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## RELATION OF PHYSICAL DEFECTS TO THE PHYSICAL GROWTH OF CHILDREN OF 21 STATES<sup>1</sup>

### Physical Measurement Studies No. 3

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Over a half-century ago Bowditch (1) called attention to the importance of securing measurements relating to the physical growth of large numbers of children by enumerating some problems the investigation of which required such data. He mentioned geographic location, season, rural and urban residence, economic status, occupation, mode of life, and normal dental processes as factors to be studied in relation to growth, and particularly referred to the relationship of certain diseases of childhood to the rapid growth characteristic of early life. He pointed out, for example, that enlarged cervical glands and measles had been observed to be associated with decreases in weight before the appearance of more unequivocal signs; at the same time Bowditch cautioned that arrest of growth in weight or loss in weight in a growing child is not always a sign of approaching disease, since the weight of a healthy child fluctuates within ascertainable limits.

Since the appearance of the above-mentioned paper a voluminous literature dealing with its subject has accumulated. It is sufficient to add that Robertson (2), in 1916, reported that in a group of 8-year old children the presence of adenoids was related to decreased height and weight, and that Peller (3) more recently concluded from a study of girls, 13 to 15 years of age, that normal tonsils regulate physical growth by means of some hormonal factor.

In this, the third paper of the series, it is purposed to obtain some knowledge concerning the relation between physical defects in school children and their physical growth, rate of physical growth, and their body form, respectively, so far as it is determinable from the recorded results of examinations for physical defects and the records of certain physical measurements.

### MATERIAL AND METHOD

Data collected by three officers of the United States Public Health Service in connection with the physical measurement of 28,674 white children, ages 6 to 15 years, in 21 States, afford material for the study

<sup>1</sup> From the Office of Child Hygiene Investigations, U. S. Public Health Service. The collected data on which the Physical Measurement Studies are based were edited, coded, and transferred to punch cards several years ago during the assignment of Dr. S. D. Collins to this office. Furthermore, many tabulations and computations were made at the same time. The author is indebted to Dr. Collins for placing all of this material at his disposal. The other papers of the series are mentioned in the list of references.

of the proposed question.<sup>2</sup> The geographic distribution of the children by State and community, the number measured, the dates of measurement, the methods of making the measurements, and other pertinent information are given in the previous papers (4, 5) of the series and will not be repeated here.

The anthropometric measurements dealt with in the present report are seven in number and include body weight, standing and sitting heights, chest circumference, anteroposterior and transverse chest diameters, and vital capacity. In addition, the following four computed indexes of body form are employed:

$$\text{Weight-height (lbs. per in. of height)} = \frac{\text{mean weight in pounds}}{\text{mean height in inches}}$$

$$\text{Trunk-length, percent} = \frac{100 (\text{mean sitting height in inches})}{\text{mean standing height in inches}}$$

$$\text{Thoracic, percent} = \frac{100 (\text{mean anteroposterior chest diameter in cms.})}{\text{mean transverse chest diameter in cms.}}$$

$$\text{Chest-height, percent} = \frac{100 (\text{chest circumference in inches})}{\text{standing height in inches}}$$

The population measured is homogeneous in several respects: The children are native-born of white native-born parents and grandparents; excepting a few measured in the West, all lived in large urban areas, and none seriously ill is included, since all were attending school. Moreover, grossly defective or crippled children are excluded.

Almost one-half of the population measured, however, had physical defects of some kind recorded for it. These defects had been observed in the majority of the children by the local school medical officers shortly before the physical measurements were made, and were accepted and recorded by the medical officers of the Public Health Service as defects existing at the time of measuring. Those children who had not been previously examined for defects were examined for them by the officers making the measurements.

Nothing is known regarding the completeness of the examinations for defects nor the accuracy with which they were made in the various communities. For example, less than 33 percent of the children measured and examined were recorded as having carious teeth, alone, or in combination with other defects. This percent is remarkably low when compared with the findings of a recent dental survey of school children (6), and probably means that dental mouth mirrors and explorers were infrequently used or not used at all, and that

<sup>2</sup> The children were distributed, according to the officer making the measurements, as follows: Dr. Viola R. Anderson, 1,943; Dr. E. Blanche Sterling, 9,377, and Dr. M. V. Veldee, 17,354. The 21 States are: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, Minnesota, Wisconsin, Michigan, Indiana, Illinois, Texas, Louisiana, Arkansas, Tennessee, Kentucky, Missouri, Utah, and Nevada. The small number of 15-year old children measured are omitted from this paper.

pits and fissures were generally not included in the definition of dental caries. The results of the examinations, therefore, are probably of little value for precise epidemiological purposes, but it may be reasonably assumed that the records of the presence of defects are of sufficient accuracy and completeness for the purposes of the present study. Indeed, a classification of the children into "defectives" and "non-defectives" based on these records is probably more likely in this instance to yield significant results than one based on meticulous examinations leading, as they would, to the discovery of more defects in their early stages of development, and more defects of a transitory nature.

In the matter of definitions no attempt will be made to define generally a defect nor any particular defect. Table 1 is included to show the composition of the defective group. The particular defects are arranged according to the frequency of their occurrence, the one occurring most frequently appearing first. Thus, carious teeth, alone, were recorded as present in 58 percent of the defective group, defective tonsils or adenoids in 14 percent of the group, and so on. The large sex difference for the categories involving goiter is in harmony with the observations reported by Olesen (7), and Collins (8, p. 68).

TABLE 1.—*Children, ages 6 to 14, with recorded defects, classified according to specified defects*

Defect	Number			Percent		
	Both sexes	Boys	Girls	Both sexes	Boys	Girls
Defective (total) .....	12,717	6,326	6,391	100.00	100.00	100.00
Carious teeth only .....	7,387	3,892	3,495	58.09	61.52	54.69
Defective tonsils or adenoids .....	1,796	896	900	14.12	14.16	14.08
Defective tonsils or adenoids and carious teeth .....	1,138	601	537	8.95	9.50	8.40
Goiter .....	422	27	395	3.32	.43	6.18
Defective vision or other eye defect or disease .....	385	165	220	3.03	2.61	3.44
Defective vision or other eye defect or disease and carious teeth .....	276	142	134	2.17	2.24	2.10
Enlarged cervical or submaxillary glands and carious teeth .....	225	124	101	1.77	1.96	1.58
Enlarged cervical or submaxillary glands .....	141	75	66	1.11	1.19	1.03
Defective tonsils or adenoids, enlarged cervical or submaxillary glands and carious teeth .....	117	66	51	.92	1.04	.80
Goiter and carious teeth .....	92	6	86	.72	.09	1.35
Defective tonsils or adenoids, and enlarged cervical or submaxillary glands .....	64	36	28	.50	.57	.44
All other .....	674	296	378	5.30	4.68	5.91
Nondefective (total) .....	15,600	7,798	7,802	-----	-----	-----
Total, all children .....	28,317	14,124	14,193	-----	-----	-----

An attempt will be made to secure some information on the subject proposed by determining whether there is a difference between the physically defective group of children and the physically nondefective group with respect to, first, the means and yearly increments of the means, respectively, of the seven anthropometric measurements, and, second, the means of the four indexes of body form. All of the data are specific for sex and age.

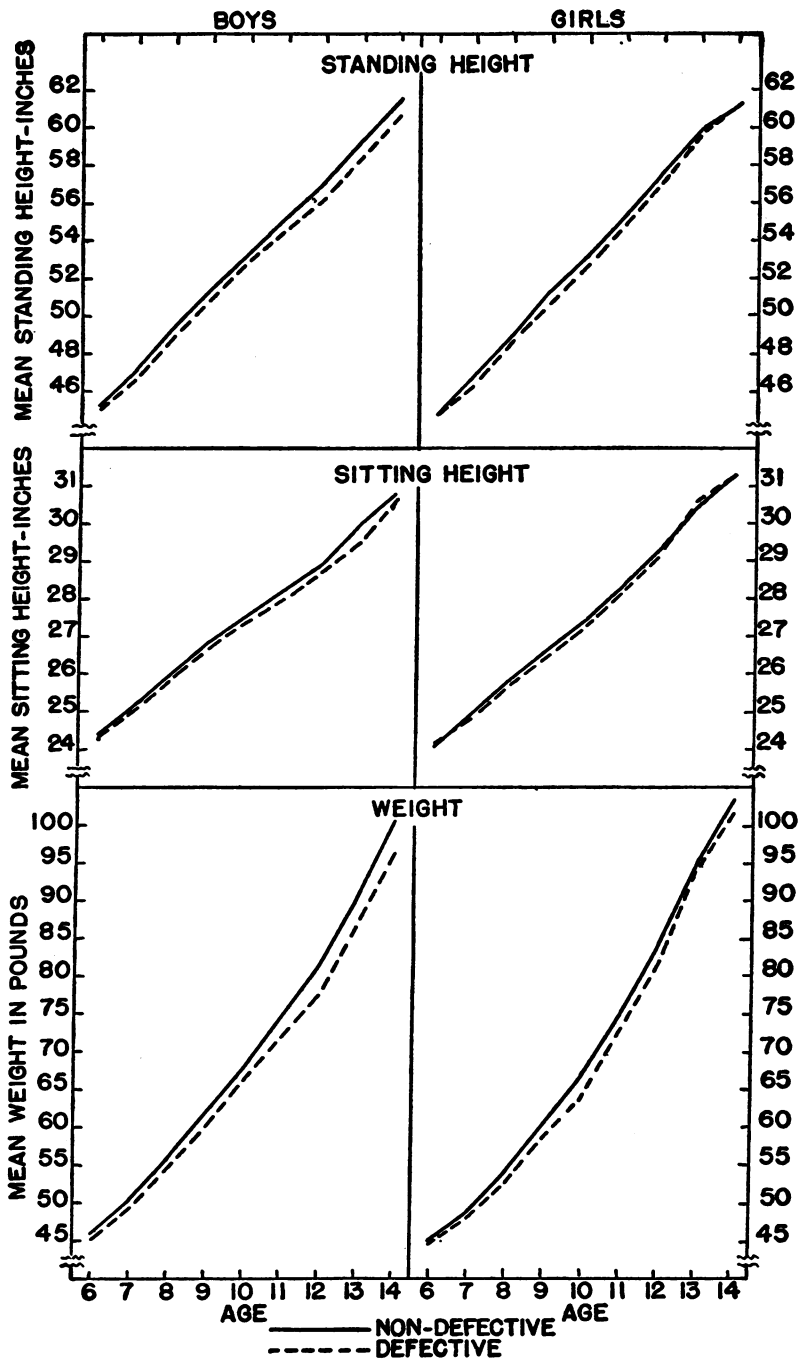


FIGURE 1.—Mean measurements of nondefective and defective children.

