular reticulum cells.

The kidneys regularly showed more or less pronounced swelling and finely granular cytoplasmic degeneration of the epithelial cells of the convoluted and Henle loop tubules. Focal glomerular thrombonecroses were present in gopher no. 5, but were associated with an obvious bacteremia and were considered assignable to that cause rather than to psittacosis.

In one gopher (no. 11) the areolar tissues of the renal pelvis showed an extensive and focally quite dense cellular infiltration, chiefly by monocytes, phagocytic macrophages, and some lymphocytes. There were a few foci of karyorrhexis and of early caseous necrosis, as well as scattered small hemorrhages.

In one animal (no. 6) the adrenal showed an area of hemorrhagic and coagulative necrosis involving two-thirds of the medulla and adjoining cortex, with the exception of the subcapsular cell layer. Centrally this necrotic area contained a thrombosed necrotic artery, and hence was considered as an infarct. No adrenal lesions were present in the other animals.

The heart muscle showed some swelling and finely granular degeneration of fibers, usually not to the extent of obscuring the cross striations, in the animals dying soonest after inoculation. This change was more pronounced in the muscle fibers of cardiac type which surround the major pulmonary veins. (This type of venous musculature does not extend to smaller pulmonary veins in gophers, as it does in mice.)

The lungs of about half the animals showed irregular congestion, alveolar hemorrhage, and serous alveolar exudation, occasionally with a few large, round, desquamated alveolar epithelial cells with characteristic epithelial nuclei. One animal showed periarterial and peribronchial oedema, with some accumulation of fragmenting cells in the dilated lymphatics. Another showed small areas of interstitial lymphocyte infiltration. A peribronchial lymph nodule in one gopher showed karyorrhexis in its germinal center.

The brain showed no lesions other than minor autolytic changes.

CONCLUSIONS

Gophers inoculated with psittacosis virus present a quite consistent and fairly characteristic pathologic picture. It is characterized by focal fibrinocaseous necroses, isolated coagulated cells, occasional small coagulation necroses and slight Kupffer cell swelling in the liver, extensive fibrinokaryorrhectic pulp thrombonecrosis in the spleen, congestion, hemorrhage and oedema in the lungs of some animals, and cloudy swelling in the heart muscle and kidney.

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THE CONSTITUTIONAL PSYCHOPATH AS THE WARDEN'S PROBLEM¹

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After listening to the preceding papers this afternoon, I feel that I possibly will not talk to the point expected, because I have just learned that the very fine paper² written by the very able doctors and psychologists of Chillicothe, Ohio, and discussed by the gentlemen who have preceded me, had been proposed for discussion, although for some reason or other I did not have the opportunity of examining it. I beg your indulgence, therefore, if my remarks are not in line with the program.

For a mere warden to endeavor to discuss the proper treatment of psychopathic personalities before such a group as this is almost fantastic. I have never yet read or heard of a solution of this problem; and to protect myself in the discussion of a technical subject, the scientific entanglements of which I must avoid, I think it better for me to dismiss the term "psychopathic personality", as does Dr. Menninger in "The Human Mind", and simply refer to these individuals as he does, with the word "perverse." They are headed cross-stream, playing at the game but breaking all the rules. Their defectiveness is in their emotional functioning, and they simply cannot keep out of trouble. They may achieve some good in the world, but the world pays dearly for it, and the net total of their lives is "in the red."

What causes constitutional psychopathy is beyond human ken. The various treatments that have been tried on individuals so afflicted, according to all the scientific literature that I have been able to assimilate, amount to nothing. In some States, such as Kansas, these individuals are committed to State hospitals for detention, but they usually escape. In the Federal service, unless they are frankly psychotic, these constitutional psychopaths, or perverse, "ornery" individuals, constitute a real problem for any warden, and I know of no place where a more honest effort has been made to help them adjust themselves than in the Northeastern Penitentiary, but I cannot point with pride to the results.

¹ Presented at the Conference on Medical and Psychiatric Services of the Federal Penal and Correctional System, held at Springfield, Mo. Sept. 13-15, 1934.

² See Public Health Reports for Nov. 9, 1934, pp. 1325-1339, and Nov. 16, 1934, pp. 1365-1371, for previous papers read at the conference.

One of the outstanding problems that have confronted the custodial officers of our Institution is exemplified in the case of an individual whom I shall call John Doe. This case may be of particular interest here because Doe served time under both Warden Zerbst and Warden Aderhold before coming to Northeastern and is now finishing a sentence at Milan, Mich. This man was born in Russia, of an apparently respectable family, and came to this country when he was 16 years of age. He had an elementary education in music given to him by his father, who was a musician, and after arriving here he traveled with various carnival companies and circuses as a member of their musical organizations, so that he acquired what psychiatrists call a "roving disposition." In 1918 he enlisted in the Regular Army as a musician and served for 4 years as such in the Sixteenth Cavalry Band. He had no criminal record prior to this time; but after his discharge in 1921 he was sentenced to a term of 2 years in Lansing, Mich., for burglary and in 1927 he was committed to Leavenworth for a year and a day and in 1928 to Atlanta for 2 years, both times for violation of the Dyer Act. In 1932 he was again arrested on the same charge and sent to Leavenworth for a period of 5 years, whence he was transferred to the Northeastern Penitentiary in January 1933. Upon his admission there his psychometric examination indicated that he had an I. Q. of 88 and a mental age of 14.1, with a definite indication of psychopathic personality without psychosis.

Shortly after his receipt at Northeastern my attention was attracted to him by his request to be allowed to play the saxophone during church services, and I was impressed with his pleasant manner and apparent gratitude toward the elderly woman who accompanied him on the piano. But Doe resented his transfer from Leavenworth; and when his request to be returned there was denied, he became very vindictive and swore that he would make himself so objectionable that we would have to send him back for our own protection. Shortly after this he got into trouble with an officer in the dining room, and on his way to the deputy's office made threats against this officer's life. After 5 days in isolation he put in a request for an interview with me, which was granted. At this interview his attitude was most disrespectful and threatening. From then on he was continuously in trouble, refusing to work and refusing to cooperate with the officials of the Institution, particularly the deputy warden, in any way. While doing his best to make himself obnoxious, he wrote numerous letters to "my Senators", as he called them, to the Attorney General, and to Mr. Bates, making all sorts of insinuations and finally charges against the various officials of the Institution. I referred him to the Bureau of Prisons as a man who would undoubtedly prove to be a real institutional problem, and I followed his career closely in an effort to give him such treatment as was warranted by our belief

that some improvement might be accomplished in his behavior attitude. The deputy and I held frequent conferences about him and endeavored to treat him with all the fairness commensurate with the policy of the Institution, but it seemed that the more we did for him the farther we were from our goal.

