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CURRENT PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES¹

July 14–August 10, 1935

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.—For the 4 weeks ended August 10, 1935, a total of 1,433 cases of poliomyelitis were reported. (For the next week ended Aug. 17, 723 cases were reported.) The 1,433 cases for the 4-week period under report was more than twice the number for the preceding 4 weeks. With respect to preceding years, the number of cases for the current period was 38 percent above that for the corresponding period of 1934, when the disease was epidemic in California and the West, more than twice the figure for 1933, and more than three times that for 1932, but amounted to only about half of the 2,974 cases for this period in 1931 when the disease was epidemic in the eastern part of the United States.

Table 1 shows for each State the number of cases reported during the 16 weeks since the increased incidence began, with comparative figures for the corresponding periods of 3 preceding years; it includes also the weekly numbers of cases in each State during the summer of 1935.

The epidemic is confined largely to the Atlantic seaboard States. Of the 3,118 cases reported during the 16 weeks ended August 17, North Carolina, Virginia, New York, and Massachusetts reported 1,955, or about two-thirds of the total for the country. During these 16 weeks, however, a number of other States reported more cases than in any of the 3 preceding years—New Hampshire (20), Rhode Island (32), Connecticut (88), Michigan (80), Maryland (26), District of Columbia (25), Iowa (14), Kentucky (77), Alabama (31), and Louisiana (55). In California 306 cases were reported during this 16-week

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, 43; influenza, 44 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.

period, as compared with 43 and 54 cases for the same periods of 1933 and 1932, respectively; in 1934 poliomyelitis was epidemic in California and 2,521 cases were reported in the 16-week period.

In North Carolina, where the epidemic apparently started, the number of cases reported declined definitely during the 3 weeks ended August 17, and in Virginia the number of cases declined during the last 2 of these 3 weeks. In other States with more cases than usual for this season of the year the number for the last week available (Aug. 17) was higher than in any preceding week.

TABLE 1.—*Poliomyelitis cases reported in each State during recent weeks of 1935*

	16 weeks ended 1—				Cases reported in 1935 for week ended—						
	Aug. 20, 1932	Aug. 19, 1933	Aug. 18, 1934	Aug. 17, 1935	July 6	July 13	July 20	July 27	Aug. 3	Aug. 10	Aug. 17
All States ¹	910	1,299	3,716	3,118	166	191	229	298	418	488	723
New England:											
Maine.....	12	9	6	11	1	0	0	0	2	1	6
New Hampshire.....	1	0	5	29	0	0	1	0	0	5	9
Vermont.....	0	1	4	0	0	0	0	0	0	0	0
Massachusetts.....	19	180	39	271	1	3	12	9	47	74	116
Rhode Island.....	3	7	1	32	1	1	2	1	7	8	12
Connecticut.....	14	14	5	88	0	2	3	5	10	22	43
Middle Atlantic:											
New York.....	105	418	88	626	11	18	21	44	104	158	244
New Jersey.....	58	40	34	59	0	4	1	5	7	13	19
Pennsylvania.....	213	88	39	33	0	0	1	4	2	8	12
East North Central:											
Ohio.....	35	55	63	24	1	0	1	6	1	1	9
Indiana.....	4	12	12	9	0	0	0	2	0	1	3
Illinois.....	61	63	70	56	2	5	2	4	10	13	13
Michigan.....	30	23	39	80	2	1	0	8	10	14	40
Wisconsin.....	20	7	14	14	1	2	1	1	0	1	1
West North Central:											
Minnesota.....	33	60	22	12	1	0	0	0	1	0	4
Iowa.....	10	9	8	14	0	0	2	1	0	0	8
Missouri.....	4	15	10	11	1	1	2	0	2	1	2
North Dakota.....	14	16	0	1	0	0	0	0	0	0	1
South Dakota.....	3	11	15	1	1	0	0	0	0	0	0
Nebraska.....	5	1	3	1	0	0	0	0	0	0	0
Kansas.....	9	16	29	6	1	0	0	2	0	2	0
South Atlantic:											
Delaware.....	0	5	0	2	0	0	1	0	0	1	0
Maryland.....	8	11	14	26	1	0	0	2	10	6	5
District of Columbia.....	3	1	4	25	0	3	1	6	7	4	4
Virginia.....	15	10	26	524	28	45	72	87	100	68	73
West Virginia.....	6	31	23	12	1	0	0	0	0	6	3
North Carolina.....	16	5	20	534	55	52	48	52	40	26	17
South Carolina.....	18	3	3	20	0	3	1	6	1	4	0
Georgia.....	5	0	9	11	0	0	1	2	1	4	1
Florida.....	0	4	9	10	2	0	0	1	0	2	1
East South Central:											
Kentucky.....	11	11	29	77	0	0	5	10	18	15	27
Tennessee.....	11	57	14	46	5	11	3	9	10	1	3
Alabama.....	7	5	20	31	2	6	3	4	1	1	2
Mississippi.....	8	2	11	6	0	1	0	2	1	0	0
West South Central:											
Arkansas.....	6	5	3	10	0	0	1	0	1	2	1
Louisiana.....	10	9	7	55	3	3	7	1	2	5	4
Oklahoma.....	9	2	5	7	1	0	0	0	0	0	0
Texas.....	38	23	48	20	2	1	1	1	3	1	1
Mountain:											
Montana.....	1	2	74	2	0	0	0	0	0	0	0
Idaho.....	0	1	67	1	0	0	0	0	0	0	0
Wyoming.....	3	4	1	0	0	0	0	0	0	0	0
Colorado.....	1	1	7	3	0	0	0	0	1	2	0
New Mexico.....	0	1	5	3	0	0	0	1	0	0	0
Arizona.....	1	1	43	4	0	0	0	0	0	0	1
Utah.....	1	2	4	3	0	0	0	1	0	0	2
Pacific:											
Washington.....	21	9	219	8	0	0	0	0	0	1	1
Oregon.....	4	8	24	3	0	0	1	0	0	0	1
California.....	54	43	2,521	306	32	29	35	21	19	20	34

¹ See PUBLIC HEALTH REPORTS for Aug. 2, 1935, p. 966, for weekly data back to May 12, the approximate beginning of the increase in reported cases.

² Nevada excluded; no data.

Meningococcus meningitis.—The number of cases of meningococcus meningitis reported for the 4 weeks ended August 10 was 292, which is about 2.3 times last year's figure for the corresponding period and the highest for this period since 1930. A decrease in cases from the preceding 4-week period was reported from practically all sections of the country, but the numbers were still of sufficient size to maintain a level considerably above that of recent years. In the South Atlantic region the number of cases (48) was almost 5 times that of last year; in the West South Central section the number (14) was more than 3 times last year's figure; in the Middle Atlantic (74), East North Central (67), West North Central (30), and Pacific (21) areas the numbers were more than double those of last year. In the New England (13 cases), East South Central (18), and Mountain (7) regions the numbers of cases represented about 50-percent increases over last year's figures.

Smallpox.—The number of cases of smallpox reported for the current period was 209, as compared with 113, 200, and 307 for the corresponding period in the years 1934, 1933, and 1932, respectively. The incidence was still above the seasonal expectancy in the West North Central, Mountain, and Pacific regions, but other sections reported about the usual incidence for this time of the year. Montana, Wyoming, and Washington have been mostly responsible for the high incidence in the far western regions, while each State, except Missouri and North Dakota, has contributed to the high incidence in the West North Central area.

Typhoid fever.—During the 4 weeks ended August 10, 2,895 cases of typhoid fever were reported, as compared with 3,760 last year and 3,375 the year before. The number of cases reported for the current period represented a considerable increase over the preceding period (1,911 cases), but the incidence normally increases sharply at this season. For the country as a whole, as well as for each geographic area, the current incidence was the lowest in recent years. The decreases from last year's figures in the various areas range from 11 percent in the South Atlantic group of States to 35 percent in the East North Central section.

Scarlet fever.—A decrease in scarlet fever of approximately 5,400 cases occurred during the 4 weeks ended August 10, as compared with the preceding 4 weeks. However, the number of cases (4,351) was about 10 percent in excess of that for the corresponding period in each of the 2 preceding years. The figures for the New England, Middle Atlantic, and South Central regions dropped below those of last year, but all other sections maintained the high level for this disease which has prevailed in all parts of the country except the South Central area since the beginning of the current year.

Measles.—Measles declined rapidly in all sections of the country during the 4 weeks ended August 10. For the entire reporting area 11,576 cases were reported, as compared with approximately 41,000 for the preceding 4-week period. In relation to recent years the current incidence was only about 15 percent above that for the corresponding period of last year but was much higher than in other preceding years. The average number of cases for this period in the 5 preceding years was about 7,500.

Influenza.—The number of cases of influenza reported for the current 4-week period was 987. While the incidence was not particularly high in the North Central regions, the number of cases (204) for the East North Central represented an increase of about 20 percent over last year's figure, and that for the West North Central (108 cases) was more than 4 times last year's figure. Other regions reported fewer cases than last year. For this period in 1934 and 1933 the numbers of cases were 1,354 and 1,043, respectively.

Diphtheria.—During the current 4-week period the incidence of diphtheria stood at about the same level as in the corresponding period of 1934. For the country as a whole 1,476 cases were reported, as compared with 1,773 in 1933 and 2,170 in 1932. In the East North Central, South Atlantic, and South Central sections the disease was somewhat more prevalent than last year, while in other sections fewer cases were reported.

Deaths, all causes.—The death rate from all causes in large cities, as reported by the Bureau of the Census, for the 4 weeks ended August 10 was 10.0 per 1,000 inhabitants (annual basis). For the corresponding period in the years 1934, 1933, and 1932 the average rate was 10.5, 9.8, and 9.7, respectively.

THE NINTH PAN AMERICAN SANITARY CONFERENCE¹

Held at Buenos Aires, Argentina, November 12–22, 1934

All of the American republics were represented at the Ninth Pan American Sanitary Conference, which met in Buenos Aires, Argentina, November 12–22, 1934, under the presidency of Dr. Gregorio Aráoz Alfaro, of Argentina. The inaugural session of the Conference was attended by His Excellency, Gen. Agustín P. Justo, President of the Republic of Argentina; His Excellency, the Minister of the Interior, Dr. Leopoldo Melo; His Excellency, the Minister of Foreign Relations and Public Worship, Dr. Carlos Saavedra Lamas; and by other high officials of the national and local governments, together with members

¹ The Pan American Sanitary Conferences and their executive organ, the Pan American Sanitary Bureau, were created in 1902 under authority granted by a series of resolutions adopted by the Second International Conference of American States. See the following report of the director of the Pan American Sanitary Bureau for a brief history of the conferences.

of the Diplomatic Corps and many distinguished persons from other countries. His Excellency, Dr. Carlos Saavedra Lamas, presided.