## RESULTS

*Growth of the nondefective and defective groups.*—Table 2 presents for the two groups the sex-age specific means of the basic measurements and of the computed indexes of body form. The means for standing and sitting heights and for weight are shown graphically in figure 1. While the differences for both standing and sitting heights are small, the curves for the nondefective group are generally above the corresponding ones for the defective group. For the boys the differences for the two measurements are consistent; for the girls, on

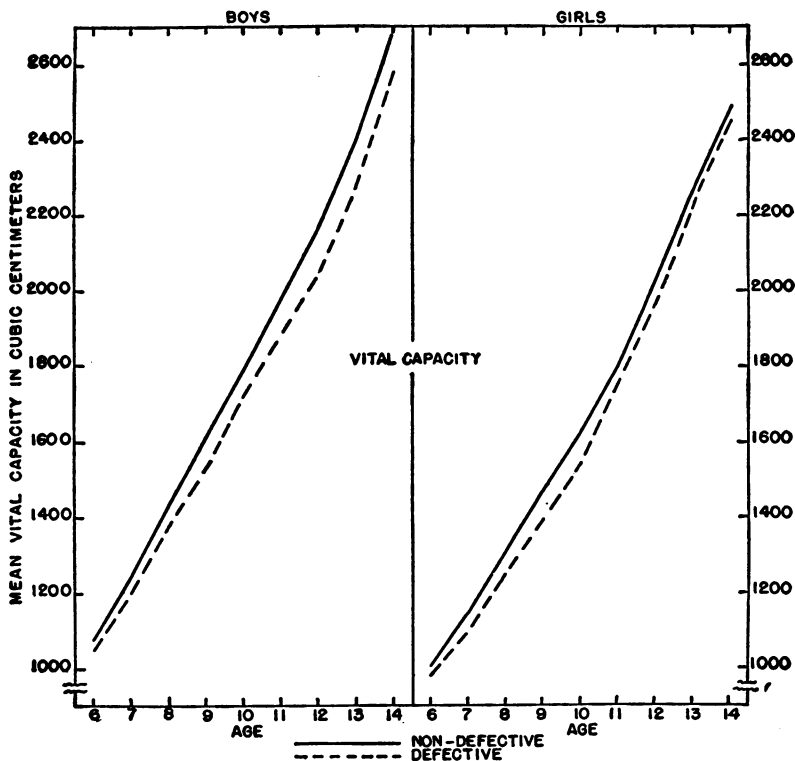


FIGURE 2.—Mean vital capacity of nondefective and defective children.

the other hand, the consistency is disturbed at both ends of the age range. There is evidence, however, to suggest that the nondefective group, on the average, is probably taller and has longer trunks. The differences with regard to weight are striking. The curves for both sexes of the nondefective group are consistently above those for the other group, the differences for the higher age groups lying in the neighborhood of 4 pounds for the boys and 2 pounds for the girls. With regard to vital capacity (fig. 2) the curves for the nondefectives of both sexes are again consistently above the corresponding curves for the defectives. The differences for the boys range from approximately 30 to 130 cubic centimeters, and for the girls, from 20 to 75.

The graphs of the three measurements dealing with chest circumference and the two chest diameters show no real differences for either sex as between the nondefective and defective groups and are omitted. It must be stated at this time, however, that when the States in which measurements were made are classified into a northeast, a north central, and a south central region, and the nondefective and defective groups within each region are compared, there is an indication that the nondefective group has, on the average, larger chests.<sup>3</sup>

TABLE 2.—Mean measurements of nondefective and defective children  
[Defective group in *italics*]

Measurement and index	Age in years, nearest birthday								
	6	7	8	9	10	11	12	13	14
Boys									
Weight, pounds.....	46.17	50.44	55.90	61.74	67.68	74.51	81.50	90.55	100.85
Standing height, inches.....	45.36	49.21	54.70	59.90	66.03	71.94	77.65	86.69	96.43
Sitting height, inches.....	45.23	47.28	49.49	51.59	53.41	55.39	57.18	59.35	61.47
Chest circumference, inches.....	45.01	46.84	49.07	51.00	53.00	54.63	56.27	58.46	60.74
Transverse chest diameter, centimeters.....	24.38	25.15	26.03	26.82	27.54	28.23	28.92	29.84	30.84
Anteroposterior chest diameter, centimeters.....	24.36	25.06	25.98	26.71	27.41	28.04	28.78	29.58	30.70
Vital capacity, cubic centimeters.....	22.70	23.28	23.91	24.68	25.25	26.00	26.83	27.79	28.96
Weight over height, pounds per inch of height.....	23.09	23.38	24.07	24.62	25.55	26.14	26.84	27.87	29.08
Sitting height over standing height, percent.....	18.88	19.42	20.01	20.59	21.17	21.80	22.47	23.24	24.12
Anteroposterior chest diameter over transverse chest diameter, percent.....	19.22	19.54	20.13	20.73	21.31	21.99	22.65	23.54	24.54
Chest circumference over standing height, percent.....	14.15	14.47	14.69	15.04	15.42	15.84	16.29	16.86	17.60
Weight over height, pounds per inch of height.....	14.49	14.55	14.81	15.15	15.48	15.95	16.29	16.96	17.78
Sitting height over standing height, percent.....	1,076	1,241	1,430	1,614	1,785	1,975	2,167	2,405	2,694
Anteroposterior chest diameter over transverse chest diameter, percent.....	1,047	1,197	1,378	1,525	1,721	1,881	2,044	2,273	2,583
Chest circumference over standing height, percent.....	1,020	1,067	1,130	1,197	1,267	1,345	1,425	1,526	1,641
Weight over height, pounds per inch of height.....	1,008	1,051	1,115	1,175	1,247	1,316	1,380	1,481	1,589
Sitting height over standing height, percent.....	53.83	53.19	52.59	51.99	51.56	50.96	50.58	50.29	50.17
Anteroposterior chest diameter over transverse chest diameter, percent.....	54.14	53.51	52.85	52.39	51.71	51.28	51.04	50.49	50.55
Chest circumference over standing height, percent.....	74.95	74.49	73.40	73.02	72.85	72.64	72.40	72.53	72.97
Weight over height, pounds per inch of height.....	75.38	74.46	73.55	73.06	72.62	72.51	71.93	72.04	72.23
Sitting height over standing height, percent.....	50.13	49.23	48.31	47.65	47.29	46.93	46.93	46.82	47.11
Anteroposterior chest diameter over transverse chest diameter, percent.....	51.30	49.91	49.06	48.28	47.83	47.81	47.69	47.67	47.77
Girls									
Weight, pounds.....	45.25	48.95	54.26	60.47	66.94	75.18	84.17	94.90	103.67
Standing height, inches.....	44.53	48.21	52.62	58.77	64.26	73.03	81.90	94.20	101.87
Sitting height, inches.....	44.77	46.94	49.10	51.30	53.20	55.44	57.63	59.90	61.21
Chest circumference, inches.....	44.85	46.40	48.77	50.60	52.65	54.80	57.24	59.80	61.24
Transverse chest diameter, centimeters.....	24.13	24.90	25.84	26.67	27.43	28.37	29.36	30.49	31.33
Anteroposterior chest diameter, centimeters.....	24.27	24.85	25.74	26.45	27.85	28.23	29.22	30.63	31.33
Vital capacity, cubic centimeters.....	22.08	22.69	23.33	24.11	24.87	25.81	26.78	27.92	28.78
Weight over height, pounds per inch of height.....	22.68	23.02	23.48	24.17	24.89	26.06	27.01	28.17	28.96
Sitting height over standing height, percent.....	18.37	18.84	19.41	20.02	20.60	21.34	22.01	22.86	23.47
Anteroposterior chest diameter over transverse chest diameter, percent.....	18.79	19.16	19.60	20.09	20.72	21.66	22.27	23.07	23.69
Chest circumference over standing height, percent.....	13.72	14.00	14.33	14.72	15.19	15.69	16.38	17.13	17.77
Weight over height, pounds per inch of height.....	15.99	14.18	14.45	14.81	15.28	15.94	16.55	17.41	17.88
Sitting height over standing height, percent.....	1,004	1,144	1,311	1,471	1,624	1,802	2,034	2,272	2,486
Anteroposterior chest diameter over transverse chest diameter, percent.....	982	1,098	1,255	1,395	1,549	1,755	1,971	2,233	2,440
Chest circumference over standing height, percent.....	1,011	1,043	1,105	1,179	1,258	1,356	1,460	1,584	1,694
Weight over height, pounds per inch of height.....	0.983	1.039	1.079	1.162	1.221	1.333	1.431	1.678	1.663
Sitting height over standing height, percent.....	53.90	53.25	52.63	51.98	51.55	51.16	50.94	50.91	51.19
Anteroposterior chest diameter over transverse chest diameter, percent.....	54.06	53.51	52.78	52.28	51.76	51.52	51.05	51.23	51.15
Chest circumference over standing height, percent.....	74.65	74.32	73.84	73.53	73.73	73.51	74.43	74.93	75.70
Weight over height, pounds per inch of height.....	74.46	74.03	73.89	73.71	73.73	73.94	74.51	75.44	75.50
Sitting height over standing height, percent.....	49.32	48.33	47.51	47.00	46.75	46.56	46.47	46.61	47.01
Anteroposterior chest diameter over transverse chest diameter, percent.....	50.33	49.62	48.02	47.76	47.27	47.55	47.18	47.11	47.29
NUMBER OF CHILDREN									
Boys.....	524	727	785	845	836	986	1,079	1,123	890
Girls.....	398	873	894	965	862	719	635	523	437
Boys.....	506	740	796	858	959	989	1,075	1,030	849
Girls.....	480	808	856	922	813	729	661	627	515

<sup>3</sup> The western region represented by Nevada and Utah is omitted because of the relatively small number of children measured there. The relation of physical defects to physical growth in different geographic regions will be considered in the next paper of the series. [Am. Jour. Hyg., 23: 205-215 (1936)].