Finally I sent for Doe to come to my office, and after a lengthy discussion told him that I felt that possibly our entire program of treatment for him had been wrong, that both the deputy and I were going to turn the matter over to him for final adjudication, and that the next morning the three of us would have a meeting and give him an opportunity to tell us where he would like to work and what kind of treatment he thought would be of greatest benefit to him personally, without regard for the institutional problems involved. At that meeting he said that it could not be possible that we wanted to be fair with him, but that he would try us out, and that if we would assign him to the orchestra, place him in first grade, and make one or two other concessions, he was sure we would have no further trouble with him. We did all this; and on the second day the deputy, in passing through the dining room, where the orchestra was playing, stepped over to Doe and as pleasantly as possible asked him how he was getting along. His reply to the deputy was, "Go to hell and leave me alone."

No disciplinary action was taken for this insolence, but 2 or 3 days later he created a disturbance in the mess hall and endeavored to incite other men to do the same, and he made himself such a general nuisance that the officers complained to the deputy that they were not being sufficiently supported by him in the treatment of such an offender. Doe was again placed on a disciplinary report on account of his intensely bitter attitude, was placed in isolation, and was reduced to third grade.

At various times he was referred to the hospital for a psychiatric examination, and both Dr. Wilson and Dr. Pescor intimated that he was developing a frank psychosis, although Dr. Jackson did not concur in this opinion. Dr. Wilson said that he thought he could straighten Doe out if we would transfer him to the hospital under his direction. This action was taken in a final effort to solve this problem which had been causing us so much anxiety, and for a while he progressed very well, solely because he was given an assignment and allowed to do virtually as he pleased. However, he became so obnoxious to the custodial department in its attempt to enforce discipline in the hospital that he was again placed in isolation and his transfer to some other institution was finally recommended to Mr. Bates as the only remedial action which might have any beneficial results.

In a conference with Superintendent Ryan, of Milan, Mich., to whose institution Doe was transferred, Mr. Ryan informed me that this man was just as much a problem with him as he was at North-eastern. He was continually in trouble, firing a barrage of threatening and intimidating letters and promising Mr. Ryan that he would have him removed from his position within a very few months.

This man presents to me a real problem in what is known as "constitutional psychopathy." I know of no other man coming to my attention as warden of two institutions who has given me so much concern and with whom I have labored so zealously and without rancor; and I can frankly, though regretfully, say that I have felt a sense of defeat in having him transferred after a futile struggle against his threats and determination to make himself so unmanageable that such action would be necessary.

This is not a unique case in our experience, for we are confronted almost daily with recurring instances of the perverse and "ornery" actions of these so-called "psychopathic personalities"; and I earnestly hope that this conference, with all its learned psychiatrists, psychologists, and medical experts, will evolve a method of treatment of these cases which will answer the call for much-needed help by at least one warden in the Federal service.

COURT DECISION ON PUBLIC HEALTH

Termination of services of city school medical inspector upheld.— (New Jersey Supreme Court; *Skladzien v. Board of Education of City of Bayonne et al.*, 173 A. 600; decided July 10, 1934.) On August 3, 1931, by resolution of the board of education of the city of Bayonne, the prosecutor (plaintiff) was reappointed school medical inspector for a term of 3 years. He had previously been in the service of the board in a like capacity for a 5-year term. On March 16, 1933, the city board of education adopted a resolution terminating the prosecutor's services as medical inspector. Section 229 of the school law provided:

Every board of education shall employ a competent physician to be known as the medical inspector, and may also employ a nurse and fix their salaries and terms of office. Every board of education shall adopt rules for the government of the medical inspector and nurse, which rules shall be submitted to the State board of education for approval.

Among the rules of the city board of education was the following:

91. The chief medical inspector and medical inspectors shall be appointed in the first instance for a term of 1 year and thereafter in case of reappointment for a term of 3 years in the discretion of the board. * * *

The resolution terminating the prosecutor's services was brought up for review by a writ of certiorari, the position of the prosecutor being: (1) The statute (sec. 229) authorized an appointment for a fixed term; (2) rule 91 permitted a reappointment for 3 years; and (3) he was reappointed for a 3-year term and, consequently, could not be molested (except for some delinquency, which was not the case here) until his term expired. The decision of the supreme court was adverse to the prosecutor and the following are the court's findings briefly summarized:

(a) Since the terms of three members of the city board of education expired each year, a new board came into being each year.

(b) The prosecutor had no rights, contractual in nature, that had been violated. The post of medical inspector was an office and not a position and the acceptance of a public office did not create a contract between the parties.

(c) Generally, unless the term be fixed by statute, presently in force, or by ordinance or rule under legislative sanction, by direct delegation of that right of municipal control to the appointing power, the term of an appointee to office cannot be longer than coterminous with that of the appointing power.

(d) Section 229 granted the board the right of administration only, with its essential incidents, which do not possess the quality of legislation.

(e) It was not the legislative intent to prevent a succeeding board of education from exercising its prerogative of appointing a medical inspector of its own selection.

(f) That the prosecutor rendered services up to March 16, 1933, and that from February 1 to March 16, 1933, the board received his reports and paid him a salary did not amount to a ratification of his employment.

(g) As the prosecutor's employment might be terminated by the new board, the preferring of charges against him was unnecessary.

DEATHS DURING WEEK ENDED NOV. 10, 1934

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

	Week ended Nov. 10, 1934	Correspond- ing week, 1933
Data from 86 large cities of the United States:		
Total deaths.....	7,993	7,485
Deaths per 1,000 population, annual basis.....	11.1	10.4
Deaths under 1 year of age.....	574	507
Deaths under 1 year of age per 1,000 estimated live births.....	53	43
Deaths per 1,000 population, annual basis, first 45 weeks of year.....	11.3	10.8
Data from industrial insurance companies:		
Policies in force.....	67,043,800	67,499,001
Number of death claims.....	10,802	10,871
Death claims per 1,000 policies in force, annual rate.....	8.4	8.4
Death claims per 1,000 policies, first 45 weeks of year, annual rate.....	9.8	9.7

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 Nov. 17, 1934, and Nov. 18, 1933

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Nov. 17, 1934, and Nov. 18, 1933