Following are the names of the official delegates and the representatives of other international organizations who were present and participated in the conference:

Argentina:	Dr. Gregorio Aráoz Alfaro, Dr. Miguel Sussini, Dr. Juan M. Obarrio, Dr. Bernardo Houssay, Dr. Pedro Baluña, Dr. Alberto Zwanck, Dr. Raúl Vaccarezza, Dr. Alfredo Sordelli, Dr. Manuel I. Battaglia.
Bolivia:	Dr. Casto Rojas.
Brazil:	Dr. Sérvulo Lima, Dr. Orlando Roças.
Chile:	Dr. Sotero del Rfo, Dr. Eugenio Suárez, Dr. Víctor Grossi, Dr. Waldemar Coutts.
Colombia:	Dr. Jorge Bejarano, Dr. Lucio García.
Costa Rica:	Dr. Solón Núñez.
Cuba:	Dr. Domingo Ramos.
Dominican Republic:	Dr. Max Henríquez Ureña, Dr. Osvaldo Loudet.
Ecuador:	Dr. Juan José Samaniego.
Guatemala:	Dr. Manuel Arroyo.
Haiti:	Dr. Horacio Rubio.
Honduras:	Dr. Manuel F. Rodríguez.
Mexico:	Dr. Francisco de P. Miranda, Dr. Francisco Vázquez Pérez.
Nicaragua:	Dr. Rubén Darío.
Panama:	Dr. Pablo B. Oscamou.
Paraguay:	Dr. Cayetano Masi, Dr. Andrés Gubetich.
Peru:	Dr. Carlos Monge, Dr. Carlos Enrique Paz Soldán, Dr. Luis Vargas Prada.
Salvador:	Dr. Villegas Muñoz.
United States:	Dr. Hugh S. Cumming, Dr. Bolivar J. Lloyd, Dr. Kendall Emerson.
Uruguay:	Dr. Justo F. González, Dr. Javier Gomensoro, Dr. Rafael Schiaffino.
Venezuela:	Dr. Carlos Díez del Ciervo.

Dr. John D. Long, traveling representative of the Pan American Sanitary Bureau; Dr. M. T. Morgan, invited as a representative of the International Office of Public Health of Paris; Dr. Frank Boudreau, invited as a representative of the health section of the League of Nations; and Dr. Fred L. Soper, invited as a representative of the Rockefeller Foundation.

The Ninth Pan American Sanitary Conference adopted a number of important motions, resolutions, and conventions, which have already been published in a summary of the proceedings (Acta Final—Spanish).

Following is a brief résumé of these dispositions:

1. *The Pan American sanitary code.*—Resolutions of interpretation were adopted (a) exempting airships from carrying bills of health, provided satisfactory data are recorded in the craft's journey log book, (b) obviating the necessity of sending telegraphic reports of certain communicable diseases after the first cases have been notified, (c) accepting as valid methods of deratization other than fumigation,

and (d) authorizing exemption certificates for vessels found not to be in need of deratization services.

2. *Aerial navigation*.—The conference recommended that American governments should adhere to and ratify the International Sanitary Convention for Aerial Navigation signed at The Hague, April 12, 1933, and enjoined sanitary authorities to follow closely any occurrences of sanitary significance with reference to aerial transportation, reporting such to the Pan American Sanitary Bureau.

3. *Sanitary convention of Paris*.—Recommended adherence to and ratification of the International Sanitary Convention of Paris of 1926.

4. *Demography*.—The conference (a) reiterated its adherence to the standards already set forth with regard to the classification of causes of death; (b) declared that systems for the reporting of vital statistics should be implanted and improved in both urban and rural communities; (c) recommended that medical practitioners be enjoined to exercise care in reporting the immediate and remote causes of death; (d) suggested certain procedures for collecting and reporting vital statistics; and (e) urged upon American governments the importance of reporting contagious diseases and other matters relating to vital statistics.

5. *Public health appropriations*.—The conference recommended that public health appropriations be increased.

6. *Coordination of relief agencies*.—Recommended that public and private relief measures and activities relating to charities and public health be placed under a single supervisory authority.

7. *Aerial medical service*.—Recommended the establishment of aviation relief services for the relief of persons in places not easily accessible by other means of transportation.

8. *Typhus and allied fevers*.—Authorized a vote of thanks to investigators in various American republics for their recent valuable discoveries in this group of communicable diseases.

9. *Graded promotions and tenure of office*.—Recommended permanent tenures and graded promotions in public health services.

10. *Coordination of sanitary activities*.—Recommended that all sanitary activities, including those of private institutions, be coordinated and brought under one supervisory authority.

11. *Pan American scientific institutions*.—The conference resolved to authorize the Pan American Sanitary Bureau to fix the standards and establish the conditions under which certain scientific bodies might be registered as "Pan American" institutions of scientific research, sanitary instruction, and institutions for the standardization of products for diagnostic and therapeutic application.

12. *Yellow fever*.—The conference adopted the following recommendations with regard to yellow fever: (a) Determination of the

geographic distribution of yellow fever in recent years by means of serum protection tests; (b) examination of liver specimens through the process of viscerotomy in suspected yellow fever deaths; (c) creation of permanent antilarval services in ports and cities in tropical America; (d) creation of such services in all infected localities and adjacent regions; (e) adoption of regulations for the eradication of yellow fever similar to those in force in Brazil, Bolivia, and Paraguay; (f) immunization against yellow fever of susceptible persons passing through or coming from endemic regions where yellow fever exists; and (g) creation of special laboratories for the study of yellow fever.

A special vote of thanks was accorded Dr. Fred L. Soper, of the Rockefeller Foundation, for his authoritative report on yellow fever.

13. *Bloodsucking insects*.—The conference recommended investigations for the purpose of determining the geographic distribution of bloodsucking vectors of disease.

14. *Malaria*.—Recommended the creation and maintenance of centers of experimentation and research in connection with malaria.

15. *Hookworm disease*.—The conference expressed to the Rockefeller Foundation its gratitude for its contribution to the work of combating ancylostomiasis in the Americas, and urged that governments continue their campaigns of eradication of this disease.

16. *Rural health units*.—The conference recommended the establishment of administrative health centers for rural populations.

17. *Leprosy*.—Recommended (a) that measures for combating leprosy should be kept in the hands of qualified experts; (b) that control measures should be placed under a central administrative agency; (c) that there should be international cooperation in combating leprosy; and (d) that isolation of persons suffering from leprosy should be in adequate institutions or in the home.

Attention was invited to the fact that there is no danger in locating leprosariums near cities.

Governments were urged to adopt laws prohibiting marriage between lepers and nonlepers.

18. *Plague*.—A vote of applause was accorded the Pan American Sanitary Bureau, and in particular to its traveling representative, Dr. John D. Long, for the results of his antiplague campaigns, and it was urged that the American governments continue to strengthen their campaigns against this disease.

The conference affirmed that an investigation is necessary regarding the time that infected fleas may live hidden in merchandise, and suggested that the best way to solve this problem would be the carrying out of a joint investigation by the Pan American Sanitary Bureau and the International Office of Public Health of Paris.

Satisfaction was also expressed with the results obtained by the Governments of Peru and Ecuador in their efforts to eradicate plague.

19. *Vote of applause to the Government of Chile.*—The conference authorized a vote of applause to the Government of Chile for having been able to prevent the spread of typhus fever from Chile to other countries.

20. *Undulant fever.*—After extending a vote of gratitude to Pan American investigators who have contributed to the study and elucidation of undulant fever, the conference adopted the following recommendations: (a) The intensification of the studies of undulant fever; (b) the diffusion of information relating to methods and technique in diagnosis; (c) the obligatory reporting of the disease in man and animals; (d) the recognition of undulant fever as an occupational disease (under certain circumstances), and the enactment of industrial legislation in connection therewith; (e) the dissemination of popular information regarding the dangers of undulant fever and the manner in which it is propagated; (f) the identification of strains of undulant fever in both wild and domestic animals; (g) the study of the prophylaxis of this disease in animals, in order to be better able to protect man; (h) the adoption of uniform plans for combating undulant fever; (i) prohibition of the sale of vaccines containing living germs except under governmental supervision and the prohibition of the use of such vaccine in zones that are free from undulant fever, except under governmental supervision; (j) the adoption of measures to prevent the spread of the disease by milk and milk products from infected animals; (k) the adoption of measures to protect those employed in handling infected animals or their carcasses by vaccination; and (l) the inclusion of undulant fever in the topics to be discussed by the Tenth Pan American Sanitary Conference.

21. *Univaccination against smallpox.*—A proposal submitted by the delegation of Brazil, recommending a single vaccination during the lifetime of an individual as a protection against smallpox, was deemed to require further study.

22. *Snake bite.*—The conference recommended (a) the furnishing of antisera to workmen in infested regions and (b) the study of the geographic distribution and of the biology of snakes, spiders, and scorpions, and of the pharmacology and immunology of their poisons, the results accomplished to be reported to the Tenth Pan American Sanitary Conference.

23. *Life in high altitudes.*—The conference recommended the establishment of special institutions for studying human life in elevated regions, the results of such studies to be communicated to all American countries through the agency of the Pan American Sanitary Bureau.

24. *Reporting pregnancy.*—The conference recommended as one means of protecting mother and child the expediency of procuring

by persuasive measures the early reporting of pregnancy to the maternal welfare sections of departments of health.

25. *Infant mortality*.—Recommended that the campaign against infant mortality be intensified, and that health centers should be established in rural districts, providing free medical services, including the services of midwives and visiting nurses.

26. *Uruguayan child welfare code*.—The conference authorized a vote of applause to the Government of Uruguay for having sanctioned a child welfare code.

27. *Care of pre-school children*.—The conference recommended the coordination of organized relief and education for the child from 2 to 6 years old and suggested the expediency of forming parents' organizations by means of which modern scientific information might be applied in the development of pre-school children.

28. *School hygiene*.—The conference recommended (a) that school hygiene be coordinated with other welfare services in such manner that these may be a continuation of infant and pre-school child welfare, and (b) that school medical services be based on education in disease prevention, periodical examinations, prophylactic treatment, and general education in hygiene, the object being to obtain for all children of school age early, continuous, and adequate medical services.

29. *BCG*.—The conference (a) approved the policy enunciated by Dr. Kendall Emerson (one of the delegates of the United States), which reads as follows: "In spite of the very encouraging results reported from its use in American countries, the use of Calmette's vaccine should, for the time being, be restricted to those cases in which for special reasons the vaccine promises the only, or at least the greatest, probability of giving protection"; (b) voted to make the use of BCG a topic for consideration by the Tenth Pan American Sanitary Conference.