A consideration of the graphical presentation (fig. 3) of the four mean indexes follows. With the exception of the index expressing relative chest depth or what percent the anteroposterior chest di-

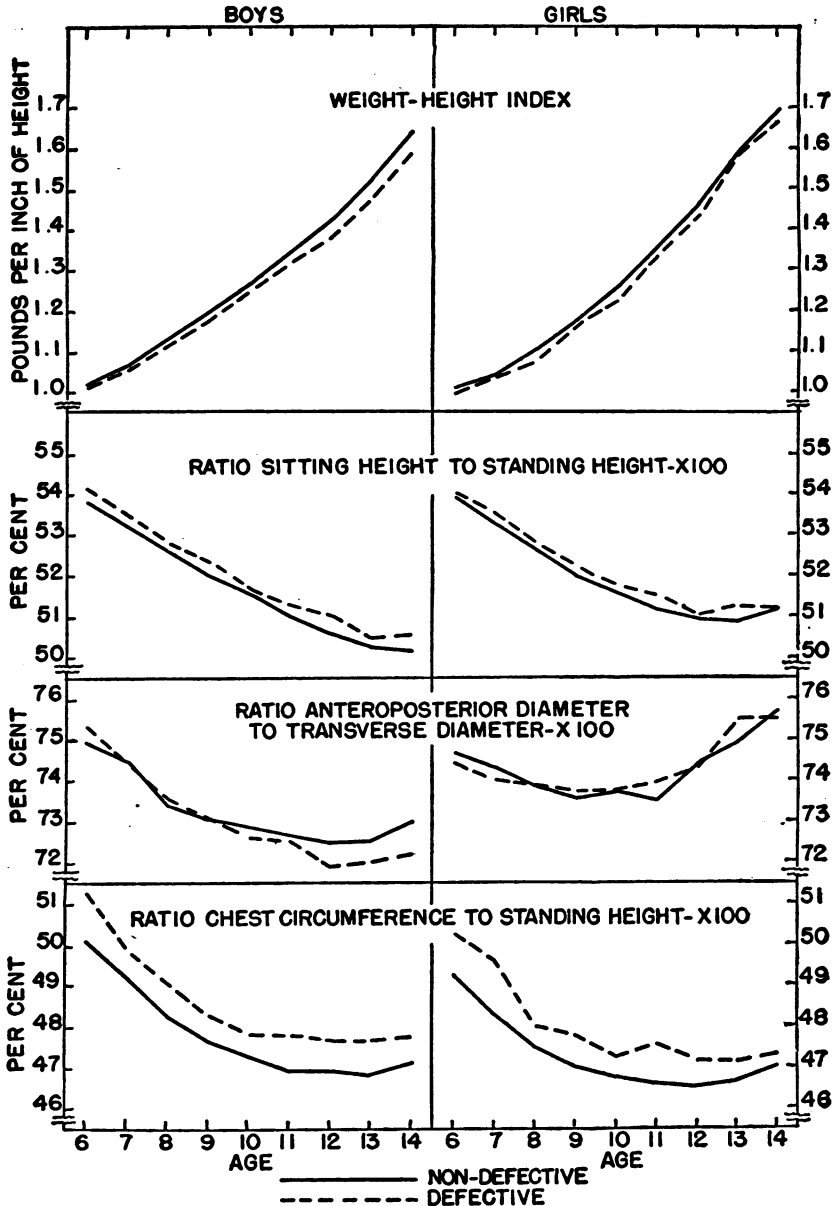


FIGURE 3.—Mean indexes of body form of nondefective and defective children.

ameter is of the transverse chest diameter, all indexes for one group, for both sexes, are consistently above or below the corresponding indexes for the other group. The actual differences between the two groups of children are all small.

Thus the weight-height index in pounds per inch of height is consistently larger for both sexes of the nondefective group, the differences being not more than 0.05 pound per inch of height. The

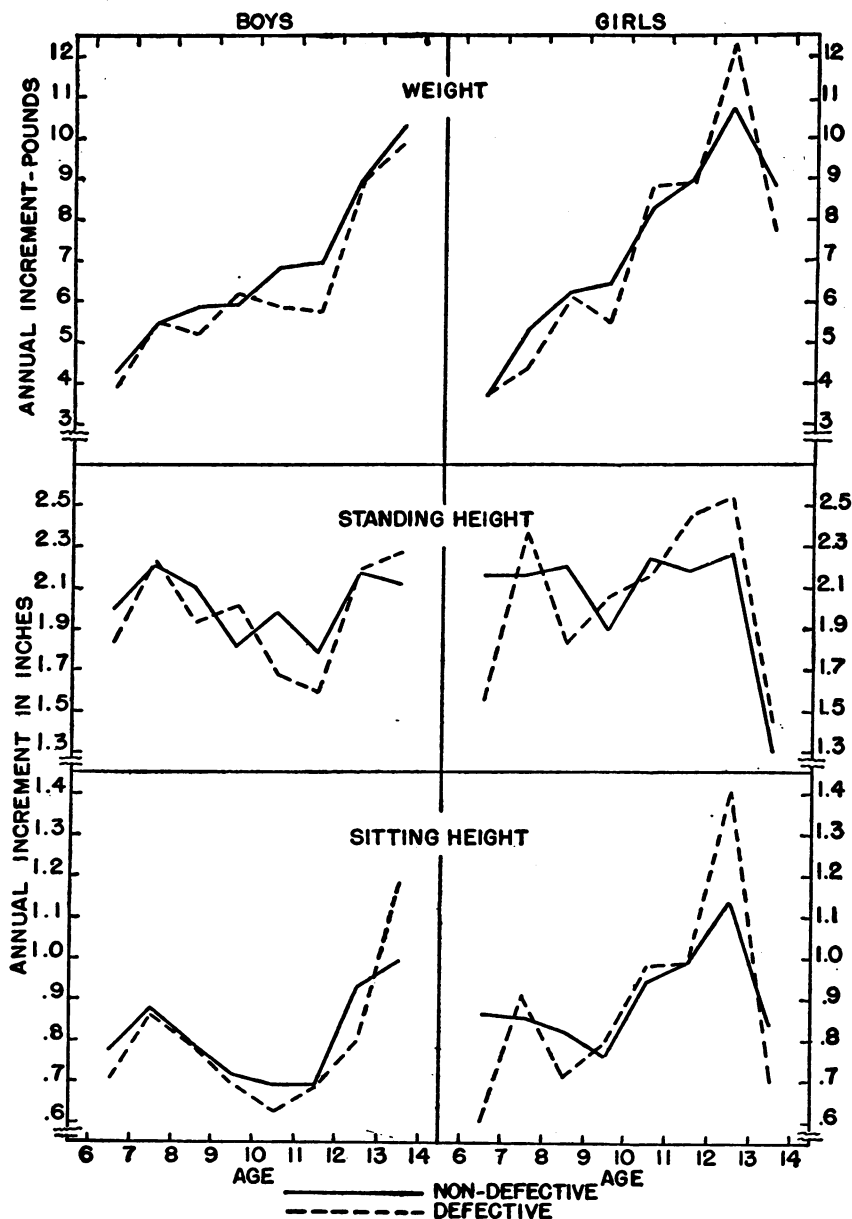


FIGURE 4.—Mean annual increments of growth of nondefective and defective children.

children of the nondefective group are, therefore, on the average, stockier than those of the defective group. The index of relative trunk length, or the percent that the sitting height is of the standing



height, is smaller for both sexes of the nondefective group, the differences being generally less than 0.4 percent. The nondefective group has, therefore, on the average, relatively short trunks. The curves of the index of relative chest depth, as referred to above, show

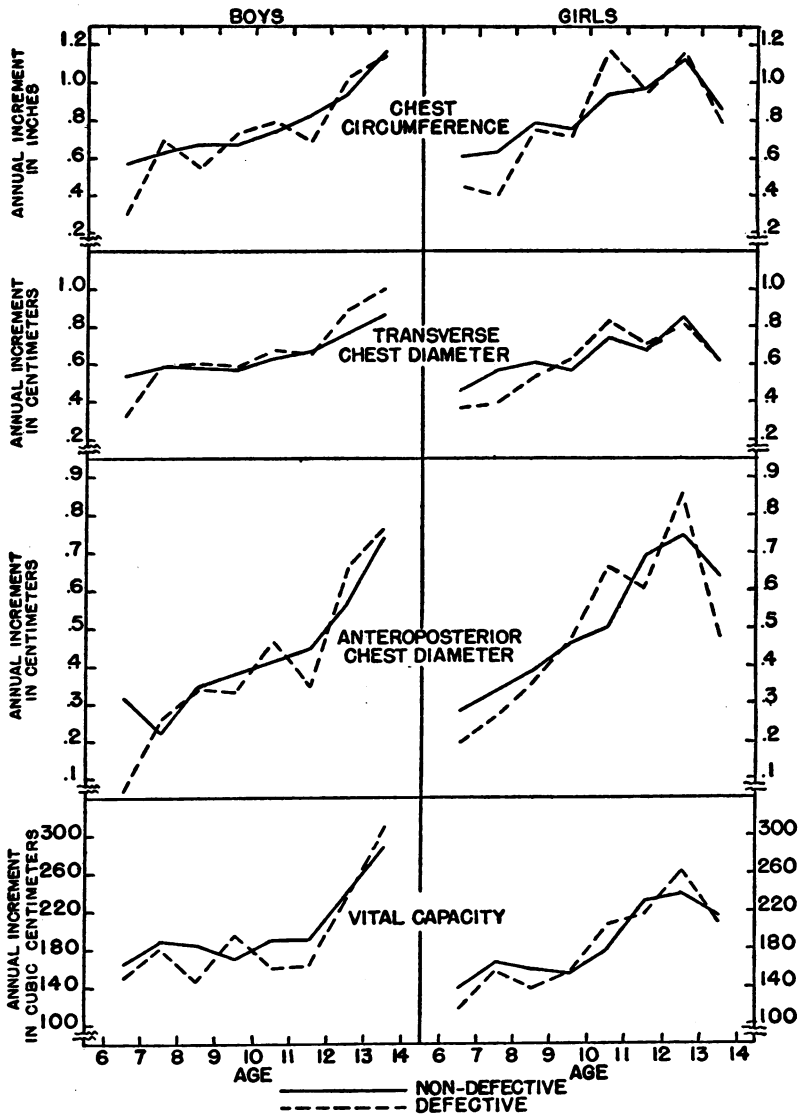


FIGURE 5.—Mean annual increments of growth of nondefective and defective children.

no consistent differences for either sex. In other words, with respect to relative flatness or relative thickness of the chest, the two groups are probably not different. The index expressing chest circumference in relation to height is for both sexes, on the average, consistently

smaller for the nondefective group. None of the differences for either sex is much over 1 percent.

*Rate of growth of the nondefective and defective groups.*—The differences between pairs of mean measurements of successive age groups are given in table 3 and shown graphically in figures 4 and 5. None of the graphs shows consistent differences as between the nondefective and defective groups. The material, therefore, presents no definite evidence of differences in rates of growth as between the two groups with respect to weight, standing and sitting heights, chest circumference, transverse and anteroposterior chest diameters, and vital capacity.