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933
New England States:								
Maine.....	2	7	2	1	18	6	0	0
New Hampshire.....					28	12	0	0
Vermont.....	4	1			3	4	0	0
Massachusetts.....	9	29			73	292	1	0
Rhode Island.....	3	3			1		0	0
Connecticut.....	3	26	4	3	209	5	0	2
Middle Atlantic States:								
New York.....	48	44	1 20	1 15	702	287	8	1
New Jersey.....	30	20	13	15	41	23	2	4
Pennsylvania.....	57	83			429	138	0	3
East North Central States:								
Ohio.....	132	83	59	4	159	9	1	0
Indiana.....	72	102	58	30	137	15	1	3
Illinois.....	112	55	22	22	318	21	4	8
Michigan.....	21	26		1	46	72	2	1
Wisconsin.....	8	11	9	25	136	67	2	0
West North Central States:								
Minnesota.....	6	18	1		140	80	0	1
Iowa ¹	13	25			92	2	0	0
Missouri.....	84	64	33	12	99	22	2	0
North Dakota.....	5	15	2	1	43	27	0	1
South Dakota.....	4	5	1		12	148	1	0
Nebraska.....	31	12		9	9	6	0	0
Kansas.....	27	22	1		131	8	0	1
South Atlantic States:								
Delaware.....	1	4					0	1
Maryland ²	18	29	6	5	44	6	1	0
District of Columbia.....	11	13	1		1	11	0	0
Virginia.....	73	95			139	23	1	0
West Virginia.....	77	62	33	32	109	1	0	0
North Carolina.....	73	149	1	28	94	138	2	4
South Carolina ³	13	31	328	385	13	119	0	0
Georgia ⁴	45	48				92	0	1
Florida.....	16	16	1	1	6	1	0	0

Footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Nov. 17, 1934, and Nov. 18, 1933—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933
East South Central States:								
Kentucky.....	96	142	33	—	218	5	0	0
Tennessee.....	65	65	34	49	19	114	1	3
Alabama 1.....	76	45	92	22	122	21	0	1
Mississippi.....	30	32	—	—	—	—	0	0
West South Central States:								
Arkansas.....	3	30	13	15	—	36	0	0
Louisiana.....	25	61	4	11	4	5	0	1
Oklahoma 1.....	20	72	35	47	6	38	2	0
Texas 2.....	58	346	127	175	7	35	2	1
Mountain States:								
Montana.....	1	6	4	7	36	—	0	0
Idaho.....	—	—	3	1	—	4	0	0
Wyoming.....	—	2	—	—	2	22	0	0
Colorado.....	7	3	—	—	107	2	0	0
New Mexico.....	5	14	—	1	41	19	2	0
Arizona.....	4	5	1	15	18	2	1	0
Utah 1.....	2	—	2	—	23	41	0	0
Pacific States:								
Washington.....	1	13	—	—	104	55	0	1
Oregon.....	1	1	31	22	26	18	0	0
California.....	56	53	87	55	50	172	2	4
Total	1,448	1,983	1,011	1,009	4,015	2,229	38	

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933
New England States:								
Maine.....	1	1	20	14	0	0	4	2
New Hampshire.....	1	3	5	19	0	0	0	0
Vermont.....	0	2	—	9	0	0	1	0
Massachusetts.....	2	0	125	170	0	0	5	2
Rhode Island.....	0	0	10	12	0	0	1	0
Connecticut.....	0	0	34	60	0	0	0	1
Middle Atlantic States:								
New York.....	4	10	288	328	0	0	12	16
New Jersey.....	0	2	134	118	0	0	6	5
Pennsylvania.....	3	15	400	443	0	0	23	32
East North Central States:								
Ohio.....	8	0	721	457	3	0	10	5
Indiana.....	1	2	188	177	0	2	7	8
Illinois.....	3	2	513	361	1	1	15	14
Michigan.....	6	1	252	300	0	0	9	9
Wisconsin.....	4	2	313	72	17	18	6	0
West North Central States:								
Minnesota.....	4	0	80	64	10	5	1	5
Iowa 1.....	1	0	64	95	1	3	3	3
Missouri.....	2	0	92	130	6	0	19	6
North Dakota.....	0	2	39	52	0	0	0	2
South Dakota.....	0	0	25	11	1	0	3	1
Nebraska.....	4	3	31	45	0	4	1	0
Kansas.....	1	1	79	131	1	0	5	4
South Atlantic States:								
Delaware.....	0	0	5	4	0	0	2	5
Maryland 1.....	2	0	102	91	0	0	15	13
District of Columbia.....	0	0	26	17	0	0	1	3
Virginia.....	1	0	127	113	0	0	2	8
West Virginia.....	1	0	148	125	0	1	19	11
North Carolina.....	1	1	127	234	0	0	6	4
South Carolina 1.....	0	1	12	5	0	0	4	8
Georgia 1.....	0	0	25	17	0	0	2	12
Florida.....	0	0	—	2	0	0	3	3

Footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Nov. 17, 1934, and Nov. 18, 1933—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933	Week ended Nov. 17, 1934	Week ended Nov. 18, 1933
East South Central States:								
Kentucky.....	2	1	93	122	0	1	21	10
Tennessee.....	0	3	92	113	0	0	14	11
Alabama ¹	0	0	38	46	0	0	7	7
Mississippi.....	1	0	19	22	0	0	5	5
West South Central States:								
Arkansas.....	0	1	2	15	0	1	4	4
Louisiana.....	2	1	20	27	1	0	11	19
Oklahoma ²	0	0	18	36	1	8	30	14
Texas ³	2	0	49	108	5	4	65	50
Mountain States:								
Montana.....	3	0	17	15	0	0	0	3
Idaho.....	0	0	4	2	0	3	1	1
Wyoming.....	1	0	17	11	3	0	0	1
Colorado.....	0	0	173	21	9	22	0	3
New Mexico.....	1	0	26	32	0	0	14	16
Arizona.....	1	0	17	11	0	0	3	0
Utah ⁴	0	0	31	6	0	0	0	1
Pacific States:								
Washington.....	4	5	36	39	20	1	3	5
Oregon.....	3	1	39	41	0	6	6	1
California.....	21	4	164	225	1	5	14	9
Total.....	91	64	4,840	4,588	80	85	383	342

¹ New York City only.

² Week ended earlier than Saturday.

³ Typhus fever, week ended Nov. 17, 1934, 7 cases as follows: South Carolina, 1; Alabama, 4; Texas, 2.

⁴ Dengue, week ended Nov. 17, 1934, Georgia, 197 cases.