30. *Campaign against tuberculosis*.—The conference recommended to American governments that campaigns against tuberculosis should be entrusted to a central directing agency, technically competent, autonomous, and provided with sufficient funds to guide, conduct, and direct efficiently all such campaigns, coordinating the activities of national, local, and private agencies.

31. *Campaign against venereal diseases*.—The conference resolved (a) to recommend the intensification of campaigns of popular education with regard to venereal diseases; (b) to recommend that all general clinics for the prevention of disease maintain services for venereal diseases, and that the treatment of such diseases be carried out in all clinics of whatever nature; (c) to recommend the enactment of laws for the prevention of venereal diseases; (d) to recommend the lowering of the cost of antisyphilitic remedies by every means possible, and the

gratuitous distribution of such remedies; (e) to recommend the establishment of pre-nuptial centers and clinics as a part of the campaign against venereal diseases; (f) to recommend the study of lymphogranuloma inguinale; (g) to recommend that documents issued in connection with the supervision of prostitution be not offensive in character; (h) to recommend that countries affiliated with the Pan American Union, which have not yet taken such action, ratify the convention of Brussels of 1924 relative to the treatment of sailors affected with venereal diseases.

32. *Narcotics*.—The Conference recommended that the results produced in America by the enforcement of the several international agreements regarding narcotics be followed with the greatest care.

33. *Food and drugs*.—Recommended that the Pan American Sanitary Bureau undertake partial and progressive studies of standards for foods and drugs, and appoint, if expedient, a commission of experts to make these studies, reporting to the next Pan American sanitary conference.

34. *Proprietary and patent medicines*.—Recommended the passage of laws requiring governmental regulation and supervision of the manufacture, sale, and distribution of proprietary remedies, patent medicines, biologic products, etc.

35. *Pharmacopoeias*.—Recommended that steps be taken gradually to bring about the unification of the pharmacopoeias of the American republics.

36. *Campaign against alcohol*.—Recommended educational work in schools as a means of combating alcoholism, and also the substitution of alcoholic beverages of good quality for others known to be pernicious. Public authorities were enjoined to prevent the use of alcoholic beverages in the alimentation of children.

37. *Alimentation*.—The conference resolved (a) to recommend to the departments of health of the American republics that they create institutions or divisions charged with the duty of determining the composition and the nutritive value of foods produced in each country and also the duty of studying the sources, processing, and distribution of foods, (b) to recommend that the principles of nutrition be taught in the schools, and (c) that the Pan American Sanitary Bureau aid in disseminating information relative to the problems of nutrition.

38. *Milk*.—The conference adopted the proposal of the delegation of Argentina relating to safe milk supplies, and approved the following recommendations: (a) The enactment of ordinances requiring the pasteurization of milk; (b) the enactment of ordinances encouraging the production and use of certified milk; (c) the adoption of measures to improve the hygienic conditions of dairies; and (d) the fostering by State and Federal governments of the production of safe milk in places where there is none, and, where the supply is insufficient, the facilitation of transportation of milk from areas of greater production.

39. *Public health education.*—The conference recommended that the principles of hygiene should be taught in public schools and other institutions of learning.

40. *Industrial hygiene.*—Recommended as a topic for the next conference a study of labor and sanitary conditions therein throughout the Americas.

41. *South American Public Health Association.*—The conference approved the efforts which are being made to form a South American Public Health Association.

42. *Constitution and statutes of the Pan American Sanitary Bureau.*—The conference approved the constitution and statutes of the Pan American Sanitary Bureau.

Since 1920 the activities of the Pan American Sanitary Bureau, the executive organ of the Pan American sanitary conferences, have been conducted by Surgeon General Hugh S. Cumming, of the United States Public Health Service. Dr. Cumming was elected for a fourth term by the ninth conference. Dr. Jorge Bejarano, of Colombia, was elected president of the Tenth Pan American Sanitary Conference to be held at Bogotá. At the same time the other personnel of the directing council were selected. This body as now constituted consists of the following officers, members, and alternates:

Honorary director: Dr. Gregorio Aráoz Alfaro, Buenos Aires, Argentina.

Director: Dr. Hugh S. Cumming, Washington, D. C., United States of America.

Vice Director: Dr. Carlos E. Paz Soldán, Lima, Perú.

Alternate: Dr. Carlos Monge, Lima, Perú.

Secretary, Dr. Justo F. Gonzáles, Montevideo, Uruguay.

Alternate: Dr. Rafael Schiaffino, Montevideo, Uruguay.

Member: Dr. Solón Núñez, San José, Costa Rica.

Alternate: Dr. Rubén Umaña, San José, Costa Rica.

Member: Dr. Francisco de P. Miranda, México, D. F., México.

Alternate: Dr. Miguel Bustamante, México, D. F., México.

Member: Dr. Carlos Diez del Ciervo, Caracas, Venezuela.

Alternate: Dr. Jesús Rafael Rísquez, Caracas, Venezuela.

Member: Dr. Waldemar Coutts, Santiago, Chile.

Alternate: Dr. Víctor Grossi, Valparaiso, Chile.

REPORT OF DR. HUGH S. CUMMING, DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU, TO THE NINTH PAN AMERICAN SANITARY CONFERENCE¹

It is a pleasure for me to meet with you, my colleagues from other Republics, and render to you an account of my stewardship as director of your executive organ, the Pan American Sanitary Bureau.

I deeply regret to report to you the death of two of the most beloved members of our directing council, Dr. Mario G. Lebrado, of

¹ Presented at Buenos Aires, Argentina, Nov. 12, 1934.

Habana, Cuba, vice director, and Dr. João Pedro de Albuquerque, of Rio de Janeiro, Brazil, a most distinguished member. It is not alone that I grieve for these men as personal friends; I have sadly missed the advice and counsel I was accustomed to receive from them in connection with our activities.

It is with profound satisfaction that I am able to report to you that the prospects for rendering effective service by the Bureau were never brighter; and it is most gratifying to observe that, in spite of a financial crisis that has affected the entire world, the nations of this continent have, with few exceptions, been able to continue their financial support of our activities. It is true, of course, that the quotas are relatively small in relation to our potentialities for service, but they are sufficient for our present needs.

You will recall that 14 years ago, when the Sixth Pan American Sanitary Conference, at Montevideo, honored me by electing me as director, the Pan American Sanitary Bureau existed in name only. Today, it is not too much to say, I think, that its influence is felt not only throughout the Americas, but in the Eastern Hemisphere as well. It should be remembered, however, that our resources are, for the time being, limited; and we should not, in my judgment, be tempted to dissipate our efforts by engaging in enterprises for which we do not have adequate funds, or, which are not germane to the purposes for which the Pan American Sanitary Conferences and the Pan American Sanitary Bureau were created. Better a slow, constant, healthy expansion than a sudden mushroom-like growth that might be followed by financial embarrassment and the curtailment of useful activities already well established.

Let us recall at this time, very briefly, the history of the development of Pan American cooperation in matters relating to the public health. To such statesmen as San Martin and Simon Bolivar is due the credit of having initiated Pan Americanism. Argentina, Brazil and Uruguay inaugurated Pan American cooperation in public health by adopting the sanitary convention of Rio de Janeiro in 1887. This movement was followed a few months later by a similar agreement entered into by Bolivia, Chile, Ecuador, and Peru, in the sanitary convention signed in Lima, in 1888.

In 1889 there assembled in Washington the First International Conference of American States, which body effected permanent organization by providing for the calling of subsequent conferences and creating as its executive organ the Bureau of American Republics, now the Pan American Union, with which the Pan American Sanitary Bureau closely cooperates. At the time that this first conference met, quarantinable diseases, particularly yellow fever, formed, perhaps, its most vexing and difficult problem. A quarantine committee was appointed to study disease conditions and formulate sanitary regula-

tions. Little was accomplished other than to recommend the adoption of the sanitary conventions of Rio de Janeiro and Lima.

In 1901 the Second International Conference of American States met in Mexico City, and its members were confronted by virtually the same public health problems as were presented to the first conference in 1889. This second conference, realizing that problems of health and sanitation might best be dealt with by physicians trained in public health work, adopted resolutions authorizing the creation of international sanitary conferences, and, as their executive organ, the International Sanitary Bureau, making these bodies autonomous. These names were subsequently changed to "Pan American."

In accordance with these resolutions of the Second International Conference of American States, the First International (Pan American) Sanitary Conference, was called to meet in Washington in October 1902. It was here that such pioneers in public health work as Liceaga, of Mexico, Wyman of the United States, Finlay of Cuba, Moore of Chile, Ulloa of Costa Rica, and their colleagues from these and other countries, brought into being this series of Pan American sanitary conferences whose influence has so profoundly affected the development of public health activities throughout the American republics.

It is not my intention to recount further the early history of the Pan American sanitary conferences, but to tell you something of our purposes and of the present activities of the Pan American Sanitary Bureau. In this connection may I remind you that our principal objectives may be enumerated as follows:

First, to prevent by cooperative measures the introduction of diseases from other countries and from one American republic into another. This objective includes the prevention of the introduction of vectors of disease, whether infected or uninfected, particularly of such vectors as are not already widely disseminated, vectors of such diseases as African trypanosomiasis, or sleeping sickness; vectors of Rocky Mountain spotted fever and similar fevers; vectors of American trypanosomiasis, or Chagas' disease; vectors of onchocerciasis, which so often results in blindness; and of known and unknown vectors of yellow fever, particularly *Aedes scapularis* and others, if such there be, that breed in ground water and that convey yellow fever readily, at least under laboratory conditions.

A *second* objective is that of obviating the necessity of enforcing costly quarantines against infected ports by taking such local precautions as will prevent the infection of common carriers.

A *third* objective is that of stimulating health authorities in all the American republics to greater efforts for the control and eradication of disease, cooperating in such work upon request insofar as our resources will permit.

A *fourth* objective is that of securing the prompt reporting of quarantinable diseases in the territories of all the American republics and, through cooperation with other international bodies, particularly the International Office of Public Health of Paris, the receiving of similar reports from countries in the Eastern Hemisphere. The prompt transmission of such reports establishes confidence and enables non-infected countries to apply a minimum of restrictive measures, whereas, failure to report the presence of quarantinable disease destroys such confidence, causes noninfected countries to become unsympathetic, and leads them to impose drastic quarantine measures once the presence of such disease is revealed as it must be sooner or later.

Finally, a most praiseworthy objective of our institution is that of promoting cordial relations among the peoples of the American republics. I am happy to say that this has always been a relatively simple task. Fortunately, the subjects upon which controversy seemed likely to arise have usually been of minor importance and generally due to the persistence of some honest but misguided individual. So far, our general conferences have been practically 100 percent harmonious. May I express the hope that they shall always remain so.