TABLE 3.—Mean annual increments in the measurements of nondefective and defective children

[Defective group in *italics*]

Measurement	Age interval							
	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14
Boys								
Weight, pounds.....	4. 268 <i>3. 816</i>	5. 456 <i>5. 188</i>	5. 846 <i>5. 202</i>	5. 934 <i>6. 181</i>	6. 827 <i>5. 858</i>	6. 995 <i>5. 707</i>	9. 047 <i>8. 983</i>	10. 307 <i>9. 897</i>
Standing height, inches.....	1. 998 <i>1. 835</i>	2. 206 <i>2. 227</i>	2. 102 <i>1. 929</i>	1. 816 <i>2. 007</i>	1. 984 <i>1. 675</i>	1. 786 <i>1. 689</i>	2. 172 <i>2. 197</i>	2. 120 <i>2. 273</i>
Sitting height, inches.....	. 771 <i>. 700</i>	. 878 <i>. 860</i>	. 794 <i>. 790</i>	. 716 <i>. 694</i>	. 690 <i>. 682</i>	. 690 <i>. 685</i>	. 928 <i>. 798</i>	. 995 <i>1. 185</i>
Chest circumference, inches.....	. 673 <i>. 591</i>	. 653 <i>. 693</i>	. 672 <i>. 651</i>	. 673 <i>. 738</i>	. 743 <i>. 788</i>	. 837 <i>. 694</i>	. 955 <i>1. 085</i>	1. 169 <i>1. 145</i>
Transverse chest diameter, centimeters.....	. 542 <i>. 524</i>	. 592 <i>. 586</i>	. 580 <i>. 600</i>	. 577 <i>. 584</i>	. 636 <i>. 679</i>	. 665 <i>. 659</i>	. 772 <i>. 885</i>	. 876 <i>1. 008</i>
Anteroposterior chest diameter, centimeters.....	. 317 <i>. 064</i>	. 222 <i>. 254</i>	. 349 <i>. 340</i>	. 385 <i>. 353</i>	. 417 <i>. 469</i>	. 449 <i>. 345</i>	. 569 <i>. 662</i>	. 741 <i>. 768</i>
Vital capacity, cubic centimeters.....	164. 8 <i>149. 9</i>	189. 1 <i>180. 4</i>	184. 7 <i>147. 1</i>	170. 5 <i>196. 2</i>	190. 5 <i>160. 1</i>	191. 5 <i>162. 7</i>	238. 5 <i>229. 2</i>	288. 5 <i>306. 9</i>
Girls								
Weight, pounds.....	3. 701 <i>3. 677</i>	5. 311 <i>4. 408</i>	6. 211 <i>6. 153</i>	6. 464 <i>5. 492</i>	8. 244 <i>8. 766</i>	8. 988 <i>8. 873</i>	10. 729 <i>12. 302</i>	8. 774 <i>7. 668</i>
Standing height, inches.....	2. 166 <i>1. 548</i>	2. 165 <i>2. 372</i>	2. 202 <i>1. 828</i>	1. 898 <i>2. 048</i>	2. 242 <i>2. 150</i>	2. 187 <i>2. 444</i>	2. 266 <i>2. 544</i>	1. 309 <i>1. 459</i>
Sitting height, inches.....	. 862 <i>. 693</i>	. 853 <i>. 909</i>	. 822 <i>. 714</i>	. 760 <i>. 796</i>	. 940 <i>. 983</i>	. 990 <i>. 989</i>	1. 137 <i>1. 405</i>	. 840 <i>. 701</i>
Chest circumference, inches.....	. 606 <i>. 446</i>	. 639 <i>. 401</i>	. 787 <i>. 746</i>	. 757 <i>. 719</i>	. 943 <i>1. 170</i>	. 969 <i>. 948</i>	1. 133 <i>1. 162</i>	. 860 <i>. 793</i>
Transverse chest diameter, centimeters.....	. 462 <i>. 373</i>	. 578 <i>. 595</i>	. 611 <i>. 629</i>	. 574 <i>. 635</i>	. 745 <i>. 837</i>	. 669 <i>. 710</i>	. 851 <i>. 805</i>	. 608 <i>. 615</i>
Anteroposterior chest diameter, centimeters.....	. 283 <i>. 195</i>	. 336 <i>. 265</i>	. 390 <i>. 356</i>	. 462 <i>. 471</i>	. 504 <i>. 663</i>	. 693 <i>. 607</i>	. 749 <i>. 860</i>	. 636 <i>. 477</i>
Vital capacity, cubic centimeters.....	140. 0 <i>116. 6</i>	167. 1 <i>156. 7</i>	159. 2 <i>139. 9</i>	153. 6 <i>154. 3</i>	178. 0 <i>205. 9</i>	231. 9 <i>215. 7</i>	237. 9 <i>262. 2</i>	213. 6 <i>277. 2</i>

#### SUMMARY

The purpose of this paper, the third of the series, is the comparison of the physical growth and the rate of physical growth, respectively, of two groups of elementary school children, one group being without

and the other with physical defects. The comparison is made with respect to, first, seven physical measurements; second, the annual increments of the measurements; and, finally, four computed indexes of body form. The defects include, principally, carious teeth, defective tonsils and adenoids, goiter, enlarged cervical and submaxillary glands, and defective vision. The physical measurements are body weight, standing and sitting heights, chest circumference, transverse and anteroposterior chest diameters, and vital capacity. The indexes are weight over height, sitting height over standing height, anteroposterior chest diameter over transverse chest diameter, and chest circumference over standing height. All of the measurements are specific for sex and age.

The material for the study is furnished by the records of physical examinations and physical measurements of approximately 30,000 elementary school children of 21 States. The parents and grandparents of the children were all white native-born. Almost one-half of the children had one or more recorded physical defects.

While the actual differences in the mean physical measurements between the two groups of children were found generally to be small, they are, with one or two exceptions, in the same direction for both sexes. Thus the nondefective group is, on the average, taller and heavier and has longer trunks and greater vital capacity. The indexes showed the nondefective group to be stockier; in relation to height, the nondefectives have short trunks and small chest girths. The two groups showed no consistent differences between them in their rate of growth as measured by mean annual increases in each of the seven physical measurements.

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## DISTRIBUTION AND HOSTS OF THE HUMAN FLEA, *PULEX IRRITANS* L., IN MONTANA AND OTHER WESTERN STATES<sup>1</sup>

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With the recent recognition of sylvatic plague in Montana and Oregon, data on the distribution and host relationships of fleas in these States, particularly those species known to attack man, assume a new interest. For this reason, the authors have prepared and present here records, most of them obtained recently, of the human flea, *Pulex irritans* L., which show its definite association with a plague-susceptible native rodent, wild carnivores, game animals, and household pets within these States.

*P. irritans* has been recorded by Ewing (1931) from Wyoming (no host or locality data) and by Jordan and Rothschild (1908) from Alberta, Canada, which border Montana on the south and north, respectively. The Alberta specimens were from the swift fox, *Vulpes velox*, and the wild cat, *Lynx* sp.

In July 1935, a single male flea collected from a prairie dog, *Cynomys ludovicianus* (Rodentia: Sciuridae) in Jefferson Canyon, Broadwater County, Mont., March 1934, by Jellison and William Rush, of the United States Biological Survey, was identified as *P. irritans* by B. J. Collins, of the Zoological Division, National Institute of Health. This was the first record of this species in Montana.

In order to verify this finding, 10 additional prairie dogs from well separated points in the dog town were examined on August 16, 1935. Of the 140 fleas collected, 124 were *P. irritans*, some on each animal. Only 16 were the true prairie dog flea, *Opisocrostitis hirsutus* (Baker).

This prairie dog town, probably the most western in Montana, extends from the Jefferson River bridge at Three Forks north for several miles and west along the Jefferson River for at least 15 miles. There are but few ranches within the dog-town limits, and the quite heavy infestation observed can hardly be attributed to accidental parasitism by fleas dropped from domestic dogs or other hosts, but is due, rather, to well-established infestations of the burrows and nests of the rodents.

One male *P. irritans* was collected on W. L. J. near Dillon, Beaverhead County, Mont., in July 1935, and probably came from a ranch dog.

Through the cooperation of R. E. Bateman, district agent of the United States Biological Survey, a number of collections of fleas, taken in various parts of Montana from domestic dogs and coyotes (*Canis latrans*) by predatory animal trappers, have been received. Most of

<sup>1</sup> Contribution from the Rocky Mountain Laboratory, U. S. Public Health Service, Hamilton, Mont.

these fleas were *P. irritans*, and they furnish the following Montana records for 1935: Dog and coyote, Powell County, August; dog and coyote, Petroleum County, August; coyote, Glacier County, August, October, and November; dog and coyote, Bighorn County, September; coyote, Lake County, October; coyote, Yellowstone County, October; dog and coyote, Treasure County, October; dog, Powder River County, October; dog and coyote, Meagher County, November; dog and coyote, Prairie County, December. One vial of coyote fleas contained 191 specimens.<sup>2</sup>

The above records show that *P. irritans* is well established in many parts of Montana on native hosts as well as on dogs. The accompanying map shows the known distribution of the species within the State.

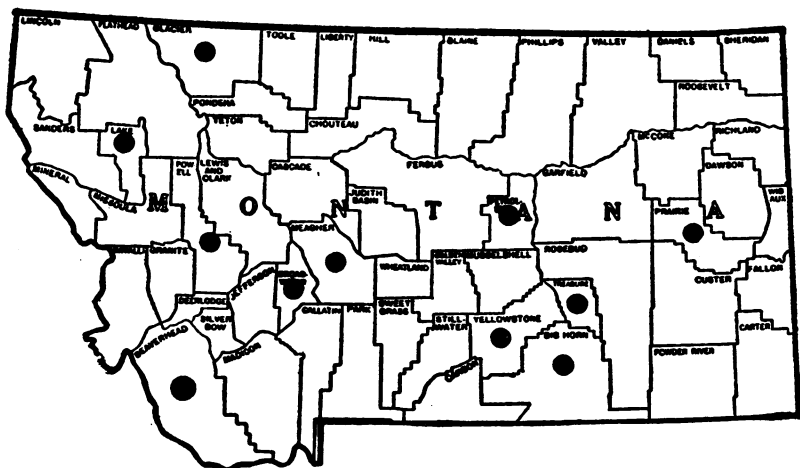


FIGURE 1.—Locality records of *Pulex irritans* L. in Montana.