⁵ 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	Menin- gococ- cus menin- gitis	Diph- theria	Influ- enza	Malaria	Measles	Pel- lagra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
<i>October 1934</i>										
Alabama.....	1	291	59	984	84	11	5	114	0	51
Iowa.....	5	69	3	-----	102	-----	7	217	6	72
Michigan.....	5	67	3	15	157	-----	58	734	1	74
Minnesota.....	1	65	5	-----	215	-----	26	252	119	14
New Jersey.....	3	68	81	1	73	-----	1	337	0	36
New York.....	7	129	-----	9	488	-----	28	901	0	94
Ohio.....	1	462	100	12	485	-----	64	1,787	-----	117
Rhode Island.....	-----	11	-----	-----	8	-----	-----	54	0	4
South Carolina.....	-----	315	653	1,346	11	68	2	33	0	38
South Dakota.....	1	16	17	-----	53	-----	11	74	6	11
Tennessee.....	2	284	60	207	68	7	12	316	1	89
West Virginia.....	3	329	71	-----	152	-----	9	590	0	101
Wyoming.....	-----	4	-----	-----	5	-----	2	39	4	5

October 1934		October 1934—Continued		October 1934—Continued	
Anthrax:	<i>Cases</i>	Lethargic encephalitis:	<i>Cases</i>	Tetanus:	<i>Cases</i>
New York	1	Alabama	3	Alabama	6
Chicken pox:		Iowa	1	Michigan	1
Alabama	22	Michigan	2	New Jersey	3
Iowa	133	Minnesota	3	New York	7
Michigan	609	New Jersey	3	Ohio	2
Minnesota	500	New York	8	South Dakota	1
New Jersey	437	Ohio	18	Trachoma:	
New York	798	South Carolina	2	Alabama	2
Ohio	904	Tennessee	1	New Jersey	1
Rhode Island	62	Mumps:		Ohio	3
South Carolina	15	Alabama	6	Tennessee	22
South Dakota	82	Iowa	60	Trichinosis:	
Tennessee	47	Michigan	68	Michigan	6
West Virginia	36	New Jersey	195	New Jersey	4
Wyoming	15	Ohio	112	New York	12
Dengue:		Rhode Island	3	Ohio	1
Alabama	543	South Carolina	62	Tularaemia:	
South Carolina	5	South Dakota	30	Iowa	2
Diarrhea:		Tennessee	14	Michigan	1
South Carolina	191	West Virginia	5	Minnesota	10
Diarrhea and enteritis:		Wyoming	2	Ohio	1
Ohio (under 2 years)	28	Ophthalmia neonatorum:		Typhus fever:	
Dysentery:		Alabama	1	Alabama	24
Alabama (amoebic)	4	Minnesota	2	New York	1
Iowa	1	New Jersey	2	South Carolina	5
Michigan	7	New York	6	Undulant fever:	
Minnesota (amoebic)	7	Ohio	78	Alabama	6
Minnesota (bacillary)	6	Rhode Island	1	Iowa	21
New Jersey (amoebic)	1	South Carolina	4	Michigan	8
New Jersey (bacillary)	41	Paratyphoid fever:		Minnesota	6
New York (amoebic)	6	Michigan	3	New Jersey	1
New York (bacillary)	132	Minnesota	1	New York	13
Ohio	1	New York	18	Ohio	11
Tennessee	6	South Carolina	1	South Carolina	1
West Virginia	2	Tennessee	1	West Virginia	1
Food poisoning:		Puerperal septicemia:		Vincent's infection:	
Ohio	19	Ohio	3	Michigan	46
German measles:		Rabies in animals:		New York ¹	44
New Jersey	28	Alabama	56	Tennessee	3
New York	71	New Jersey	7	Whooping cough:	
Ohio	23	New York ¹	2	Alabama	79
Rhode Island	6	South Carolina	25	Iowa	34
Tennessee	1	Rocky Mountain spotted fever:		Michigan	588
Wyoming	3	South Dakota	1	Minnesota	179
Hookworm disease:		Scabies:		New Jersey	672
South Carolina	42	Tennessee	1	New York	2,006
Impetigo contagiosa:		Septic sore throat:		Ohio	592
Iowa	1	Iowa	1	Rhode Island	77
South Dakota	2	Michigan	43	South Carolina	85
Tennessee	9	New York	23	South Dakota	55
Jaundice, epidemic:		Ohio	160	Tennessee	131
Minnesota	7	Tennessee	14	West Virginia	140
Lead poisoning:		West Virginia	4	Wyoming	12
Ohio	24	Wyoming	1		

¹ Exclusive of New York City.

CASES OF VENEREAL DISEASES REPORTED FOR SEPTEMBER 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		Gonorrhoea	
	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		0.57	179	3.95
Arkansas ¹	400	2.14	342	1.83
California	1,548	2.55	1,833	3.02
Colorado ¹				
Connecticut	182	1.11	184	1.12
Delaware	187	7.76	42	1.74
District of Columbia	160	3.23	119	2.40

Footnotes at end of table.
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CASES OF VENEREAL DISEASES REPORTED FOR SEPTEMBER 1934—Continued

State	Syphilis		Gonorrhoea	
	Cases reported during month	Monthly case rates per 10,000 population	Cases reported during month	Monthly case rates per 10,000 population
Florida.....	477	3.07	63	0.41
Georgia.....	715	2.46	448	1.54
Idaho.....	0	0	0	0
Illinois.....	1,319	1.69	1,271	1.62
Indiana.....	240	.73	145	.44
Iowa ¹	113	.46	160	.64
Kansas.....	93	.49	87	.46
Kentucky.....	242	.81	311	1.17
Louisiana.....	117	.54	94	.43
Maine.....	34	.42	40	.50
Maryland.....	981	5.90	327	1.97
Massachusetts.....	284	.86	556	1.29
Michigan.....	459	.85	359	.71
Minnesota.....	319	1.23	371	1.43
Mississippi.....	1,049	5.12	1,520	8.89
Missouri.....	542	1.48	459	1.25
Montana ¹				
Nebraska.....	41	.29	73	.52
Nevada ²				
New Hampshire.....	13	.28	27	.58
New Jersey.....	494	1.16	284	.68
New Mexico ²	53	1.22	36	.83
New York.....	4,846	3.74	1,752	1.35
North Carolina.....	1,186	3.62	411	1.25
North Dakota ¹				
Ohio ²	590	.87	307	.45
Oklahoma.....				
Oregon.....	30	.31	95	.97
Pennsylvania.....	324	.33	246	.25
Rhode Island.....	76	1.08	46	.66
South Carolina ²	274	1.57	372	2.13
South Dakota.....	11	.16	28	.40
Tennessee.....	1,115	4.19	713	2.68
Texas.....	620	1.03	208	.35
Utah ²				
Vermont ¹				
Virginia ²	387	1.59	300	1.23
Washington.....	147	.92	275	1.72
West Virginia ²				
Wisconsin ¹	46	.15	177	.59
Wyoming ²				
Total.....	19,710	1.71	14,560	1.26

¹ Has been reporting regularly but no report received for the current month.