Let us pause now and inquire what have been the results of individual and cooperative efforts in the control of communicable disease during the brief period of time that our organization has been in existence. I am not speaking of our own efforts solely but of the combined efforts of all who have contributed, both official and voluntary agencies; of the collective and individual efforts of the members of the medical profession, of philanthropists and of the average citizen in the discharge of his civic duties; of the efforts of all who have aided in making this world a safer, a more comfortable place to live, not only for man but for his faithful servants, our domestic animals, as well.

It is difficult to realize today that during the last half of the nineteenth century wide-spread epidemics of such diseases as typhoid fever, diphtheria, smallpox, cholera, yellow fever, and, in the Orient, bubonic plague were still common occurrences, and that as late as the close of the century, with few exceptions, drastic and costly quarantines were about the only methods by which health authorities attempted to control the spread of disease, particularly of such diseases as plague, cholera, and yellow fever, in both international and domestic commerce. In striking contrast, a resort to actual quarantine at the present time, such as the detention of vessels, passengers, and crews for a week or 10 days as was formerly not unusual, would be to confess that cooperative and, particularly, local efforts had somewhere broken down; that some nation or community had failed to discharge its obligation by allowing disease to get beyond control, thus becoming a menace to other nations or communities. I can

remember when it was not unusual to hold a ship and its entire personnel in quarantine anywhere from 10 to 14 days. While always retaining the right to detain common carriers if this should become necessary, to be obliged to exercise this right today is to confess that some country has been, in a measure, derelict in its duty in not preventing such carrier from becoming infected.

You are, of course, familiar with the fact that there are two comprehensive treaties which prescribe the measures that should be carried out by signatory nations in preventing the spread in international commerce of such diseases as plague, cholera, yellow fever, smallpox, and typhus fever; these are the International Sanitary Convention of Paris and the Pan American Sanitary Code. A third such treaty, the International Sanitary Convention for Aerial Navigation, has very properly been placed on the agenda of this conference.

In 1920, at the meeting of the Sixth Pan American Sanitary Conference in Montevideo, the Pan American Sanitary Bureau was reorganized and shortly thereafter began in a small way its present work. Step by step the Bureau has endeavored to expand its activities and increase its usefulness by fostering international cooperation and by stimulating and aiding the health authorities of affiliated republics in their efforts to prevent the spread of disease and to eradicate it from their territories. At the same time, the Bureau acts as a consulting office whose services are available for use by the health authorities of all American republics, consultations being invited on all matters pertaining to preventive medicine, hygiene, and the protection of the public health. It also functions as a distributing center of current information regarding the presence of communicable diseases, the measures being taken for their control, and the most recent approved methods of combating them. It is the regional agency of the International Office of Public Health of Paris for collecting and transmitting reports of communicable diseases occurring in the American republics, having been made so by the Eighth Pan American Sanitary Conference at Lima, Peru. Reciprocally, the Bureau receives from the International Office similar information for the Western Hemisphere, which it transmits regularly to the directing heads of the health departments of all the American republics.

The Bureau endeavors to function as a harmonizing agency when conflicting interests of affiliated countries are involved. Not infrequently there arise honest misunderstandings and misconceptions, generally due to a lack of sufficient information or of more definite background. Sometimes outbreaks of disease in one country cause great alarm in others, particularly if such outbreaks are featured, perhaps exaggerated, in the daily press, a circumstance which tends to cause health authorities in uninfected countries to be stampeded

into resorting to drastic, even obsolete, quarantine measures. This is particularly likely to be so if there is a new and inexperienced health officer on the job, and the turn-over among the heads of our health departments is sometimes amazingly rapid. In contingencies such as I have just mentioned, it devolves upon the Sanitary Bureau to obtain and disseminate authoritative information with regard to the actual situation and, if necessary, to remind all countries concerned of their treaty obligations in order to limit quarantine activities to a minimum of restrictive measures compatible with the public safety. To make quarantine alone effective in the control of communicable disease would paralyze both commerce and industry. We should bear in mind that quarantine measures are a sieve, and not a dam.

Perhaps I can best illustrate the intimate contact maintained by the Sanitary Bureau with the departments of health of the various republics and with other international health bodies by a few concrete examples, such as the following:

Several years ago, the health authorities of Cuba became justly concerned because of the presence of smallpox in one of the southern States of the United States. A desire was expressed by the head of the Department of Health of Cuba to send two experts to the State involved in order to determine for themselves, at first hand, the actual conditions. Through the good offices of the Sanitary Bureau arrangements were made with State and local authorities for this to be done. As a result of the visit of these experts, Cuban authorities were satisfied and State and local authorities redoubled their efforts and soon eradicated the disease.

In December 1932, a death occurred in a former endemic center in which a diagnosis of yellow fever was made by a prominent local physician; the diagnosis was concurred in by an expert in another country to whom tissues were sent, but was disputed by the health authorities of the country in whose principal port the death had occurred. An appeal was made to me as director of the Pan American Sanitary Bureau by the physician who had made the diagnosis, a complete report of the necropsy of the case being sent. The local authorities and the traveling representative of the Bureau, who was on the ground, both reported that the *Aedes* index of the city and of nearby towns was less than 5 percent. Bearing this fact in mind and being extremely doubtful of the diagnosis after reading the report of the necropsy, I decline to report the case as yellow fever. In March 1933, this same physician reported a second death which he attributed to yellow fever, and again sent me a complete report of the necropsy findings. This time two other experts in different countries, one of whom was connected with the Rockefeller Foundation, concurred in the diagnosis of yellow fever based on examination of tissues. After weighing the evidence most carefully I was still unconvinced that the

case was yellow fever, and again declined to accept the diagnosis. I did, however, suggest to the director of health of the country in which the cases occurred, that he arrange to have specimens of blood taken for examination by the mouse-protection test, not only in the city where the cases occurred but in other towns in the vicinity. This was immediately done with the result, I am informed, that it was found that yellow fever had not been present, apparently, for more than 15 years.

A director of health of an American republic cabled the Sanitary Bureau that his people were greatly alarmed because of the alleged ill effects of a certain imported food product extensively sold in his country. Authoritative information was sent as to its contents, harmlessness, usefulness, and limitations as a food.

Another director of health wrote the Sanitary Bureau that a certain food product of questionable character, imported from a European country, was being extensively sold in his vicinity. Inquiry revealed the fact that this product was being made from the flesh of animals condemned as being unfit for food in the United States, the substance being exported for lubricating purposes plainly labeled as such. It was being reprocessed by a European firm, packed, shipped, and sold as prime lard.

A director of health inquired of the Sanitary Bureau whether it was safe to allow the use of a certain substance in the manufacture of soft drinks. He was informed that the substance in question was detrimental to health and should not be used.

The International Office of Public Health of Paris cabled the Sanitary Bureau for information regarding a certain vessel en route to a European port; the Bureau advised fumigation. The vessel was accordingly fumigated and seven plague-infected rats were recovered from her holds.

A director of health who was putting in a sewer system wrote to the Bureau asking if a certain substance proposed as a substitute for another was satisfactory when used to seal the joints of pipes. He was informed that it was.

Quite recently a vessel arrived at an important South American port with seven cases of illness aboard that were very suspicious of yellow fever. The vessel was detained in quarantine pending the making of a diagnosis. The fact got into the newspapers and a general alarm was sounded. The Sanitary Bureau cabled the health authorities who were detaining the vessel and immediately received the information that the cases were Weil's disease. Upon the release of this information, confidence was restored.

It will be recalled that the Pan American conferences of national directors of health of the American republics are held under the

auspices of the Pan American Sanitary Bureau. Two such conferences have been held, both of which were very successful and of unusual interest.

From time to time the Pan American Sanitary Bureau details traveling representatives to visit and assist health authorities in combating communicable disease, cooperating in such work upon request insofar as our resources will permit. Dr. John D. Long, who needs no introduction, is present at the Conference and will give you a résumé of his work on plague during the past several years.

A very important work of the Bureau is the publication of the Pan American Sanitary Bulletin, a monthly journal printed in Spanish, Portuguese, French, and English, and dedicated to the dissemination of information relating to hygiene and public health and the cultivation of good will. It is, as you know, sent without charge to physicians and others connected with departments of health, both national and local, and to certain others who are more than casually interested in public health. It is the goal of the Bureau to continue to improve the contents of the Bulletin and to place it in the hands of at least one physician or other person interested in public health work in every town of 2,000 inhabitants or over throughout the whole of Latin America, and this is rapidly being accomplished.

The employees of the Bureau on active duty at the present time are nine in number. Eight of these, together with the Assistant to the Director, occupy one room, a condition of overcrowding which may oblige the office to seek additional space if this can be had in the vicinity of the Pan American Union. In addition, we are very much in need of additional library facilities.

It will be recalled that the Seventh Pan American Sanitary Conference at Habana, Cuba, directed that the Pan American Sanitary Bureau should prepare regulations for its internal management, which, while temporarily immediately effective, were to be submitted to a subsequent Pan American Sanitary Conference for approval. Such regulations were prepared by the directing council at its first administrative session, May 27 to June 8, 1929, and are submitted for your consideration with recommendations for slight changes in the text, which are believed to be expedient.

I want to reiterate at this time my appreciation of the assistance, advice, and loyal support of my colleagues of our directing council; and when I use the term "directing council" I mean, of course, the members of the Pan American Sanitary Bureau. May I say that I should welcome from this ninth conference any suggestions you may desire to make and any directions you may wish to give that will enable the Bureau to render more efficient or more satisfactory service.

In conclusion it may be said that the Pan American Sanitary Bureau is a permanent international body, your executive organ, whose usefulness is limited only by its resources, by the powers granted it, by willingness on the part of affiliated governments to accept its services, and by the wisdom of those who guide its destinies.