That this flea may occur frequently on coyotes in other western States is suggested by three collections from this host made by Kohls—one at Sanford, Colo., May 1932 (1 specimen); one in Josephine County, Oreg., August 1935 (2 specimens); the other in the vicinity of Desert Center, Riverside County, Calif., September 1935 (25 specimens).

A deer (*Odocoileus* sp.) killed September 22, 1935, in the Siskiyou National Forest in the extreme northeastern part of Curry County, Oreg., was found heavily flea-infested when examined several hours after death by two members of the Civilian Conservation Corps, who were collecting ticks and other parasites under direction of the United States Public Health Service Rocky Mountain Laboratory. Specimens received at the laboratory were identified as *P. irritans*. Forest

<sup>2</sup> Since this paper was prepared and submitted for publication, the following additional Montana collections have been identified as *P. irritans*: From a coyote, Madison County, 1936; a large series of gravid females from coyote dens, Glacier County, May 1936; and a previously unidentified collection made in July 1916 from a coyote in Powder River County by R. R. Parker and R. W. Wells.

rangers and other residents of the region report that deer are frequently heavily flea infested. The only prior record of *P. irritans* on this host is that of Chandler (1926), who states that F. C. Clarke found them in considerable numbers on *Odocoileus columbianus* in northern California.

The possibility that this flea might be associated with burrowing animals was suggested by Ewing (1931). In this paper Ewing listed all available records of *P. irritans* in the United States. In a group of six contiguous western States the species had been found in only two, and these were each represented by a single record. On the basis of these data he concluded that the species was of rare occurrence in the region comprised of the Great Basin and Rocky Mountains.

It seems likely, however, in view of the diverse host data and the number of locality records which we have obtained in a relatively brief period, that *P. irritans* has been a well-established species in this region for some time and that further field studies will increase the list of host animals and add extensively to the locality data.

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### POOLED-FLEA INOCULATIONS REVEAL PLAGUE-INFECTED AREAS IN CALIFORNIA

In a letter, dated June 10, to Dr. W. M. Dickie, executive officer of the California State Department of Health, Dr. K. F. Meyer, director of the Hooker Foundation for Medical Research, University of California, reports that plague infection has been proved in certain areas in Modoc and Ventura Counties, Calif., by the method of pooled-flea inoculation of guinea pigs, described by Surg. C. R. Eskey in the Public Health Reports for June 12, 1936 (p. 786).

Doctor Meyer states that, owing to a shortage of guinea pigs in the laboratory, the batches of fleas sent in from the field in buffer salt solution were kept in the refrigerator for varying periods of time before inoculating them into guinea pigs. Three general pools of fleas collected from ground squirrels were found positive for plague, as follows: (1) 1 batch of 71 fleas and another batch of 44 fleas from 2 different ranches in Modoc County—guinea pig inoculated June 3 died of acute septicemic plague on June 8; (2) 9 different collections from Ventura County, pooled and inoculated into a guinea pig on June 3; animal died of acute septicemic plague on June 9; (3) 33 fleas from 104 squirrels anatomically free from plague, from 3 dif-

ferent regions in Modoc County, pooled and inoculated into a guinea pig on June 3. Animal died of acute septicemic plague on June 10.

Dr. Meyer makes the following comment regarding the application of the method of pooled-flea inoculation in determining plague infection:

"These observations leave no doubt that the method developed by Doctor Eskey is exceedingly valuable and should be more universally used. I personally feel that we should give the matter considerable thought. It is not unlikely that dogs might be prominent disseminators."

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## THE CHICAGO OUTBREAK OF AMEBIC DYSENTERY IN 1933<sup>1</sup>

An epidemic of amebic dysentery had its origin in Chicago during the summer and fall of 1933. This was the first recognized water-borne outbreak, and the only known extensive epidemic of this disease in a civilian population.

During the period of the epidemic there were approximately 8,500,000 out-of-town visitors to Chicago, with resulting unusual congestion of downtown hotels and public eating places. Chiefly involved in the epidemic were two neighboring large downtown hotels. They had in part a common water supply. Incomplete reporting brought to light a total of 1,409 cases, of which more than two-thirds were in out-of-town visitors.

Only one focus was discovered which accounted for any considerable number of cases; namely, the two hotels. The infection was spread within the hotels from about June 1 to December 31, 1933, with a particularly high incidence late in June, during the latter half of August, and early in October. The incidence of carriers was high among employees of the two hotels.

The two major points of possible pollution which are considered to have resulted in water-borne infections in the hotels were as follows: (a) Two cross-connections in hotel X which joined an overhead sewer to condenser-water discharge pipes. This water, which had been first used for cooling purposes, was distributed throughout hotel X and to the upper floors of hotel Z. The pollution of this water would account for the observed parallelism of the incidence of infection in the two hotels. (b) An old, rotting, wooden plug in an overhead sewer which permitted leakage into the cooled drinking-water tank below. This would account for infections among guests and patrons only in hotel X, because this water system was limited to that hotel.

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<sup>1</sup> A report on this outbreak has recently been issued by the Public Health Service as National Institute of Health Bulletin No. 166. The investigation was conducted jointly by representatives of the Board of Health of the city of Chicago, the Division of Water Purification, Bureau of Engineering, Department of Public Works of Chicago, and the United States Public Health Service.

Efforts were made to control the outbreak by the elimination of carriers of cysts of *E. histolytica* from among the food-handling staffs, but there is no evidence that these efforts were successful.

The measures required to prevent the recurrence of such an epidemic are the following: (a) Effective supervision of the installation of plumbing in new buildings and of changes in old ones; (b) reasonably frequent inspections of the water and sewage systems of buildings, especially of the older ones; (c) particular attention to the elimination of hazardous cross-connections, through preventing their installation and through detecting and removing existing ones.

Institutions serving the public, particularly those providing residence, meals, or beverages, should be encouraged, aided, and required to provide adequately for the protection of the public health. Properly trained sanitarians should more commonly be included in the personnel of such organizations.

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## DENTAL SURVEY OF ELEMENTARY SCHOOL CHILDREN OF 26 STATES

A report on a dental survey of approximately 1,500,000 elementary school children made in 1933-34 by the United States Public Health Service, in cooperation with the committee for dental health survey of the American Dental Association, has been recently published by the Public Health Service.<sup>1</sup> Of the total number, 1,356,435 white and 81,883 colored children were examined, each of which groups is approximately equally divided in respect of sex. The examinations were performed by about 8,000 practicing dentists in 648 counties of the following States: Arizona, California, Colorado, Florida, Georgia, Indiana, Iowa, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Utah, Virginia, West Virginia, and Wisconsin. In four of the participating States, namely, Indiana, Minnesota, New Jersey, and Tennessee, the attempt was made to examine as many of the children below the ninth grade as possible; the percentages examined, based on estimated populations, are 43, 45, 39, and 48, respectively. The number of children examined in the four States is approximately 1,000,000.

The bulletin consists primarily of tabulations with the data classified according to the community in which the examinations were made, color, sex, and the three age groups 6-8, 9-11, and 12-14 years. Communities with populations between 5,000 and 10,000, and communities with populations less than 5,000, however, are each combined by county.

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<sup>1</sup> Dental survey of school children, ages 6-14 years, made in 1933-34 in 26 States, by C. T. Messner, W. M. Gafner, F. C. Cady, and H. T. Dean. Public Health Bul. No. 226, Government Printing Office, Washington, D. C., 1936.



The dental data deal with two major subjects, namely, (a) present dental needs and oral pathology, and, (b) past dental treatment; each tabulation corresponding to a community or group of communities further classifies the major subjects. Thus, under the first subject (a) are given the percent of the children needing treatment and prophylaxis, respectively; the percent with gingivitis; the percent with carious deciduous teeth; the number of caries of the deciduous teeth per 100 children; the percent with carious permanent teeth; the number of caries of the permanent teeth per 100 children; the percent with deciduous teeth that require extraction, and the number per 100 children; the percent with permanent teeth that require extraction, and the number per 100 children; the percent with slight and severe mal-occlusion, respectively; and the percent to which orthodontic treatment was recommended.

Under the second subject (b), namely, past dental treatment, are included the percent that had received dental treatment prior to the examination; the percent with a history of odontexesis; the percent with fillings in the deciduous and (or) permanent teeth; the percent with filled deciduous teeth, and the number per 100 children; the percent with filled permanent teeth, and the number per 100 children; and the percent with extracted permanent teeth together with the number per 100 children.

It is believed that the tabulations give an approximation of the oral conditions of a large cross-section of the elementary school population of the United States, and that a comparison of the observations from a particular area in respect of color, sex, or age will probably yield a suggestion of the influence of these factors on oral conditions.

It is impossible to summarize here the vast amount of data presented, but it will be of interest to examine the summations of the data for some of the items relating to dental needs as observed in the four States, Indiana, Minnesota, New Jersey, and Tennessee, where more than two-thirds of the examinations were made.

In all four States the percent of the white children needing dental treatment varies from 81 to 94; for the colored children of Tennessee, where the majority of the 81,883 colored was examined, the percent varies from 91 to 94. In general, the highest percents for each sex are associated with the children of the middle age group, 9 to 11 years. The boys of all age groups and of both colors show slightly higher percents than the girls of the corresponding groups.

The number of caries of the deciduous teeth per 100 white children of the age group 6 to 8 years, for example, varies from 151 to 194. The rates for the colored boys and girls of Tennessee are 109 and 102, respectively. In all four States the boys show slightly higher

rates than the girls. The number of deciduous teeth per 100 children of the same age group, the extraction of which was indicated, varies from 87 to 151. The rates for the colored boys and girls of Tennessee are 71 and 60, respectively. In the four States the boys show higher rates than the girls.

The number of caries of the permanent teeth per 100 white children of the age group 10 to 14 years, for example, varies from 210 to 309. For the colored boys and girls of Tennessee the rates are 126 and 136, respectively. In the four States the girls show higher rates than the boys. The number of permanent teeth per 100 children of the same age group, the extraction of which was indicated, varies from 12 to 57. The rates for the colored boys and girls of Tennessee are 18 and 19, respectively. With the exception of Indiana, where the rate for the boys is lower than that for the girls, the rates for the other three States are almost identical in respect of sex.