² Incomplete.

³ Not reporting.

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 gonorrhoea.

WEEKLY REPORTS FROM CITIES

City reports for week ended Nov. 10, 1934.

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Maine:											
Portland.....	0		0	0	1	6	0	1	2	0	23
New Hampshire:											
Concord.....	0		0	0	0	2	0	0	0	0	11
Nashua.....	0		0	0	0	2	0	0	0	0	
Vermont:											
Barre.....	0		0	0	0	0	0	0	0	0	3
Burlington.....	0		0	0	0	3	0	0	1	0	7
Massachusetts:											
Boston.....	5		1	5	20	25	0	6	2	33	228
Fall River.....	0		0	15	2	0	0	1	0	7	26
Springfield.....	0		0	1	5	4	0	1	0	1	29
Worcester.....	0		0	1	7	19	0	0	0	17	53

City reports for week ended Nov. 10, 1934—Continued

State and city	Influenza		Meas-les cases	Pneu-monia deaths	Scar-let fever cases	Small-pox cases	Tuber-culosis deaths	Ty-phoid fever cases	Whoop-ing cough cases	Deaths, all causes
	Cases	Deaths								
Rhode Island:										
Pawtucket.....	0	0	0	0	0	0	0	0	0	8
Providence.....	1	0	0	5	4	0	2	0	6	71
Connecticut:										
Bridgeport.....	0	0	0	2	3	0	1	0	0	35
Hartford.....	0	0	114	3	6	0	2	0	1	57
New Haven.....	0	1	0	1	0	0	1	0	0	47
New York:										
Buffalo.....	1	1	6	11	29	0	4	0	25	119
New York.....	36	18	6	21	98	78	88	3	218	1,363
Rochester.....	0	0	14	5	14	0	1	0	8	71
Syracuse.....	0	0	0	2	7	0	1	0	14	49
New Jersey:										
Camden.....	1	2	0	0	1	3	0	0	5	28
Newark.....	0	1	0	2	5	9	0	6	0	97
Trenton.....	0	0	0	1	6	17	0	1	1	39
Pennsylvania:										
Philadelphia.....	11	3	1	3	26	52	0	19	2	459
Pittsburgh.....	3	3	2	20	15	58	0	6	1	131
Reading.....	1	0	0	0	3	8	0	2	0	9
Scranton.....	0	0	4	0	0	0	0	0	10	30
Ohio:										
Cincinnati.....	11	1	1	1	12	36	0	4	0	7
Cleveland.....	7	18	2	0	10	40	0	14	1	120
Columbus.....	11	2	2	10	7	36	0	2	0	164
Toledo.....	0	0	4	3	7	0	2	0	3	78
Indiana:										
Fort Wayne.....	6	0	0	0	3	2	0	1	0	77
Indianapolis.....	12	0	2	9	22	0	8	1	2	35
South Bend.....	0	0	14	0	3	0	1	0	2	21
Terre Haute.....	0	0	0	1	0	0	1	0	0	16
Illinois:										
Chicago.....	23	5	4	31	51	232	0	31	0	642
Springfield.....	1	1	0	0	2	6	0	1	0	22
Michigan:										
Detroit.....	18	0	29	21	93	0	14	0	54	229
Flint.....	6	0	3	0	3	0	1	2	12	27
Grand Rapids.....	0	0	0	4	17	0	0	0	1	25
Wisconsin:										
Kenosha.....	0	0	1	1	8	0	0	0	10	5
Madison.....	0	0	0	0	2	0	0	0	2	11
Milwaukee.....	0	0	12	5	220	0	5	0	0	81
Racine.....	0	0	0	0	13	0	0	0	0	18
Superior.....	0	0	0	0	0	0	0	0	0	8
Minnesota:										
Duluth.....	0	0	9	2	1	0	0	0	2	26
Minneapolis.....	3	0	16	4	16	0	3	0	14	103
St. Paul.....	1	1	1	8	3	0	2	0	7	71
Iowa:										
Davenport.....	1	0	1	0	1	0	0	0	0	17
Des Moines.....	1	0	0	0	11	0	0	0	0	0
Sioux City.....	0	0	2	0	0	0	0	0	5	0
Waterloo.....	2	0	26	0	1	0	0	0	1	0
Missouri:										
Kansas City.....	4	1	1	3	10	0	3	0	2	80
St. Joseph.....	4	0	0	3	1	0	1	0	0	16
St. Louis.....	31	0	2	9	20	0	4	1	11	169
North Dakota:										
Fargo.....	0	0	0	2	6	0	0	0	15	6
Grand Forks.....	0	0	0	1	1	0	0	0	0	0
South Dakota: Aber- deen.....	0	0	1	0	2	0	0	0	4	0
Nebraska: Omaha.....	11	0	2	3	11	0	1	0	1	47
Kansas:										
Topeka.....	0	0	0	3	2	0	0	1	1	18
Wichita.....	3	0	0	1	2	0	0	1	0	32
Delaware:										
Wilmington.....	2	0	0	0	0	0	0	0	1	35
Maryland:										
Baltimore.....	4	3	0	3	18	32	0	14	0	223
Cumberland.....	1	1	0	0	0	1	0	1	0	11
Frederick.....	0	0	0	0	0	0	0	0	2	2
District of Columbia:										
Washington.....	11	0	1	9	31	0	11	1	9	148
Virginia:										
Lynchburg.....	1	0	1	2	16	0	0	0	0	6
Richmond.....	0	1	0	4	5	0	3	0	7	51
Roanoke.....	5	0	0	0	2	13	0	0	1	15