DEATHS DURING WEEK ENDED AUG. 10, 1935

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

	Week ended Aug. 10, 1935	Correspond- ing week, 1934
Data from 86 large cities of the United States:		
Total deaths.....	6,821	6,951
Deaths per 1,000 population, annual basis.....	9.5	9.7
Deaths under 1 year of age.....	453	540
Deaths under 1 year of age per 1,000 estimated live births.....	44	50
Deaths per 1,000 population, annual basis, first 32 weeks of year.....	11.8	11.8
Data from industrial insurance companies:		
Policies in force.....	67,847,909	67,575,403
Number of death claims.....	11,021	12,053
Death claims per 1,000 policies in force, annual rate.....	8.5	9.3
Death claims per 1,000 policies, first 32 weeks of year, annual rate.....	10.1	10.3

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 Aug. 17, 1935, and Aug. 18, 1934

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Aug. 17, 1935, and Aug. 18, 1934

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934
New England States:								
Maine.....	1				6	1	0	0
New Hampshire.....					2	5	0	0
Vermont.....	2				9	2	0	0
Massachusetts.....		16			22	25	0	0
Rhode Island.....	2	1			11	7	0	0
Connecticut.....	4	2		1	15	10	1	0
Middle Atlantic States:								
New York.....	14	12	12	17	192	79	14	1
New Jersey.....	9	5	8	2	36	34	2	0
Pennsylvania ^{1,2}	27	22			77	131	4	1
East North Central States:								
Ohio.....	20	9	15	3	63	81	3	1
Indiana.....	7	11	19	5	5	4	2	0
Illinois.....	17	21	9	2	52	55	7	7
Michigan.....	5	9	4		48	23	3	0
Wisconsin.....		6	20	24	148	101	2	1
West North Central States:								
Minnesota.....	2	4			11	14	0	0
Iowa.....	4	4	1		4	8	3	1
Missouri ²	17	12	64	3	10	13	1	0
North Dakota.....		2	5		8	9	0	0
South Dakota.....	7	4				100	0	2
Nebraska.....	2	8			2	6	0	0
Kansas ²	6	9	1		12	6	1	0
South Atlantic States:								
Delaware.....	1	1			1	1	0	0
Maryland ^{2,3,4}	3	4		129	5	7	5	0
District of Columbia.....	9	1			7		8	0
Virginia ^{2,4}	19	25			16	72	4	2
West Virginia.....	13	10	21	19	4	16	3	1
North Carolina ^{2,4}	19	21	1	1	8	32	0	1
South Carolina.....	12	4	49	52	4	11	0	0
Georgia ²	15	25					0	0
Florida.....	5	12	1	2	2	13	0	0

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Aug. 17, 1935, and Aug. 18, 1934—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934
East South Central States:								
Kentucky.....	12	25	43	-----	59	27	2	3
Tennessee.....	14	6	4	5	-----	9	6	0
Alabama ²	19	45	8	1	7	25	0	2
Mississippi ⁴	15	7	-----	-----	-----	-----	0	1
West South Central States:								
Arkansas.....	16	2	2	8	1	-----	0	0
Louisiana ²	13	12	13	6	7	15	1	0
Oklahoma ⁴	6	7	19	7	5	2	1	0
Texas ²	39	48	22	28	5	25	0	1
Mountain States:								
Montana ²	1	-----	-----	-----	9	9	0	0
Idaho ⁴	-----	-----	-----	-----	2	4	0	0
Wyoming.....	-----	-----	-----	-----	1	2	0	0
Colorado.....	5	3	-----	-----	7	14	2	0
New Mexico.....	2	11	-----	-----	1	9	0	0
Arizona.....	1	1	2	3	-----	49	0	0
Utah ⁴	1	-----	-----	-----	2	1	0	0
Pacific States:								
Washington.....	1	3	-----	-----	19	19	0	1
Oregon.....	2	-----	8	2	41	2	0	0
California.....	10	15	3	7	100	45	3	0
Total.....	401	445	344	319	1,046	1,123	78	26
First 33 weeks of year.....	18, 120	20, 445	104, 111	49, 140	695, 479	668, 262	4, 165	1, 591

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934
New England States:								
Maine.....	4	2	6	8	0	0	4	6
New Hampshire.....	9	1	2	2	0	0	0	0
Vermont.....	0	1	8	5	0	0	0	1
Massachusetts.....	116	1	40	37	0	0	6	6
Rhode Island.....	12	0	5	1	0	0	1	1
Connecticut.....	43	0	8	3	0	0	5	1
Middle Atlantic States:								
New York.....	244	6	82	81	0	0	28	24
New Jersey.....	19	7	16	18	0	0	9	2
Pennsylvania ^{2,3}	12	5	109	103	0	0	18	23
East North Central States:								
Ohio.....	9	11	52	66	0	0	19	43
Indiana.....	3	3	17	21	0	0	9	18
Illinois.....	13	17	112	64	2	1	49	52
Michigan.....	40	13	41	57	0	1	11	21
Wisconsin.....	1	2	53	35	2	5	4	17
West North Central States:								
Minnesota.....	4	10	25	21	0	0	15	2
Iowa.....	8	2	7	13	0	0	15	10
Missouri ¹	2	1	17	20	1	0	17	63
North Dakota.....	1	0	12	11	0	1	1	4
South Dakota.....	0	3	25	-----	1	0	2	1
Nebraska.....	0	0	9	10	1	0	0	2
Kansas.....	0	8	18	11	0	0	30	19
South Atlantic States:								
Delaware.....	0	0	1	2	0	0	1	4
Maryland ^{2,3,4}	5	5	9	11	0	0	17	25
District of Columbia.....	4	1	3	8	0	0	3	1
Virginia ^{2,3}	73	9	19	22	0	0	32	50
West Virginia.....	3	6	26	17	1	0	21	27
North Carolina ^{2,3}	17	3	17	12	0	0	22	39
South Carolina.....	0	0	1	2	0	0	29	26
Georgia ²	1	0	5	6	6	0	55	46
Florida.....	1	0	3	4	0	0	14	1

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Aug. 17, 1935, and Aug. 18, 1934—Continued

Division and State	Polio-myelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934	Week ended Aug. 17, 1935	Week ended Aug. 18, 1934
East South Central States:								
Kentucky.....	27	6	-----	31	0	0	61	87
Tennessee.....	3	5	10	8	0	0	56	56
Alabama ¹	2	2	6	7	1	0	6	34
Mississippi ⁴	0	1	5	13	0	0	5	15
West South Central States:								
Arkansas.....	1	0	9	5	2	0	13	26
Louisiana ²	4	0	9	4	0	0	21	14
Oklahoma ³	0	0	8	10	0	1	27	24
Texas ²	1	1	28	29	0	2	54	63
Mountain States:								
Montana ⁵	0	34	-----	9	1	0	4	7
Idaho ⁵	0	14	1	2	0	0	2	0
Wyoming.....	0	0	4	3	1	0	1	1
Colorado.....	0	2	15	15	1	0	7	14
New Mexico.....	0	0	6	4	0	0	13	12
Arizona.....	1	3	3	2	0	0	5	1
Utah ⁴	2	1	18	1	0	0	0	3
Pacific States:								
Washington.....	1	70	18	12	1	10	3	5
Oregon.....	1	4	11	17	0	1	6	3
California.....	34	75	49	67	0	3	10	10
Total.....	721	335	948	910	21	25	731	901
First 33 weeks of year.....	3, 522	4, 065	180, 379	148, 168	5, 311	3, 751	9, 250	11, 192

¹ New York City only.
² Epidemic encephalitis, week ended Aug. 17, 1935, 93 cases, as follows: Pennsylvania, 89; Missouri, 1; Kansas, 2; Maryland, 1.
³ Typhus fever, week ended Aug. 17, 1935, 49 cases, as follows: Pennsylvania, 1; Maryland, 1; Virginia, 2; North Carolina, 4; Georgia, 17; Alabama, 11; Louisiana, 2; Texas, 11.
⁴ Week ended earlier than Saturday.
⁵ Rocky Mountain spotted fever, week ended Aug. 17, 1935, 7 cases, as follows: Maryland, 1; Virginia, 2; North Carolina, 1; Montana, 1; Idaho, 2.
⁶ Exclusive of Oklahoma City and Tulsa.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following reports 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	Pella-gra	Polio-my-e-litis	Scarlet fever	Small-pox	Ty-phoid fever
<i>July 1935</i>										
Arizona.....		4	8		17		0	23	0	11
Delaware.....	1	6	-----	-----	57	-----	1	7	0	7
Maine.....	2	2	1	-----	357	-----	1	44	0	4
Maryland.....	18	21	7	4	103	2	9	96	0	48
Michigan.....	13	38	6	11	2, 502	-----	21	345	1	64
Minnesota.....	3	17	4	-----	221	-----	4	237	16	140
Nebraska.....	1	9	-----	-----	89	-----	0	32	32	1
New Jersey.....	10	40	5	2	1, 504	-----	16	152	0	9
New Mexico.....	2	7	5	8	9	23	1	25	0	42
North Dakota.....	1	2	9	-----	33	-----	-----	28	2	4
Ohio.....	26	86	16	34	1, 381	1	7	349	2	84
Pennsylvania.....	20	107	1	-----	2, 091	5	7	749	0	169
Tennessee.....	8	21	31	451	41	30	27	42	0	154
Wyoming.....		3	1	-----	45	-----	0	43	31	1

July 1935		July 1935		July 1935	
Anthrax:	Cases	German measles—Contd.	Cases	Septic sore throat:	Cases
Pennsylvania.....	2	Pennsylvania.....	1,061	Maryland.....	4
Chicken pox:		Tennessee.....	4	Michigan.....	9
Arizona.....	16	Hookworm disease:		Nebraska.....	1
Delaware.....	4	Delaware.....	1	New Mexico.....	4
Maine.....	80	Impetigo contagiosa:		Ohio.....	110
Maryland.....	58	Maryland.....	17	Tennessee.....	4
Michigan.....	385	Tennessee.....	5	Tetanus:	
Minnesota.....	96	Lead poisoning:		Maryland.....	2
Nebraska.....	25	Michigan.....	9	Michigan.....	1
New Jersey.....	348	New Jersey.....	1	New Jersey.....	1
New Mexico.....	8	Ohio.....	8	Ohio.....	8
North Dakota.....	29	Leprosy:		Traehoma:	
Ohio.....	360	Maryland.....	1	Arizona.....	37
Pennsylvania.....	1,133	Michigan.....	1	Minnesota.....	1
Tennessee.....	14	Mumps:		New Jersey.....	1
Wyoming.....	7	Arizona.....	29	Ohio.....	1
Conjunctivitis:		Delaware.....	19	Pennsylvania.....	4
Delaware.....	1	Maine.....	27	Tularaemia:	
Maryland.....	1	Maryland.....	51	Minnesota.....	13
New Mexico.....	1	Michigan.....	228	Wyoming.....	2
Diarrhea:		Nebraska.....	22	Typhus fever:	
Maryland.....	68	New Jersey.....	242	Maryland.....	4
Ohio (and enteritis).....	17	New Mexico.....	11	Wyoming.....	1
Dysentery:		North Dakota.....	3	Undulant fever:	
Arizona.....	18	Ohio.....	420	Delaware.....	1
Maryland.....	7	Pennsylvania.....	927	Maryland.....	2
Michigan (amoebic).....	4	Tennessee.....	64	Michigan.....	4
Michigan (bacillary).....	1	Wyoming.....	3	Minnesota.....	7
Minnesota (amoebic).....	1	Ophthalmia neonatorum:		New Jersey.....	6
Minnesota (bacillary).....	1	Maryland.....	3	Ohio.....	9
New Jersey (amoebic).....	1	New Mexico.....	1	Pennsylvania.....	9
New Jersey (bacillary).....	1	Ohio.....	76	Tennessee.....	1
New Jersey (unspeci- fied).....	2	Pennsylvania.....	1	Vincent's infection:	
New Mexico (amoebic).....	2	Paratyphoid fever:		Maine.....	2
New Mexico (unspeci- fied).....	13	Maine.....	1	Maryland.....	17
Tennessee.....	133	Maryland.....	1	Michigan.....	6
Epidemic encephalitis:		Michigan.....	1	North Dakota.....	4
Maine.....	1	Ohio.....	1	Tennessee.....	4
Michigan.....	3	Tennessee.....	1	Whooping cough:	
New Jersey.....	3	Puerperal septicemia:		Arizona.....	14
Ohio.....	1	New Mexico.....	5	Delaware.....	10
Pennsylvania.....	10	Ohio.....	5	Maine.....	26
Food poisoning:		Rabies in animals:		Maryland.....	152
Ohio.....	29	Maryland.....	1	Michigan.....	1,561
German measles:		Michigan.....	3	Minnesota.....	110
Arizona.....	8	New Jersey.....	13	Nebraska.....	27
Delaware.....	8	Rocky Mountain spotted fever:		New Jersey.....	1,157
Maine.....	50	Maryland.....	11	New Mexico.....	59
Maryland.....	67	Minnesota.....	1	North Dakota.....	34
New Jersey.....	277	New Jersey.....	1	Ohio.....	827
New Mexico.....	5	North Dakota.....	1	Pennsylvania.....	1,454
Ohio.....	77	Pennsylvania.....	1	Tennessee.....	241
		Wyoming.....	23	Wyoming.....	37