### DEATHS DURING WEEK ENDED JUNE 6, 1936

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

	Week ended June 6, 1936	Correspond- ing week, 1935
<b>Data from 86 large cities of the United States:</b>		
Total deaths.....	8,316	8,154
Deaths per 1,000 population, annual basis.....	11.6	11.4
Deaths under 1 year of age.....	457	570
Deaths under 1 year of age per 1,000 estimated live births.....	44	52
Deaths per 1,000 population, annual basis, first 23 weeks of year.....	13.2	12.4
<b>Data from industrial insurance companies:</b>		
Policies in force.....	68,357,506	67,830,119
Number of death claims.....	12,721	13,166
Death claims per 1,000 policies in force, annual rate.....	9.7	10.1
Death claims per 1,000 policies, first 23 weeks of year, annual rate.....	10.8	10.5

# 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 June 13, 1936, and June 15, 1935

*Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended June 13, 1936, and June 15, 1935*

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935
<b>New England States:</b>								
Maine.....	1	1			172	260	0	0
New Hampshire.....					7		0	0
Vermont.....		1			158	16	0	0
Massachusetts.....	7	12			1,084	334	5	1
Rhode Island.....	2	2			22	472	1	0
Connecticut.....		2		1	213	667	2	0
<b>Middle Atlantic States:</b>								
New York.....	41	34	13	(1)	2,546	2,904	13	15
New Jersey.....	10	14	4	2	430	2,007	3	5
Pennsylvania.....	15	26			875	1,586	2	4
<b>East North Central States:</b>								
Ohio.....	16	24	29	53	725	1,927	5	6
Indiana.....	5	20	4	5	9	129	1	1
Illinois.....	59	61	22	34	26	1,068	6	10
Michigan.....	6	8	1		75	2,356	3	2
Wisconsin.....	1	3	4	25	168	1,661	1	0
<b>West North Central States:</b>								
Minnesota.....	0	2	1	2	199	190	3	4
Iowa.....	2	16		5	5	121	3	4
Missouri.....	18	13	22	54	14	195	3	6
North Dakota.....		2			3	34	0	3
South Dakota.....		2				17	0	0
Nebraska.....	1		3		19	89	1	2
Kansas.....	3	13	1	17	14	321	0	0
<b>South Atlantic States:</b>								
Delaware.....	1	3			10	9	0	1
Maryland.....	6	5	1	2	333	98	3	9
District of Columbia.....	7	2			125	30	3	0
Virginia.....	9	4			81	183	4	10
West Virginia.....	4	13	11	26	95	213	6	4
North Carolina.....	7	5		2	25	56	5	5

See footnotes at end of table.

*Cases of certain communicable diseases reported by telegraph by State health officers  
for weeks ended June 13, 1936, and June 15, 1935—Continued*

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935
<b>South Atlantic States—Continued.</b>								
South Carolina .....	6	1	25	56	30	18	3	0
Georgia .....	7	3					1	0
Florida .....		6	7	1	11	9	1	0
<b>East South Central States:</b>								
Kentucky .....	5	2	11	3	16	179	3	1
Tennessee .....	8	6	8	5	11	21	3	2
Alabama .....	3	7	6	30		68	4	0
Mississippi .....	6	5					0	0
<b>West South Central States:</b>								
Arkansas .....		5	10	47	11	35	1	0
Louisiana .....	11	9	22	15	15	90	3	0
Oklahoma .....			27	10	5	36	1	0
Texas .....	25	20	78	31	123	22	0	4
<b>Mountain States:</b>								
Montana .....			19	21	14	202	0	1
Idaho .....	1				1	19	0	0
Wyoming .....				1		5	0	0
Colorado .....	4	4			25	238	0	0
New Mexico .....	2		1	1	56	7	1	1
Arizona .....	5	1	8		70	7	0	1
Utah .....					19	3	0	0
<b>Pacific States:</b>								
Washington .....					199	365	1	2
Oregon .....	1	4			63	144	0	1
California .....	25	30	212	30	1,135	1,097	5	3
<b>Total .....</b>	<b>330</b>	<b>391</b>	<b>540</b>	<b>479</b>	<b>9,239</b>	<b>19,498</b>	<b>100</b>	<b>108</b>
<b>First 24 weeks of year .....</b>	<b>12,453</b>	<b>14,715</b>	<b>138,082</b>	<b>101,610</b>	<b>238,920</b>	<b>641,383</b>	<b>5,253</b>	<b>3,403</b>

Division and State	Pollomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935
<b>New England States:</b>								
Maine .....	0	0	7	21	0	0	1	1
New Hampshire .....	0	0	3	2	0	0	0	0
Vermont .....	0	0	7	2	0	0	9	0
Massachusetts .....	2	1	188	188	0	0	1	1
Rhode Island .....	0	0	23	5	0	0	2	0
Connecticut .....	0	0	62	77	0	0	1	2
<b>Middle Atlantic States:</b>								
New York .....	2	1	607	748	0	0	11	7
New Jersey .....	1	1	174	162	0	0	4	4
Pennsylvania .....	0	0	261	373	0	0	12	10
<b>East North Central States:</b>								
Ohio .....	0	1	270	446	0	4	8	9
Indiana .....	0	1	63	77	4	0	4	8
Illinois .....	1	2	431	950	19	2	6	4
Michigan .....	0	0	375	216	0	0	7	4
Wisconsin .....	0	1	361	365	5	3	1	0
<b>West North Central States:</b>								
Minnesota .....	0	2	150	220	3	7	2	11
Iowa .....	0	0	126	54	19	8	9	3
Missouri .....	1	0	85	28	80	2	5	7
North Dakota .....	1	0	21	34	9	1	0	0
South Dakota .....	0	0	26	5	27	7	0	0
Nebraska .....	0	0	39	9	12	15	0	0
Kansas .....	0	0	131	45	8	29	53	7
<b>South Atlantic States:</b>								
Delaware .....	0	0	3	4	0	0	1	0
Maryland .....	1	0	43	53	0	0	3	3
District of Columbia .....	0	0	11	26	0	0	0	0
Virginia .....	0	3	22	20	0	0	14	6

See footnotes at end of table.

*Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended June 13, 1936, and June 15, 1935—Continued*

Division and State	Poliomylitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935	Week ended June 13, 1936	Week ended June 15, 1935
<b>South Atlantic States—Continued.</b>								
West Virginia.....	0	0	20	37	0	0	6	7
North Carolina.....	2	57	15	21	0	1	4	16
South Carolina.....	0	0	1	1	0	0	8	32
Georgia.....	0	0	9	5	0	0	18	40
Florida.....	2	0	5	1	0	0	2	15
<b>East South Central States:</b>								
Kentucky.....	0	0	11	13	0	0	9	9
Tennessee.....	0	0	15	8	0	0	12	17
Alabama.....	1	2	5	5	0	0	4	23
Mississippi.....	0	1	7	7	0	0	3	9
<b>West South Central States:</b>								
Arkansas.....	0	0	4	3	0	0	4	8
Louisiana.....	2	7	5	5	1	0	13	16
Oklahoma.....	0	0	21	4	0	1	10	3
Texas.....	2	0	28	28	5	9	12	19
<b>Mountain States:</b>								
Montana.....	0	0	49	8	12	7	1	0
Idaho.....	0	1	5	9	0	0	2	0
Wyoming.....	0	0	11	10	3	7	0	0
Colorado.....	0	0	49	126	0	2	0	0
New Mexico.....	0	0	44	6	0	0	6	0
Arizona.....	0	0	17	25	0	0	0	0
Utah.....	0	0	24	75	3	0	0	0
<b>Pacific States:</b>								
Washington.....	0	0	43	36	2	29	2	2
Oregon.....	0	0	29	15	16	2	2	2
California.....	2	20	261	155	0	10	10	10
<b>Total.....</b>	<b>20</b>	<b>101</b>	<b>4,162</b>	<b>4,733</b>	<b>228</b>	<b>146</b>	<b>282</b>	<b>321</b>
<b>First 24 weeks of year.....</b>	<b>448</b>	<b>719</b>	<b>168,892</b>	<b>165,315</b>	<b>5,431</b>	<b>4,529</b>	<b>3,036</b>	<b>3,713</b>

<sup>1</sup> New York City only.

<sup>2</sup> Week ended earlier than Saturday.

<sup>3</sup> Rocky Mountain spotted fever, week ended June 13, 1936, 20 cases, as follows: Maryland, 1; District of Columbia, 1; Virginia, 7; Montana, 4; Idaho, 2; Wyoming, 3; Oregon, 2.

<sup>4</sup> Typhus fever, week ended June 13, 1936, 20 cases as follows: North Carolina, 1; South Carolina, 2; Georgia, 5; Florida, 1; Kentucky, 2; Alabama, 7; Texas, 2.

<sup>5</sup> 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	Men- gococ- cus menin- gitis	Diph- theria	Infl- uenza	Mala- ria	Mea- sles	Peilag- ra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
<b>April 1936</b>										
Colorado.....	4	12	1	-----	142	-----	0	531	34	7
<b>May 1936</b>										
Arizona.....	12	12	257	13	770	1	1	125	0	10
Indiana.....	24	33	123	-----	84	-----	2	525	8	6
Maine.....	1	10	15	-----	1,446	-----	0	68	0	7
Michigan.....	13	33	9	10	465	-----	5	1,259	2	18
Nebraska.....	3	8	5	-----	179	-----	0	496	82	0
New Jersey.....	15	46	21	6	2,190	-----	1	1,184	0	9
New Mexico.....	3	16	40	3	226	4	1	239	0	9
Ohio.....	35	77	137	5	2,241	-----	0	1,010	0	42
Pennsylvania.....	58	149	-----	2	5,343	2	6	1,877	0	40
South Carolina.....	-----	47	668	758	298	180	3	14	0	14
Wyoming.....	-----	3	-----	-----	6	-----	0	143	67	0