City reports for week ended Nov. 10, 1934—Continued

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
West Virginia:											
Charleston	4	1	0	1	1	11	0	0	0	1	13
Huntington	2			0		9	0	0	0	0	
Wheeling	1		0	0	1	5	0	0	0	5	21
North Carolina:											
Raleigh	2		0	0	3	0	0	0	1	0	17
Wilmington	0		0	0	4	1	0	2	0	0	13
Winston-Salem	8		0	1	2	4	0	0	1	9	20
South Carolina:											
Charleston	0	27	2	0	3	2	0	0	0	0	28
Columbia	0		0	0	3	0	0	1	0	0	30
Greenville	2		0	1	0	3	0	0	0	0	6
Georgia:											
Atlanta	5	18	2	0	6	12	0	5	0	5	109
Brunswick	0		0	0	0	1	0	0	0	0	4
Savannah	1	1	0	0	4	0	0	2	0	3	32
Florida:											
Miami	1		0	1	0	1	0	2	0	0	43
Tampa	3		0	0	2	1	0	2	1	0	20
Kentucky:											
Ashland	1		0	0	0	0	0	0	1	0	0
Lexington	5		0	0	1	4	0	2	5	2	25
Tennessee:											
Memphis	5		1	1	9	9	0	5	4	8	82
Nashville	9		0	1	0	3	0	0	2	9	55
Alabama:											
Birmingham	10	1	1	1	2	6	0	5	0	1	68
Mobile	3		0	0	6	0	0	0	0	3	30
Montgomery	1			1		2	0		0	0	
Arkansas:											
Fort Smith											
Little Rock	2		0	0	2	2	0	2	4	0	4
Louisiana:											
New Orleans	17		0	0	13	8	0	17	7	0	167
Shreveport	1		0	0	2	1	0	0	1	0	19
Oklahoma:											
Oklahoma City	1	3	0	0	6	0	0	0	0	2	42
Texas:											
Dallas	3		0	0	6	2	0	6	2	0	56
Fort Worth	5		0	0	1	1	0	0	0	0	30
Galveston	0		0	0	2	0	0	0	0	0	13
Houston	6		1	0	8	2	0	8	0	0	77
San Antonio											
Montana:											
Billings	0		0	5	0	2	0	0	0	0	10
Great Falls	0		0	21	0	0	0	0	0	0	4
Helena	0		0	0	0	1	0	0	0	0	5
Missoula	0		0	0	1	0	0	0	0	0	5
Idaho:											
Boise	0		0	0	2	1	0	0	0	0	7
Colorado:											
Denver	1	35	0	72	7	90	0	9	0	4	72
Pueblo	0		0	0	1	2	0	0	0	3	10
New Mexico:											
Albuquerque	1		0	0	0	3	0	6	1	2	13
Utah:											
Salt Lake City	0		0	8	4	15	0	1	0	15	47
Nevada:											
Reno	0		0	0	1	0	0	0	0	0	2
Washington:											
Seattle	0		1	0	7	2	7	4	1	7	98
Spokane	0		0	5	4	4	0	2	0	2	33
Tacoma	0		0	0	4	0	2	0	0	3	31
Oregon:											
Portland	0		0	0	2	20	0	2	0	0	70
Salem	0					0	0	0	0	0	
California:											
Los Angeles	23	7	0	4	10	32	0	20	1	2	296
Sacramento	1	1	1	0	5	4	0	3	0	0	29
San Francisco	1	1	2	8	5	21	0	11	0	6	185

City reports for week ended Nov. 10, 1934—Continued

State and city	Meningococcus meningitis		Pollo- mye- litis cases	State and city	Meningococcus meningitis		Pollo- mye- litis cases
	Cases	Deaths			Cases	Deaths	
Massachusetts:				District of Columbia:			
Boston.....	0	0	1	Washington.....	1	1	0
Fall River.....	1	1	0	North Carolina:			
New York:				Wilmington.....	0	0	1
New York.....	2	2	1	Tennessee:			
Ohio:				Memphis.....	0	1	0
Cincinnati.....	1	1	2	Oklahoma:			
Indiana:				Oklahoma City.....	0	1	0
Indianapolis.....	0	0	1	Montana:			
Illinois:				Missoula.....	0	0	2
Chicago.....	1	1	2	Washington:			
Michigan:				Seattle.....	0	0	1
Detroit.....	1	0	3	Oregon:			
Minnesota:				Portland.....	0	0	2
St. Paul.....	0	1	4	California:			
Kansas:				Los Angeles.....	0	1	7
Topeka.....	0	0	1				

¹ Nonresident.

Dengue.—Cases: Atlanta, 30; Savannah, 139; Miami, 2; Tampa, 5; New Orleans, 3; Charleston, S. C., 1. *Pellagra*.—Cases: Chicago, 1; Baltimore, 1; Washington, D. C., 1; Wilmington, N. C., 1; Charleston, S. C., 1; Montgomery, 1; New Orleans, 3.

Lethargic encephalitis.—Cases: New York City, 2; Trenton, 1; St. Louis, 1; Memphis, 1.

Typhus fever.—Cases: Montgomery, 1; New Orleans, 1; Charleston, S. C., 3.

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—2 weeks ended November 3, 1934.—During the 2 weeks ended November 3, 1934, cases of certain communicable diseases were reported by the Department of Pensions and National Health of Canada, as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Cerebrospinal meningitis			1	2	3					6
Chicken pox		9		191	526	98	296	62	175	1,297
Diphtheria		3	8	46	26	32	8		3	126
Dysentery				2	5				9	16
Erysipelas				6	5	8		2	6	27
Influenza		10		9	4	1			15	39
Lethargic encephalitis							1			1
Measles		196	47	199	166	14	71	29	13	735
Mumps					89		3	8	73	173
Paratyphoid fever				10						10
Pneumonia		2			11				7	20
Poliomyelitis		1		5	29		2	2	1	40
Scarlet fever	21	34	17	282	255	44	43	29	84	809
Smallpox							1			1
Trachoma				1					2	3
Tuberculosis	3	9	14	91	69	5	25	5	24	245
Typhoid fever		8		136	26	3	2	4	3	182
Undulant fever				11						11
Whooping cough		17	10	432	169	41	56	10	85	820

CUBA

Provinces—Notifiable diseases—4 weeks ended October 20, 1934.—During the 4 weeks ended October 20, 1934, cases of certain notifiable diseases were reported in the Provinces of Cuba, as follows:

Disease	Pinar del Rio	Habana	Matanzas	Santa Clara	Camaguey	Oriente	Total
Cancer	1	1		9		2	13
Chicken pox					3	9	12
Diphtheria			2	1		2	5
Hookworm disease		1		5			6
Leprosy		1		1		19	21
Malaria	974	3	83	2,566	840	8,632	13,098
Measles		3	8	11		1	23
Poliomyelitis	7	6		1	2		16
Scarlet fever		1	2			1	4
Tuberculosis	7	29	30	55	2	83	206
Typhoid fever	2	13	24	81	49	35	204

PANAMA CANAL ZONE

Communicable diseases—July–September 1934.—During the months of July, August, and September 1934, certain communicable diseases, including imported cases, were reported in the Panama Canal Zone and terminal cities, as follows:

Disease	July		August		September	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Chicken pox.....	11		4		6	
Diphtheria.....	12		10		7	
Dysentery (amoebic).....	18	2	13		8	
Dysentery (bacillary).....	1					
Leprosy.....	2	2	2		2	
Malaria.....	178	1	128	3	84	2
Measles.....	1		2		1	
Meningococcus meningitis.....	2	1				
Mumps.....	4					
Pneumonia.....		16		30		21
Polio-myelitis.....			1			
Scarlet fever.....	1					
Tuberculosis.....		28		29		19
Typhoid fever.....	3	1	5	4	5	2
Whooping cough.....	17		24	1	13	1

PUERTO RICO

Notifiable diseases—4 weeks ended November 3, 1934.—During the 4 weeks ended November 3, 1934, cases of certain notifiable diseases were reported in the municipalities of Puerto Rico, as follows:

Disease	Cases	Disease	Cases
Chicken pox.....	20	Pellagra.....	1
Diphtheria.....	50	Pink eye.....	8
Dysentery.....	44	Ringworm.....	1
Erysipelas.....	1	Syphilis.....	37
Filariasis.....	3	Tetanus.....	2
Influenza.....	3,650	Tetanus, infantile.....	3
Malaria.....	1,751	Trachoma.....	28
Measles.....	89	Tuberculosis.....	1,149
Mumps.....	21	Typhoid fever.....	12
Ophthalmia neonatorum.....	2	Whooping cough.....	119
Paratyphoid fever.....	2		

Place	May 1904			June 1904			July 1904			August 1904			September 1904					
	1-10			11-20			21-31			1-10			11-20			21-31		
	1-10	11-20	21-31	1-10	11-20	21-30	1-10	11-20	21-31	1-10	11-20	21-31	1-10	11-20	21-31			
Indo-China (see also table below):																		
Bacieu.....																		
Pnom-Penh.....	1	2																
Poulo Condor Island.....	2																	
Philippine Islands:																		
Bohol Province.....																		
Occidental Negros Province.....																		
Rizal Province—Manila.....																		
Slam.....	4	1	1															
On vessels:																		
<i>S. S. Nerada</i> at Singapore from Calcutta.....																		
<i>S. S. Viking II</i> at Calcutta from Aden.....	1																	
<i>S. S. Cape Orlogel</i> at Calcutta from Bombay.....																		
<i>S. S. Jaladurga</i> at Calcutta from Rangoon.....																		
<i>S. S. Khosra</i> at Calcutta from Karachi.....																		
<i>S. S. Elysava</i> at Port Swetnam.....																		
<i>S. S. Aronda</i> at Rangoon from Calcutta.....							1											
Indo-China (French) (see also table above):																		
Cambodia ¹	11	8																
Cochin-China ¹	1	4																
Cochin-China ¹	6	4																
Cochin-China ¹	6	4																

¹ Suspected.

² Includes 4 imported cases.

³ Reports incomplete.

Place	April 1964	May 1964	June 1964	July 1964	August 1964	September 1964	Place	April 1964	May 1964	June 1964	July 1964	August 1964	September 1964
Angola.....		2	2	2	0	11	Peru (see also table above).....	0	1	1			
Argentina (see also table above).....							Senegal.....						
Australia.....	2	3	3	0			Dakar ".....	10	9	33	55	52	17
Bolivia.....	P	P					Diourbel ".....	16	8	27	47	47	19
British East Africa (see also table above):.....							Louga ".....		2				1
Kenya.....		5	6				Luanda ".....		2				
Uganda.....	16	90					Enfrique ".....		18	18	33	42	18
China: Kwangchowan.....			21	10	3		Sabikhaus ".....						
Ecuador.....			12	4	3		Tiessa ".....		9				
India-China (see also table above):.....			7				Tivouane ".....	10	25	64	60	39	6
Cambodia.....									25	32	27	53	26
Cochin-China.....	6	5	4	2	3	3							
Madagascar (central region).....	240	87	71	97	160	291							
	242	88	71	96	168	283							

¹ Reports incomplete.

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

SMALLPOX—Continued

.C, cases; D, deaths; P, present]

Place	April 1934	May 1934	June 1934	July 1934	August 1934	September 1934
On vessels:						
S. S. <i>Yuen Sang</i> at Hong Kong from Swatow.....	1 case	Apr. 3, 1934				
S. S. <i>Ramsay</i> at Singapore from Vladivostok.....	1 case	Apr. 27, 1934				
S. S. <i>Telma</i> at Moji.....	1 case	Apr. 27, 1934				
S. S. <i>Kui Sang</i> at Hong Kong from Amoy.....	Present	May 9, 1934				
S. S. <i>Tjinegara</i> at Hong Kong.....	Present	May 16, 1934				
S. S. <i>Brihanna</i> at Fort Said from Liverpool.....	1 case	May 31, 1934				
S. S. <i>Robna</i> at Penang from Madras.....	1 case	June 14, 1934				

Place	April 1934	May 1934	June 1934	July 1934	August 1934	September 1934
Angola.....	48	35				
Belgian Congo (see also table above).....	104	67	110	360	204	183
Bolivia.....	20			82	136	70
Cameroun (French).....	105					
Chesou.....	28	65	25	18		
Dahomey.....		6		83	31	
Ecuador.....				1		
Finland.....						
France.....		10				
Gold Coast.....	11					
Guatemala.....						

Place	April 1934	May 1934	June 1934	July 1934	August 1934	September 1934
Indo-China (see also table above).....	703	592	215	192	150	87
Ivory Coast.....	69	76	39	29	39	18
Morocco.....	11		4	4		
Mozambique.....	19	3	2	5	2	6
Nyasaland.....				2	4	6
Peru.....	149	36	63	31	16	
Portugal (see also table above).....	18	16	29	24	100	
Portuguese East Africa.....	68	110	40	70	4	
Turkey.....	3	1	5	5	3	
	3	5	2	17	4	16

On vessels—Continued.