CASES OF VENEREAL DISEASES REPORTED FOR JUNE 1935

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.....	922	3.42	384	1.42
Arizona.....	49	1.08	129	2.85
Arkansas.....	444	2.37	300	1.60
California.....	1,458	2.41	1,319	2.18
Colorado ¹				
Connecticut.....	230	1.40	129	.78
Delaware.....	131	5.44	31	1.29
District of Columbia.....	133	2.69	146	2.95
Florida.....	354	2.28	71	.46
Georgia.....	910	3.13	210	.72
Idaho.....	0	0	0	0

See footnotes at end of table.

City reports for week ended Aug. 10, 1935—Continued

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								
Massachusetts:											
Boston	3		0	12	5	7	0	9	0	8	162
Fall River	0		1	0	0	0	0	3	0	6	19
Springfield	0		0	1	1	1	0	2	0	3	31
Worcester	0		0	0	0	5	0	2	0	0	32
Rhode Island:											
Pawtucket	0			0		0	0		0	0	10
Providence	0		0	1 226	1	2	0	1	0	28	52
Connecticut:											
Bridgeport	0		0	0	0	0	0	0	0	2	19
Hartford	0		0	0	0	0	0	2	1	9	23
New Haven	0		0	0	4	0	0	0	1	0	32
New York:											
Buffalo	0		0	3	8	7	0	7	0	20	119
New York	7	5	0	114	72	21	0	70	19	108	1, 171
Rochester	0		0	4	2	1	0	1	0	6	41
Syracuse	0		0	27	1	2	0	1	0	16	45
New Jersey:											
Camden	0	1	0	1	0	0	0	1	0	0	20
Newark	0	2	0	2	3	0	0	6	1	57	76
Trenton	0		0	2	1	2	0	1	0	2	22
Pennsylvania:											
Philadelphia	6		0	6	12	11	0	24	2	79	356
Pittsburgh	2		0	3	9	9	0	5	1	40	126
Reading	0		0	1	2	3	0	0	1	0	15
Scranton	0			0		2	0		0	3	
Ohio:											
Cincinnati	0		0	0	5	1	0	4	0	3	140
Cleveland	3	7	0	12	6	2	0	5	1	60	160
Columbus	0		0	0	3	3	0	2	0	3	69
Toledo	0		0	5	2	0	0	4	1	13	65
Indiana:											
Anderson	0		0	0	1	0	0	0	0	4	7
Fort Wayne	0		0	0	2	1	0	0	0	0	25
Indianapolis	0		0	3	10	3	0	2	1	5	88
Muncie	0		0	0	1	0	0	1	0	0	14
South Bend	0		0	0	1	1	0	0	0	6	19
Terre Haute	0		0	0	0	0	0	0	0	0	22
Illinois:											
Alton	0		0	0	2	1	0	0	0	1	8
Chicago	12	4	1	42	20	48	0	36	2	170	520
Elgin	0		0	0	1	1	0	1	0	6	9
Moline	0		0	0	0	0	0	0	0	1	4
Springfield	0		0	0	2	0	0	0	0	11	20
Michigan:											
Detroit	2	4	0	14	6	3	0	13	5	142	204
Flint	0		0	0	0	0	0	1	0	25	19
Grand Rapids	0		0	0	0	2	0	1	0	21	20
Wisconsin:											
Kenosha	0		0	1	0	1	0	0	0	7	8
Milwaukee	1		0	29	3	13	0	1	0	80	88
Racine	0		0	3	0	1	0	0	0	14	10
Superior	0		0	1	0	0	0	0	0	0	8
Minnesota:											
Duluth	0		0	0	3	2	0	0	0	2	20
Minneapolis	2		0	1	0	6	0	2	9	0	70
St. Paul	0		0	1	1	5	0	1	4	1	49
Iowa:											
Cedar Rapids	0			1		0	0		1	1	
Des Moines	0			0		6	0		0	0	25
Sioux City											
Waterloo	0		0	0	0	0	0	0	1	2	
Missouri:											
Kansas City	0		0	1	7	1	0	4	0	3	77
St. Joseph	0		0	0	3	0	0	0	0	0	23
St. Louis	0		0	1	3	3	0	5	3	13	291
North Dakota:											
Fargo	0		0	0	0	2	0	0	0	4	10
Grand Forks	0			0		0	0		0		
Minot	0		0	0	1	0	0	0	0	0	3
Nebraska:											
Omaha	2		0	0	1	0	0	0	0	7	37

1 Delayed reports included.

City reports for week ended Aug. 10, 1935—Continued

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								
Colorado:											
Colorado											
Springs	0	-----	1	0	4	2	0	1	0	3	13
Denver	4	-----	0	2	4	2	0	3	0	6	64
Pueblo	0	-----	0	0	0	1	0	0	1	7	10
New Mexico	0	-----	0	0	0	0	0	2	1	0	14
Albuquerque	0	-----	0	0	0	0	0	2	1	0	14
Utah:											
Salt Lake City	0	-----	2	0	3	6	0	2	0	19	32
Nevada:											
Reno	0	-----	0	0	0	0	0	0	0	0	4
Washington:											
Seattle	0	-----	1	20	1	1	0	3	0	3	75
Spokane	0	-----	0	4	0	1	0	0	0	4	20
Tacoma	0	-----	0	0	0	2	0	0	0	0	21
Oregon:											
Portland	0	-----	0	8	2	1	0	2	1	0	59
Portland	0	-----	0	8	2	1	0	2	1	0	59
Salem	0	-----	0	0	0	0	0	0	0	1	-----
California:											
Los Angeles	7	6	1	30	12	14	0	17	0	14	267
Sacramento	0	-----	0	4	1	7	0	11	0	0	38
San Francisco	0	-----	0	30	4	4	0	5	0	18	127

State and city	Meningococcus meningitis		Polio-myelitis cases	State and city	Meningococcus meningitis		Polio-myelitis cases
	Cases	Deaths			Cases	Deaths	
New Hampshire:							
Concord	0	0	2	Wisconsin:			
Manchester	0	0	1	Racine	0	0	1
Massachusetts:							
Boston	1	0	44	Iowa:			
Fall River	0	0	16	Cedar Rapids	0	0	1
Rhode Island:							
Pawtucket	0	0	1	Missouri:			
Providence	1	0	3	St. Louis	3	1	1
Connecticut:							
Bridgeport	0	0	10	Delaware:			
Hartford	0	0	1	Wilmington	0	0	1
New Haven	0	0	5	Maryland:			
New York:							
New York	11	1	133	Baltimore	1	2	0
New Jersey:							
Newark	0	0	1	District of Columbia:			
Pennsylvania:							
Philadelphia	0	0	7	Washington	0	0	4
Ohio:							
Cincinnati	0	1	0	Virginia:			
Cleveland	0	0	4	Richmond	0	0	4
Indiana:							
Muncie	1	0	0	Roanoke	0	0	1
Illinois:							
Chicago	2	1	6	Georgia:			
Michigan:							
Detroit	1	0	9	Atlanta	1	0	0
Flint	0	0	6	Florida:			
Kentucky:							
Louisiana:							
Louisville							
1							
1							
5							
New Orleans							
0							
0							
2							
Shreveport							
0							
0							
California:							
Los Angeles							
2							
1							
0							
0							
1							
0							
1							
0							
San Francisco							
1							
1							
0							

Epidemic encephalitis.—Cases: New York, 4; Kansas City, Mo., 1; St. Louis, 1; Louisville, 1; Sacramento, 1

Pellagra.—Cases: Baltimore, 1; Wilmington, 1; Atlanta, 3; Savannah, 3; Tampa, 1; Knoxville, 1; Little Rock, 1; Dallas, 1; San Francisco, 1.

Typhus fever.—Cases: Savannah, 1; Mobile, 2; Shreveport, 1; Dallas, 2.

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—2 weeks ended July 27, 1935.—During the 2 weeks ended July 27, 1935, 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.....				4		1				5
Chicken pox.....				122	473	37	40	15	53	740
Diphtheria.....		9	2	33	14	5	4	1		68
Dysentery.....				5					1	6
Erysipelas.....				4	4	3			2	13
Influenza.....		10	3		3				8	24
Measles.....		11	10	167	1,014	32	87	83	203	1,607
Mumps.....		12			78	49	25	3	11	178
Paratyphoid fever.....					1		2			3
Pneumonia.....		3			10				8	21
Poliomyelitis.....				2	3			4	1	11
Scarlet fever.....		16	13	110	103	18	7	6	18	291
Smallpox.....					1	1				2
Trachoma.....					1				2	3
Tuberculosis.....	4	21	22	101	65	23	22	3	27	288
Typhoid fever.....			4	36	9	4	1		6	60
Undulant fever.....		1		2	3		2			8
Whooping cough.....		8	4	72	263	76	161	4	34	622

CUBA

Habana—Communicable diseases—4 weeks ended August 3, 1935.—During the 4 weeks ended August 3, 1935, certain communicable diseases were reported in Habana, Cuba, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Diphtheria.....	2	2	Tuberculosis.....	47	7
Malaria.....	1 27	3	Typhoid fever.....	1 15	7

¹ Includes imported cases.