April 1936		May 1936—Continued		May 1936—Continued	
Colorado:	Cases	German measles—Contd.	Cases	Septic sore throat:	Cases
Chicken pox.....	235	New Jersey.....	1,164	Arizona.....	1
Epidemic encephalitis.....	2	New Mexico.....	10	Maine.....	4
Impetigo contagiosa.....	6	Ohio.....	170	Michigan.....	28
Mumps.....	504	Pennsylvania.....	1,593	New Mexico.....	5
Septic sore throat.....	3	South Carolina.....	45	Ohio.....	165
Vincent's infection.....	1	Hookworm disease:		Wyoming.....	5
Whooping cough.....	156	South Carolina.....	93	Tetanus:	
		Lead poisoning:		New Jersey.....	1
		Ohio.....	18	Ohio.....	2
		Leprosy:		South Carolina.....	3
		Arizona.....	1	Trachoma:	
Chickenpox:		Mumps:		Arizona.....	50
Arizona.....	173	Arizona.....	240	New Jersey.....	1
Indiana.....	132	Indiana.....	314	New Mexico.....	1
Maine.....	120	Maine.....	707	Pennsylvania.....	2
Michigan.....	1,353	Michigan.....	1,421	Trichinosis:	
Nebraska.....	240	Nebraska.....	171	Pennsylvania.....	1
New Jersey.....	981	New Jersey.....	1,351	Tularaemia:	
New Mexico.....	70	New Mexico.....	141	Michigan.....	1
Ohio.....	1,046	Ohio.....	877	New Jersey.....	1
Pennsylvania.....	1,931	Pennsylvania.....	2,104	Undulant fever:	
South Carolina.....	53	South Carolina.....	282	Arizona.....	6
Wyoming.....	23	Wyoming.....	82	Maine.....	1
Dengue:		Ophthalmia neonatorum:		Michigan.....	10
South Carolina.....	4	New Jersey.....	13	New Jersey.....	6
Diarrhea:		Ohio.....	71	Ohio.....	3
Ohio (under 2 years, enteritis included).....	7	Pennsylvania.....	7	Pennsylvania.....	8
South Carolina.....	402	South Carolina.....	9	Vincent's infection:	
Dysentery:		Paratyphoid fever:		Maine.....	9
Arizona.....	35	Michigan.....	1	Michigan.....	22
New Jersey (amoebic).....	1	South Carolina.....	1	Whooping cough:	
New Mexico (bacil- lary).....	4	Puerperal septicemia:		Arizona.....	64
Ohio (bacillary).....	1	Ohio.....	2	Indiana.....	109
Epidemic encephalitis:		Rabies in animals:		Maine.....	200
Arizona.....	2	Indiana.....	68	Michigan.....	1,642
New Jersey.....	2	Michigan.....	16	Nebraska.....	70
New Mexico.....	2	New Jersey.....	17	New Jersey.....	504
Pennsylvania.....	3	New Mexico.....	2	New Mexico.....	51
South Carolina.....	4	South Carolina.....	34	Ohio.....	1,072
German measles:		Rabies in man:		Pennsylvania.....	1,076
Arizona.....	97	Indiana.....	1	South Carolina.....	66
Maine.....	490	Rocky Mountain spotted fever:		Wyoming.....	10
Michigan.....	2,156	Wyoming.....	19		

### PLAGUE INFECTION IN LASSEN, MODOC, AND VENTURA COUNTIES, CALIF.

The Director of Public Health of California has reported positive findings for plague in two squirrels from Lassen County, Calif. One squirrel, received at the laboratory on June 4, 1936, was from a ranch 4 miles east and 2 miles south of Adin, and the other, received at the laboratory on June 9, was found 3 miles west of Adin.

Plague infection was found in fleas taken from squirrels found on ranches in Fandango Valley, Modoc County; Modoc National Forest, 37 miles west and 13 miles north of Alturas; 2 ranches approximately 39 miles west and 16 miles north of Alturas; and 9 collections of squirrels in Ventura County. For a description of the method used in determining plague-infection in fleas taken from squirrels found in Modoc and Ventura counties, see p. 844.

## WEEKLY REPORTS FROM CITIES

*City reports for week ended June 6, 1936*

This table summarizes the reports received weekly from a selected list of 140 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table. Weekly reports are received from about 700 cities, from which the data are tabulated and filed for reference.

State and city	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								
<b>Maine:</b>											
Portland	0	-----	0	330	1	1	0	0	0	2	36
<b>New Hampshire:</b>											
Concord	0	-----	0	0	1	1	0	1	0	0	10
Manchester	0	-----	0	0	0	0	0	0	0	0	9
Nashua	0	-----	-----	0	-----	0	0	-----	0	0	-----
<b>Vermont:</b>											
Barre	0	-----	0	2	1	0	0	0	0	0	3
Burlington	0	-----	0	68	0	0	0	0	0	8	14
Rutland	0	-----	0	14	0	0	0	0	0	0	5
<b>Massachusetts:</b>											
Boston	2	-----	1	310	14	67	0	9	0	32	233
Fall River	0	-----	0	3	3	7	0	4	0	1	37
Springfield	0	-----	0	1	0	6	0	1	0	0	31
Worcester	0	-----	0	196	6	13	0	0	0	12	47
<b>Rhode Island:</b>											
Pawtucket	0	-----	0	0	0	0	0	0	0	0	-----
Providence	0	-----	0	15	7	13	0	3	0	1	64
<b>Connecticut:</b>											
Bridgeport	0	2	1	5	2	0	0	2	0	0	39
Hartford	1	-----	0	4	2	1	0	2	0	6	42
New Haven	0	-----	1	0	1	1	0	1	0	22	43
<b>New York:</b>											
Buffalo	0	-----	0	134	14	34	0	5	0	3	144
New York	31	3	1	1,377	96	278	0	95	2	77	1,464
Rochester	0	-----	0	0	2	0	0	3	0	0	62
Syracuse	0	-----	0	49	4	15	0	0	0	28	53
<b>New Jersey:</b>											
Camden	1	-----	0	13	3	3	0	0	0	2	35
Newark	1	1	0	17	5	42	0	5	0	24	114
Trenton	0	-----	0	4	1	3	0	1	0	18	42
<b>Pennsylvania:</b>											
Philadelphia	1	2	2	454	19	65	0	25	1	46	419
Pittsburgh	4	3	3	8	11	123	0	11	0	28	189
Reading	0	-----	0	14	0	3	0	1	0	7	21
Scranton	0	-----	-----	0	-----	1	0	-----	0	0	-----
<b>Ohio:</b>											
Cincinnati	4	-----	0	15	7	9	0	12	0	0	127
Cleveland	1	1	1	166	11	48	0	14	0	100	197
Columbus	0	3	3	0	5	6	0	3	0	8	87
Toledo	1	-----	0	41	4	5	0	5	2	20	70
<b>Indiana:</b>											
Anderson	0	-----	0	0	0	15	0	0	0	4	9
Fort Wayne	0	-----	0	0	4	6	0	0	0	0	31
Indianapolis	1	-----	1	2	8	19	0	3	0	18	99
Muncie	0	-----	0	0	1	0	0	0	0	0	10
South Bend	0	-----	0	0	1	0	0	0	0	3	16
Terre Haute	0	-----	0	0	0	0	0	0	0	0	24
<b>Illinois:</b>											
Alton	0	-----	0	0	1	6	0	0	0	6	11
Chicago	25	2	2	11	38	165	0	51	1	103	659
Elgin	0	-----	0	0	0	1	0	0	0	1	14
Moline	0	-----	0	0	1	1	0	0	0	2	6
Springfield	1	-----	0	0	0	3	0	0	0	4	8
<b>Michigan:</b>											
Detroit	2	1	0	23	17	206	0	11	2	303	282
Flint	0	-----	0	1	7	3	0	0	1	8	28
Grand Rapids	0	-----	0	1	3	8	0	1	0	5	32
<b>Wisconsin:</b>											
Kenosha	0	-----	0	0	0	6	0	0	0	0	10
Madison	0	-----	0	5	2	4	0	1	0	4	28
Milwaukee	0	-----	0	8	4	72	0	3	0	65	114
Racine	0	-----	0	0	0	18	0	0	1	4	11
Superior	0	-----	0	0	2	14	0	0	0	0	16
<b>Minnesota:</b>											
Duluth	0	-----	0	6	2	24	0	0	0	12	28
Minneapolis	2	-----	2	193	5	74	0	2	0	16	107
St. Paul	0	-----	0	88	5	17	0	1	0	2	56

## City reports for week ended June 6, 1936—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								
Iowa:											
Cedar Rapids	1			0		3	0		0	7	
Davenport	0			0		6	0		0	0	
Des Moines	1			1		8	1		0	0	88
Sioux City	0			2		16	13		0	0	
Waterloo	0			0		12	0		0	0	
Missouri:											
Kansas City	10		1	1	7	42	0	7	0	0	126
St. Joseph											
St. Louis	9	3	0	7	6	37	0	11	1	10	166
North Dakota:											
Fargo	0		0	0	1	3	0	0	0	0	9
Grand Forks	0			0		0	0	0	0	0	
Minot	0		0	5	0	7	0	0	0	0	8
South Dakota:											
Aberdeen	0			1	0	7	0		0	1	
Nebraska:											
Omaha	7		0	9	7	19	13	0	0	1	54
Kansas:											
Lawrence	0		0	0	0	1	0	0	0	0	5
Topeka											
Wichita	1		0	0	2	4	0	0	0	0	30
Delaware:											
Wilmington	0		0	5	2	0	0	0	0	1	23
Maryland:											
Baltimore	4			233	13	23	0	10	0	89	190
Cumberland	0		0	0	3	0	0	0	0	0	13
Frederick	0		0	0	0	0	0	0	0	0	2
District of Col.:											
Washington	10		0	100	14	12	0	9	0	24	182
Virginia:											
Lynchburg	1		0	1	2	1	0	1	0	6	10
Norfolk	0	1	0	1	1	0	0	2	0	0	36
Richmond	0		2	1	3	15	0	1	1	0	46
Roanoke	1		0	0	0	0	0	2	0	1	17
West Virginia:											
Charleston	0	1	1	1	2	1	0	1	2	0	46
Huntington	0			0		2	0		0	0	
Wheeling	1		0	40	0	1	0	1	0	3	19
North Carolina:											
Gastonia	0		0	0	0	0	0	0	0	0	
Raleigh	0		0	0	2	0	0	3	1	2	15
Wilmington	0		0	0	0	0	0	0	0	0	9
Winston-Salem	1		0	0	1	0	0	3	0	0	15
South Carolina:											
Charleston	0	5	0	0	1	2	0	2	0	2	23
Columbia											
Florence	0		0	0	0	0	0	0	0	0	8
Greenville	0		0	2	0	0	0	0	0	0	2
Georgia:											
Atlanta	3	2	0	0	4	13	0	0	0	2	74
Brunswick	0		0	0	0	0	0	0	0	0	4
Savannah	0		0	1	1	2	0	3	1	0	33
Florida:											
Miami	0	1	1	4	0	0	0	2	1	2	25
Tampa	0		0	4	1	0	0	1	2	7	16
Kentucky:											
Ashland	0		1	0	1	0	0	1	0	0	25
Covington	0		0	7	0	6	0	1	0	0	11
Lexington	1	1	0	5	0	1	0	2	0	2	25
Louisville	0		0	0	6	0	0	7	0	0	84
Tennessee:											
Knoxville	0		0	5	0	0	0	0	0	0	16
Memphis	1		0	0	8	2	0	9	0	20	80
Nashville	1		0	5	3	3	0	3	0	2	64
Alabama:											
Birmingham	0	1	0	0	4	0	0	5	2	2	66
Mobile	0		0	0	0	1	0	2	0	0	25
Montgomery	1	2		0		0			0	0	
Arkansas:											
Fort Smith											
Little Rock	0		0	0	1	0	0	3	0	0	8
Louisiana:											
Lake Charles	0		0	0	0	0	0	0	0	1	1
New Orleans	10	8	0	6	7	2	0	9	0	20	178
Shreveport	0		0	0	7	1	0	1	0	1	33
Oklahoma:											
Oklahoma City	1		1	2	3	4	0	1	0	2	38