S. S. <i>Rajula</i> at Penang.....	1 case	June 28, 1934
S. S. <i>Robna</i> at Penang from Madras.....	1 case	July 12, 1934
S. S. <i>Taroma</i> at Moji from Dalren.....	1 case	July 28, 1934
S. S. <i>Ethiopia</i> at Rangoon from Madras.....	1 case	Sept. 3, 1934
S. S. <i>Usuri Maru</i> at Kobe from Dalren.....	1 case	Sept. 24, 1934
S. S. <i>Robna</i> at Penang from Madras.....	1 case	Oct. 4, 1934

TYPHUS FEVER

Place	Apr. 1-28, 1934	Apr. 29-May 27, 1934	May 28, June 30, 1934	Week ended—													
				July 1934			August 1934				September 1934				October 1934		
				7	14	21	28	4	11	18	25	1	8	15	22	29	6
Algeria:																	
Algiers Department.....	13	18	1	1													
Constantine Department.....	20	91	12	10	3	7	3	6	3	3	1	1	1	1			
Fone.....	1																
Oran Department.....	1	5	1	1													
Azores. (See table below.)																	
Basutoland. (See table below.)																	
Belgian Congo ¹	17	2	6	2	49	31	52	30	26								
Bolivia. (See table below.)																	
British East Africa: Uganda.....	38	45	19			2											
Bulgaria.....		1,192	1,044	215	308	304											
Chile.....			8	5													
Concepcion.....																	
Iquique.....																	
Santiago.....	108	164	321	63	107	94	101	73									
Tarapaca Province. ⁴																	
Valparaiso.....	10	11	22	11	10	3	6	2	8	7	4	3	8	6	2	2	6
China:																	
Hangchow.....																	
Hankow.....																	
Harbin.....																	
Nanking.....																	
Shanghai.....																	
South Manchuria Railway Zone.....																	
Tientsin.....																	
Chosen. (See table below.)																	
Czechoslovakia. (See table below.)																	
Egypt:																	
Alexandria.....	9	4	9	1													
Asyut.....	4	7	4														
Behaira.....																	
Cairo.....	9	347	263	16	14	15	7	7	9	15							
Dakahlia.....	9	7	1	1													
	27	139	67	7	5	1	4	2	5								

¹ From Apr. 18 to May 27, 1934, 256 cases of typhus fever with 7 deaths were reported in Belgian Congo.

² For 9 weeks.

³ Imported.

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.

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

TYPHUS FEVER—Continued

[C Indicates cases; D, deaths; F, present]

Place	Apr. 1-28, 1934	Apr. 29-May 27, May 28, June 30, 1934	Week ended—														
			July 1934				August 1934				September 1934				October 1934		
			7	14	21	28	4	11	18	25	1	8	15	22	29	6	13
Egypt—Continued.																	
Damietta.....		2															1
Matruh.....		5															1
Rayruh.....		2															1
Charbiya.....		328	193														1
Miqa.....		1															1
Minufiya.....		127	87														1
Minya.....		1															1
Port Said.....		1															2
Sana.....		4															2
Suez.....		13	13														2
Sharkiya.....		22	22														3
Provinces.....		1,641	1,360														8
Estonia.....																	
Finland (See table below.)																	
Greece (see also table below): Salonika.....																	
Guatemala. (See table below.)																	
Hungary.....																	
Iraq.....																	
Baghdad.....		47	27														
Basrah.....		23	6														
Kirkuk Iwa.....		68	41														
Mosul Iwa.....																	
Irish Free State:																	
Cork County—Castletown.....																	
Waterford County—Lismore.....																	
Wicklow County—Altadore.....																	
Italy.....																	
Leghorn.....																	
Palermo.....			1														
Japan:																	
Aomori Prefecture.....																	
Kobe.....																	
Nagasaki.....																	
Latvia. (See table below.)																	
Lithuania.....		63	12	4	8	6	3	3	2	2	2	1	1	2	2	2	2

	April 1934	May 1934	June 1934	July 1934	August 1934	September 1934
Mexico:						
Guadaluera.....	D		70	64	106	13
Mexico, D. F.....	D					18
Saltillo.....	D					
San Luis Potosi.....	D					
Torreón.....	D					
Morocco.....	O		60	34	45	3
Palestine.....	O					
Persia.....	O		76	230	217	33
Peru.....	O		8	36	22	3
Tiberan.....	O					
Poland.....	D		679	428	284	33
Portugal (see also table below): Oporto.....	D		37	28	23	5
Rumania.....	C					1
Rumania, (See table below.).....	C					
Scotland.....	O					
Spain: Catalonia.....	O				27	
Straits Settlements: Singapore.....	C					
Syria: Beirut.....	C					
Trans-Jordan.....	O		11	6	16	4
Tunisia.....	O					
Tunisia, Provinces.....	C		12	2	22	1
Turkey, (See table below.).....	C		146	90	99	12
Union of South Africa. (See table below.).....	C					
Yugoslavia. (See table below.).....	C					

Place	April 1934	May 1934	June 1934	July 1934	August 1934	September 1934
Azores.....	9					
Basutoland.....	O					
Bolivia.....	81					
Bolivia, (See table below.).....	C					
Chosen.....	38	98	46	39	91	33
Czechoslovakia.....	7		6	41	23	
Finland.....	78	66	20	3		
Greece.....	4					
Guatemala.....	2	3	9	9	10	4
Latvia.....	26	42	18	24	36	31
Peru.....	59	24	59	43	24	63
Portugal.....	C					
Rumania.....	C					
Turkey.....	C					
Union of South Africa:						
Cape Province.....	C					
Natal.....	C					
Orange Free State.....	C					
Transvaal.....	C					
Yugoslavia.....	C					
	9	28	21	28	4	4
	349	176	73	16	16	16
	41	39	15	9	22	10
	132	119	250	289	272	
	8	7	10	10	16	
	454	343	884	709	510	
	445	398	118	58	27	12

* Includes 1 Imported case.

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

YELLOW FEVER

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

Place	Apr. 1— May 28, 1934	Apr. 20— May 28, 27—June 30, 1934	Week ended—																
			July 1934			August 1934			September 1934			October 1934							
			7	14	21	28	4	11	18	25	1	8	15	22	29	6	13	20	
Brazil:																			
Amazonas State—Fonte Boa.....	C																		
Bahia State: Victoria Bank.....	C																		
Ceara State:																			
Cariris.....	C	1	1																
Iguatu.....	D	1	1																
Novo Oriente.....	C																		
Santa Quitéria.....	C																		
Mato Grosso State: Coronel Ponce.....	C																		
Para State—St. Sebastian.....	C	1	1																
French West Africa—Guinea—Kindia.....	C																		
Gambia: Bathurst.....	C																		
Gold Coast: N'Kaw Kaw.....	C																		
Ivory Coast:																			
Abidjan.....	C																		
Agboville.....	D																		
Bingerville.....	C																		
Bobo-Dioulasso.....	D																		
Kubino.....	D																		
Niger Territory:																			
Maradi.....	C																		
Zinder.....	D																		
Senegal: Matam.....	D																		
Sudan (Anglo-Egyptian): Wau.....	C																		

1 During the week ended Nov. 17, 1934, 1 case of yellow fever was reported at Bathurst, Gambia.

2 Suspected.

X