Provinces—Notifiable diseases—4 weeks ended July 27, 1935.—During the 4 weeks ended July 27, 1935, 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	3	3	1	8
Cerebrospinal meningitis.....	1						1
Chicken pox.....				1		1	2
Diphtheria.....		1	6				7
Hook worm disease.....				2			2
Leprosy.....						7	7
Malaria.....	116	24	20	116	109	407	792
Measles.....		2	23	9	1	2	37
Poliomyelitis.....				3	4	1	8
Scarlet fever.....					1		1
Tuberculosis.....	1	1	26	40	23	24	115
Typhoid fever.....	5	27	16	32	48	5	133

JAMAICA

Communicable diseases—4 weeks ended August 10, 1935.—During the 4 weeks ended August 10, 1935, cases of certain communicable diseases were reported in Kingston, Jamaica, and in the island outside of Kingston, as follows:

Disease	Kingston	Other localities	Disease	Kingston	Other localities
Chicken pox.....	4	13	Leprosy.....		1
Diphtheria.....		1	Tuberculosis.....	36	74
Dysentery.....	9	3	Typhoid fever.....	13	72
Erysipelas.....		1			

LATVIA

Notifiable diseases—April-June 1935.—During the months of April, May, and June 1935, cases of certain notifiable diseases were reported in Latvia, as follows:

Disease	April	May	June	Disease	April	May	June
Anthrax.....			1	Mumps.....	15	17	13
Botulism.....			3	Paratyphoid fever.....	4	4	7
Cerebrospinal meningitis.....	13	13	7	Poliomyelitis.....	3	1	3
Diphtheria.....	112	75	40	Puerperal septicæmia.....	17	7	6
Erysipelas.....	47	52	27	Scarlet fever.....	493	419	236
Influenza.....	297	293	245	Tetanus.....			3
Leprosy.....		1	1	Trachoma.....	55	34	30
Lethargic encephalitis.....			1	Typhoid fever.....	48	44	29
Malaria.....		1	1	Typhus fever.....		4	
Measles.....	108	96	109	Whooping cough.....	47	51	55

Rangoon.....	C	21	34	9	16	1	5	2	2	2	2	2	2	1	1
Tuticorin.....	C	1		1	37	2	4								
India (French):															
Chanderanagar.....	C					4	2	2	4	1					
Karikal.....	C	55	28	17	62										
Pondichery.....	C	50	27	9	12	11	14	6							
Indo-China (see also table below):															
Kandal.....	C	2													
Pnom-Penh.....	C			1						1					
Varela.....	C								1						
Philippine Islands: Rizal Province ¹	C										2			1	1
Siam:	D														
Bangkok.....	C			1											
Kanchanapuri Province ²	C			13											6
Nagara Rajsiima—Roy Ech.....	D			2											
On vessels:															
S. S. <i>Ellenga</i> at Rangoon from Calcutta.....	C	1													
S. S. <i>Tiawa</i> at Cocosnada.....	C	*1													
S. S. <i>Egra</i> at Rangoon.....	C	*1													
S. S. <i>Sandha</i> at Rangoon from Calcutta.....	C		1												
S. S. <i>Incomati</i> at Colombo.....	C			1											
S. S. <i>Paeta</i> at Rangoon from Moulmein.....	D			1											
S. S. <i>Kheradila</i> at Rangoon.....	C			1											
S. S. <i>Jaya</i> at Moumein from Mergui.....	C			1											
S. S. <i>Koro</i> at Rangoon.....	C			1											
S. S. <i>Ehizpia</i> at Madras from Rangoon.....	C				1										
S. S. <i>Ellenga</i> at Rangoon.....	C				1										
S. S. <i>Bodnar</i> at Calcutta.....	C				1										
S. S. <i>Bon Noyor</i> at Calcutta.....	C				1										
S. S. <i>Banjore</i> at Calcutta.....	C							2							
S. S. <i>Rajida</i> at Penang.....	C								1						*1

¹ Imported.

² During the week ended Aug. 3, 1935. 1 case of cholera was reported in Rizal Province, Philippine Islands.

* During the period Apr. 20 to July 9, 1935, 98 cases of cholera with 95 deaths were reported in Kanchanapuri Province, Siam.

* Suspected.

British East Africa:																							
Kenya.....	C					2																	
Tanganyika.....	C	78	60	27	95	23	32	28	52	66	87	42	60	86	64	60							
Uganda.....	D	76	49	27	90	22	32	27	53	64	88	41	58	78	62	50							
Canary Islands; Las Palmas.....	C	1																					
Ceylon; Colombia.....	D		2	4	2		4			1		1	1		2								2
Plague-infected rats.....			4	4	1		4			1		1	1		2								1
China (see also table below):			4	4	14					1		1	1		2								2
Hokkaido.....	C					11																	1
Fukiang Province—Chuanchow. ¹	C																						
Kiangsu.....	C																						
Manchuria; Mansantun. ¹	C																						
Dutch East Indies:																							
Celebes.....	C																						
Sulawesi.....	C																						
Sumatra.....	C																						
West Java.....	C	2,425	1,796	1,634	678	208	162	165															
Ecuador (see also table below):	D	2,425	1,794	1,633	678	208	161	151															
Quilima.....	C				1																		
Egypt:																							
Alexandria.....	C																						
Plague-infected rats.....							1																
Asyut.....	C	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Girga.....	C		3	4	11			1															
Minya.....	C	1	1	1					1														
Qena.....	C												2	1									
Hawaii Territory ¹⁰	C																						
Hawaii Island—Hamakua district—																							
Plague-infected rats.....																							
Kalapa ¹⁰ —Plague-infected rats.....	C						1							1									
Paauhau.....	D																						
Plague-infected rats.....																							
Pauilo—Plague-infected rats.....	D																						
Fohakea—Plague-infected rats.....																							
Maui Island—Makawao district—Kahu-					1																		
lul ¹⁰ (9-10 miles from)—Plague-infected																							
rats.....						2																	3

1 Including plague in the United States and its possessions.
 2 Report dated Aug. 2, 1935, states that plague-infected rats are present at San Luis, Argentina.
 3 Report dated July 2, 1935, states that from Jan. 1, 1935, about 16 deaths from plague have occurred in Felra Santanna about 80 miles from Bahia, Brazil.
 4 Report dated Aug. 5, 1935, states that 48 cases of plague with 14 deaths had been reported at Novo Exu and Granito, Pernambuco State, Brazil, imported.
 5 Report dated July 4, 1935, states that 76 cases of plague with 58 deaths were reported at Chuanchow, Province of Fukiang, China.
 6 Report dated Jan. 29, 1935, states that up to Jan. 23, 79 cases of plague with 78 deaths were reported near Kangping, China; the report also states that up to Jan. 21, 50 deaths from plague were reported in 6 villages of the Fe Wang Fu District, northwest of Kangping.
 7 Up to Jan. 5, 1935, 44 cases of plague with 38 deaths were reported at Mansantun, Manchuria, China.
 8 During the week ended Aug. 10, 1935, 1 case of plague was reported at Guayaquil, Ecuador.
 9 Plague-infected rats have been reported in Hawaii Territory as follows: During the week ended Aug. 10, 1935, 1 plague-infected rat was reported at Kalopa Homestead, Paauhau, Hamakua district, Hawaii Island, and during the week ended Aug. 3, 1935, 2 plague-infected rats were reported 9 miles from Kahului, Makawao district, Maui Island.

Morocco:																				
Area boundaries—Tighmert	C																			
Mogador	C																			
Saffi Region	C		9	14	1															
Peru. (See table below.)	C		5	11	1															
Senegal. (See table below.)	D																			
Siam:																				
Nagara Rajstima	C																			
Rajputi	C		1																	
South-West Africa. (See table below.)	C																			
Tunisia: Tunis	C																			
Tunisia: Tunis	D																			
Plague-infected rats		1			2															
Union of South Africa:																				
Cape Province	C	3	5	4	11	6														
Orange Free State	C	30	9	39	4	2														
Transvaal	C		23	2		1														
United States:																				
California—Plague-infected ground squirrels:																				
Lassen County																				
Modoc County																				
San Luis Obispo County																				
Montana — Dillon — Plague - infected ground squirrels																				
Oregon—Plague-infected ground squirrels:																				
Grant County																				
Lake County																				
Wallowa County																				

* Imported.
 † Plague-infected mouse.
 ‡ Plague-infected wood rat.
 ‡‡ Includes 1 suspected plague-infected squirrel.

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

PLAGUE—Continued

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

Place	Janu- ary 1935	Febru- ary 1935	March 1935	April 1935	May 1935	June 1935	Place	Janu- ary 1935	Febru- ary 1935	March 1935	April 1935	May 1935	June 1935
Argentina (see also table above):							Peru.....	5	15	14	13	10	4
Pampa Territory—Victoria. C						2	Ancash Department.....	2			1		
Santa Fe.....		1					Lambayeque Department.....					1	
Santiago de Estero Province—							Libertad Department.....		9	6			
Frias.....						2	Lima Department.....	1	6	5	12	6	4
Azores.....	2	3					Callao.....		3	2			
Bolivia. Tomina Province.....	4	4	4				D		2	2			1
China: Kwangchowan.....				20		7	Plague-infected rats.....		4		P		
Ecuador:				13		9	Lima.....	2	3	2	9	7	1
Chimborazo Province.....		4					D			1			1
Loja Province.....		18	17	6		4	Plague-infected rats.....	6	6		P		
Indo-China (see also table above):							Senegal:						
Cambodia.....	1						Dakar ¹⁴	2	1	2	5	10	19
Cochin-China.....				2			D	2	1	2	4	8	13
Neotahao Island.....			20	18		9	Louga ¹⁴						
Madagascar (central region).....	510	491	211	209	128		Russique ¹⁴	1			17	10	8
	502	472	203	199	124		Tiweis ¹⁴					3	20
							Tivouane ¹⁴					5	30
							South-West Africa: Ovamboland C		15	29		16	45
									88				

¹⁴ Reports incomplete.¹⁵ For January and February.¹⁶ For April and May.

SMALLPOX

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

Place	Week ended—													
	May 1935				June 1935				July 1935					
	4	11	18	25	1	8	15	22	29	6	13	20	27	
Algeria:														
Alger Department.....														
Constantine Department.....														
Belgian Congo (see also table below).....														
Bolivia. (See table below.).....														
Brazil:														
Porto Alegre (alastrim).....														
Rio de Janeiro.....														
British East Africa:														
Kenya.....														
Tanganyika.....														
Uganda.....														
British Guiana.....														
British Somaliland.....														
British South Africa: Northern Rhodesia.....														
Canada:														
Manitoba.....														
Ontario.....														
Quebec.....														
Saskatchewan.....														
Ceylon:														
Colombo.....														
Galle.....														
Welltara.....														
Chile: Chuquiamata. ¹														
China:														
Amoy.....														
Canton.....														
Dairen.....														
Foochow.....														
Hankow.....														
Hong Kong.....														
Macao.....														
Nanking.....														

¹ For 4 weeks.² For 2 weeks.³ Report dated July 19, 1935, states that 1 imported case of smallpox was reported at Chuquiamata, Chile.

Cochin.....	2	6	5	2	3	3	11	6	9	2	2	8	2	2	1
Karachi.....	11	32	39	43	612	695	697	690	664	699	699	656	2	2	1
Madras Presidency.....	5,324	4,939	6,493	4,366	720	106	133	144	146	107	116	117	2	4	4
Madras.....	36	48	49	47	6	6	6	6	4	6	4	11	2	4	4
Moulmein.....	41	41	2	2	5	1	4	3	4	1	2	3	5	1	1
Negapatam.....	33	43	61	20	6	5	4	1	4	1	2	1	3	1	1
Punjab.....	279	193	212	133	94	65	138	146	82	72	85	125	71	25	22
Rangoon.....	24	77	216	95	26	16	10	7	5	7	3	2	4	6	4
Tuticorin.....	4	4	1	28	5	5	5	7	9	7	3	4	4	4	2
Vizagapatam.....	92	133	144	119	15	10	23	10	6	15	7	6	8	1	1
India (French):.....															
Chanderagor.....		1	6	19	1	3			3		2				
Karikal.....	14	11	14	32	0	4	4	4	2	4	4	14	4	4	
Pondichery.....	91	78	110	96	18	18	16	7	20	10	8	15	8	8	
Indo-China (see also table below):.....	70	72	91	78	18	18	12	8	16	5	7	11	9	9	
Haiphong.....	1														
Pnom-Penh.....	3	4	8	4	2	2	1	2	1	1	1	1	2	2	
Tourane.....	2	5	6	1											
Teheran.....	4	7	1												
Iran.....															
Iraq.....	34	7	6	11	7	11	7	1							
Baghdad.....	1	4		2		1	1	1							
Basra.....															
Mesulijira.....	9			2											
Japan (see also table below):.....															
Kawasaki.....								14							
Kobe.....	1														1
Mizuna Migifu Prefecture.....															
Nagasaki.....	1	3													
Nagoya.....															
Osaka.....															
Taiwan.....															
Merikwan.....				1											
Chinhshua.....	7	8	18	11			12								
Gunsalejara.....								1							
Mendalana.....				1											1
Mataco, D. F.....	37	108	161	54											
Monterre.....				2											
San Luis Potosi.....															
Vera Cruz.....				1											
Morocco: (See table below.).....															
Mozambique: (See table below.).....															
Nigeria.....	78	372	514	369	52	172	6	62	280	41	69				2
Lagos.....															

* Imported.

* A report dated June 11, 1935, states that 10 deaths from smallpox had occurred at Mizuna Migifu Prefecture, Japan.

* For 3 weeks.

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

SMALLPOX—Continued

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

Place	Dec. 30, 1934-Jan. 26, 1935	Jan. 27-Feb. 23, 1935	Feb. 24-Mar. 30, 1935	Mar. 31-Apr. 27, 1935	Week ended—													
					May 1935				June 1935				July 1935					
					4	11	18	25	1	8	15	22	29	6	13	20	27	
Nyasaland. (See table below.)																		
Palestine	C 2	4	2			1		2										
Peru. (See table below.)	C		1											1				
Poland																		
Portugal (see also table below):																		
Lisbon			5	2														
Oporto						1												1
Portuguese East Africa						1												
Salvador		74				3	1	2										
Saudi Arabia																		
Siam		24	2	48				5	13					1				
Bangkok		1																
Sierra Leone		111	295	12														
Spain		16	15	64				11	6	14				8	17	4	9	
Straits Settlements: Singapore				7														
Sudan (Anglo-Egyptian)				7														
Syria:		13	9	8					1	2				2				
Damascus		6	2															
Provinces		23	4	2														
Tunisia		5																
Turkey. (See table below.)																		
Union of Soviet Socialist Republics. (See table below.)																		

: For 2 weeks.

On vessels:—Continued.

S. S. *Mulbera* at Aden..... 1 case. Mar. 28, 1935
 S. S. *Anshun* at Swatow from Hong Kong..... 1 case. Mar. 28, 1935
 S. S. *Varsova* at Karachi..... 1 case. Mar. 30, 1935
 S. S. *Jinkai Maru* at Singapore from Milke..... 1 case. Apr. 3, 1935
 S. S. *Ozarda* at Tutuicorin from Akyab..... 1 case. Apr. 3, 1935
 S. S. *Ekma* at Rangoon from Calcutta..... 1 case. Apr. 12, 1935
 S. S. *Ipoth* at Penang from Singapore..... 1 case. Apr. 12, 1935
 S. S. *Hong Peng* at Singapore from Amoy..... 1 case. Apr. 17, 1935
 S. S. *Anhui* at Singapore from Hong Kong..... 1 case. Apr. 18, 1935
 S. S. *Jalagopal* at Rangoon from Chittagong..... 1 case. Apr. 19, 1935
 S. S. *Nagasaki Maru* at Natasaki from Shanghai..... 1 case. May 10, 1935
 S. S. *Karoo* at Singapore from Calcutta..... 1 case. May 20, 1935
 S. S. *Anshun* at Singapore from Hong Kong..... 1 case. June 1, 1935
 S. S. *Cymer* at Singapore from Amoy..... 1 case. June 4, 1935
 S. S. *Van Heutsz* at Singapore from Amoy..... 1 case. June 18, 1935
 S. S. *Chitose Maru* at Nagasaki from Dairen..... 2 cases. July 2, 1935

On vessels:

S. S. *Tatma* at Hong Kong..... 1 case. Jan. 19, 1935
 S. S. *Chitka* at Rangoon from Gopalpore..... 1 case. Jan. 23, 1935
 S. S. *Aorangi* at Sydney from Vancouver..... 1 case. Jan. 24, 1935
 S. S. *Hosang* at Singapore from Osaka..... 1 case. Feb. 2, 1935
 S. S. *Rhone* at Port Swettenham from Madras..... 1 case. Feb. 22, 1935
 S. S. *Mongolia* at Sus. from Australia..... 1 case. Feb. 24, 1935
 S. S. *Eitenga* at Rangoon..... 1 case. Feb. 26, 1935
 S. S. *Suisang* at Singapore from Hong Kong..... 1 case. Feb. 27, 1935
 S. S. *Empress of Britain* at Singapore from Bombay..... 1 case. Mar. 3, 1935
 S. S. *Cymer* at Singapore from Amoy..... 1 case. Mar. 11, 1935
 S. S. *Kutsang* at Hong Kong..... 1 case. Mar. 14, 1935
 S. S. *Tatama Maru* at San Francisco..... 1 case. Mar. 14, 1935
 Do..... 1 case. Mar. 15, 1935
 S. S. *Pendera* at Port Said from Odessa..... 2 cases. Mar. 16, 1935
 S. S. *Anhui* at Singapore from Hong Kong..... 1 case. Mar. 22, 1935
 S. S. *Van Heutsz* at Singapore from Amoy..... 1 case. Mar. 25, 1935

Place	Janu- ary 1935	Febru- ary 1935	March 1935	April 1935	May 1935	June 1935
Belgian Congo (see also table above).....	109	58	95	151	165	
Rolivia.....	52	42	42	36	33	44
Chosen.....	159	179	178	211		
Dahomey.....	3	4	16			
Finland.....				1		1
France.....	31	137	78	8	15	57
Guatemala.....		2	1			
Indo-China (see also table above).....	605	582	(01	552	303	210
	67	69	53	92	53	57
Japan (see also table above).....	21	8				
Morocco.....				3	45	12
Mozambique.....	3	1	4	8	13	
Nyasaland.....		13	26	3		
Peru.....	37	6	16	15		37
Portugal (see also table above).....	54	55	43	25	28	
Turkey.....	4	9	2	1	41	
Union of Soviet Socialist Republics.....	5	19	28	1	13	30
	390	375				

YELLOW FEVER

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

Place	Dec. 30, 1934- Jan. 26, 1935	Jan. 27-Feb. 23, 1935	Feb. 24- Mar. 30, 1935	Week ended—																						
				April 1935			May 1935			June 1935			July 6, 1935													
				6	13	20	27	4	11	18	25	1		8	15	22	29									
Bolivia: Santa Cruz Department—Chuchio. ¹																										
Brazil:																										
Goyaz State.....				11																						
Maranhao State.....	C																									
Mato Grosso State.....	C																									
Minas Geraes State ¹	C																									
Para State.....	D																									
Sao Paulo State.....	C																									
Colombia:																										
Intendencia of Meta—Restrepo ¹	C																									
Villavicencio.....	D	4																								
Dahomey:																										
Parakou.....	D		1																							
Porto Novo. ¹	C		1																							
French Equatorial Africa: Middle Congo—Pointenoire.....	C																									
Gambia: Bathurst.....	C	1																								
Gold Coast:																										
Aperadi.....	C	3																								
Cape Coast. ¹	D	1																								
Oda.....	C	1																								

¹ During the month of June 1935, 1 case of yellow fever was reported at Chuchio, Santa Cruz Department, Bolivia.² Yellow fever has been reported in Minas Geraes State, Brazil, as follows: During the week ended July 20, 1935, 2 cases; for the week ended Aug. 10, 1935, 1 case, 1 death.³ During the week ended July 20, 1935, 1 fatal case of yellow fever was reported at Restrepo, Intendencia of Meta, Colombia.⁴ Suspected.⁵ During the week ended July 20, 1935, 1 fatal case of yellow fever was reported in the vicinity of Porto Novo, Dahomey.⁶ During the week ended Aug. 10, 1935, 1 fatal case of yellow fever was reported at Cape Coast, Gold Coast.

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

YELLOW FEVER—Continued

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

Place	Dec. 30, 1934 Jan. 26, 1935	Jan. 27-Feb. 23, 1935	Feb. 24- Mar. 30, 1935	Week ended—										July 6, 1935			
				April 1935			May 1935			June 1935							
				6	13	20	27	4	11	18	25	1	8		15	22	29
Ivory Coast:																	
Bangoanou.....		1															
Bassam (near).....			1														
Bobo-Dioulasso.....		1															
Dimbokro.....		1															
Gagnoa.....			1														
Ouagadougou.....			1														
Nigeria, Kano.....		1															
Niger Territory: Zinder.....		1															
Sierra Leone:																	
Free town.....				2													
Togo:																	
Illil Station (near Free town).....		1															
Agoueve.....																	
Koumea.....									1								
Sokode.....									1								

X