## City reports for week ended June 6, 1936—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								
<b>Texas:</b>											
Dallas	4	2	2	56	6	6	0	3	1	3	62
Fort Worth	0		0	0	2	1	0	1	2	0	26
Galveston	0		0	0	4	0	0	1	0	0	18
Houston	7		2	1	2	3	0	1	0	0	85
San Antonio	0		3	3	8	0	0	5	0	0	71
<b>Montana:</b>											
Billings	0		0	2	0	0	0	0	0	0	6
Great Falls	0		0	0	1	1	0	1	0	0	10
Helena	0		0	0	0	0	0	0	0	0	6
Missoula	0		0	0	2	3	0	0	0	0	11
<b>Idaho:</b>											
Boise	0		0	1	1	1	0	0	0	0	4
<b>Colorado:</b>											
Colorado Springs	0		0	0	0	6	0	2	0	0	10
Denver	4		2	27	3	12	0	2	0	29	82
Pueblo	0		1	2	2	11	0	6	0	2	11
<b>New Mexico:</b>											
Albuquerque	0		0	9	0	7	0	2	0	0	10
<b>Utah:</b>											
Salt Lake City	0		0	39	0	22	0	0	0	3	28
<b>Nevada:</b>											
Reno											
<b>Washington:</b>											
Seattle	0		0	171	5	11	5	5	0	4	106
Spokane	0		0	13	1	15	0	0	1	8	37
Tacoma	0		0	40	4	6	0	0	0	1	28
<b>Oregon:</b>											
Portland	0		2	1	6	10	0	3	4	13	72
Salem	0			3		2	0		0	0	
<b>California:</b>											
Los Angeles	11	13	0	130	12	25	0	17	1	80	270
Sacramento	1		0	3	1	18	0	6	1	35	32
San Francisco	0		0	118	11	77	0	8	0	5	187

State and city	Meningococcus meningitis		Polio-myelitis cases	State and city	Meningococcus meningitis		Polio-myelitis cases
	Cases	Deaths			Cases	Deaths	
<b>Massachusetts:</b>				<b>Missouri:</b>			
Boston	1	1	4	Kansas City	0	1	0
Worcester	1	1	0	St. Louis	4	0	0
<b>Connecticut:</b>				<b>Maryland:</b>			
Bridgeport	1	0	0	Baltimore	1	1	0
New Haven	1	0	0	District of Columbia:			
<b>New York:</b>				Washington	2	1	0
New York	6	4	1	<b>South Carolina</b>			
<b>New Jersey:</b>				Charleston	1	1	0
Newark	2	0	0	<b>Georgia:</b>			
<b>Pennsylvania:</b>				Atlanta	1	0	0
Philadelphia	2	0	1	<b>Florida:</b>			
Pittsburgh	1	1	0	Miami	0	1	0
Reading	1	0	0	<b>Kentucky:</b>			
<b>Ohio:</b>				Louisville	0	3	0
Cincinnati	4	0	0	<b>Tennessee:</b>			
<b>Indiana:</b>				Nashville	1	0	0
Indianapolis	2	1	0	<b>Alabama:</b>			
<b>Illinois:</b>				Birmingham	1	1	0
Chicago	6	3	1	<b>Louisiana:</b>			
<b>Wisconsin:</b>				New Orleans	3	3	0
Racine	0	1	0	<b>Colorado:</b>			
<b>Minnesota:</b>				Denver	0	0	1
Minneapolis	1	0	0	<b>California:</b>			
<b>Iowa:</b>				Sacramento	0	0	1
Cedar Rapids	1	0	0				

*Epidemic encephalitis*.—Cases: San Francisco, 1.

*Pellagra*.—Cases: Chicago, 1; Wilmington, N. O., 1; Winston-Salem, 5; Charleston, S. C., 3; Brunswick, 1; Savannah, 13.

*Typhus fever*.—Cases: Charleston, S. C., 1; Atlanta, 1; Savannah, 1. Deaths.—Charleston, S. C., 1.

## FOREIGN AND INSULAR

### CANADA

*Provinces—Communicable diseases—2 weeks ended May 30, 1936.*—During the 2 weeks ended May 30, 1936, cases of certain communicable diseases were reported by the Department of Pensions and National Health of Canada as follows:

Disease	Prince Ed- ward Island	Nova Scotia	New Brun- swick	Quebec	Onta- rio	Mani- toba	Sas- katch- ewan	Al- berta	British Colum- bia	Total
Cerebrospinal men- ingitis.....				2	1	1		1	1	6
Chicken pox.....		12		203	424	35	24	21	103	822
Diphtheria.....		11		30	11	3	3			58
Dysentery.....				1						1
Erysipelas.....				12	9			9	3	33
Influenza.....		12	3		47	6	15		11	94
Lethargic enceph- alitis.....					2					2
Measles.....	1	43	28	623	2,250	213	199	388	684	4,429
Mumps.....		10			742	36	29	44	158	1,019
Paratyphoid fever.....					2		2	1	1	6
Pneumonia.....	1	2			37		1		13	54
Poliomyelitis.....					1					1
Scarlet fever.....	2	16	6	115	282	103	16	103	45	688
Trachoma.....					1	2	2		4	7
Tuberculosis.....	12	51	13	136	86	8	21	5	67	399
Typhoid fever.....			2	20	3	2	1	2	2	32
Undulant fever.....				1	1	1	1			4
Whooping cough.....	10	19	7	49	276	18	16	34	65	494

### CUBA

*Habana—Communicable diseases—4 weeks ended June 6, 1936.*—During the 4 weeks ended June 6, 1936, cases of certain communicable diseases were reported in Habana, Cuba, as follows:

Disease	Cases	Disease	Cases
Diphtheria.....	11	Scarlet fever.....	1
Malaria.....	1 37	Tuberculosis.....	40
Poliomyelitis.....	1 2	Typhoid fever.....	1 49

<sup>1</sup> Includes imported cases.

*Provinces—Notifiable diseases—4 weeks ended May 30, 1936.*—During the 4 weeks ended May 30, 1936, 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			11	3	1	16
Chicken pox.....		19		11	2	2	34
Diphtheria.....	1		2	3	2	5	13
Hookworm disease.....		1		1			2
Leprosy.....				2		1	3
Malaria.....	162	34	13	201	97	600	1,107
Measles.....	34			3	8		45
Poliomyelitis.....	1	2		1	1	3	8
Scarlet fever.....						1	1
Tuberculosis.....	16	8	13	39	15	34	125
Typhoid fever.....	16	66	21	27	12	91	233

## CZECHOSLOVAKIA

*Communicable diseases—March 1936.*—During the month of March 1936, certain communicable diseases were reported in Czechoslovakia as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax.....	2		Paratyphoid fever.....	5	1
Cerebrospinal meningitis.....	14	4	Poliomyelitis.....	8	
Chicken pox.....	214		Puerperal fever.....	52	17
Diphtheria.....	2,103	152	Scarlet fever.....	2,353	71
Dysentery.....	6	1	Trachoma.....	74	
Influenza.....	1,524	24	Typhoid fever.....	268	52
Lethargic encephalitis.....	2	1	Typhus fever.....	210	8
Malaria.....	50				

## GERMANY

*Vital statistics—1935.*—Following are the vital statistics for Germany for the year 1935:

Number of marriages.....	650,851	Deaths per 1,000 population.....	11.8
Number of live births.....	1,261,273	Deaths under 1 year of age.....	86,227
Live births per 1,000 population.....	18.9	Deaths under 1 year of age per 100 live births.....	6.8
Number of stillbirths.....	32,763		
Number of deaths.....	791,912		



	77	49	124	375	48	52	30	18	18	11	17	13	20	8	11	3	10
Bangkok.....	3		66	66	4	3	10	25	14	18	6	4	7	1			
Bejrut Province.....					P	6	11	3	23	11							
Bihar Province.....				13	14	35	25	32	14	4	49	6	40	20	4		
Bismuk Province.....								15		4	1	1	2		2		
Chandapuri Province.....				95	5	2	2	12	4	1			4	20	8	6	
Chhazang Province.....				12	1	1	7	1	5		6	13					
Jalapa Province.....				13	1	4	2	4			11	7					
Kachanapuri Province.....							2	9	8	1					1		
Lopuri Province.....				7	2												
Nagar Nayak Province.....				10			17	19	6	17	3	1	2	2			
Nagar Patnam Province.....				11	1	6											
Nagar Rajmudi Province.....				2			25	17	24	3	26	10	9	4	3		
Nagar Sanga Province.....				15	1	1	2	3	3	2	4	2	10	1			
Nongpuri Province.....				21	15	2	2	3	1								
Prachinpur Province.....				4		3				14							
Prachuabirikhand Province.....																	
Prachundhani Province.....				41	18	3				1		4	13	8	6		
Free Province.....							3										
Rajpur Province.....				16	6	7	14	16	13	14	17	26	13				
Sarapuri Province.....				2	104	1	1										
Singapur Province.....				17													
Smudprakar Province.....				15	1	20	45	27	6	30	9	2	6	14	9		
Smudsegara Province.....				6	49	30	19	8	10	5		6	6		6		
Smudsegram Province.....				7	38	76	30	24	27	10	13	9	4	4			
Subarnpur Province.....				84	38	49	20	16	14	12	11	9	2	7	4		
Upala Rajdhani Province.....				13	4	24	4	2					1				
Uttaradthani Province.....				P		33	2	12									
Uttaradthani Province.....						3	2		3	10	4		1	4			
On vessels:																	
S. S. <i>Eyre</i> at Rangoon.....																	
S. S. <i>Foristan</i> at Masulipatam.....				1													
S. S. <i>Chaitale</i> at Rangoon from Chittagong.....				1						1							
S. S. <i>Kulseng</i> at Penang from Calcutta.....																	
S. S. <i>Keragola</i> at Penang from Calcutta.....																	

Place	December 1935			January 1936			February 1936			March 1936			April 1936		
	1-10	11-20	21-31	1-10	11-20	21-31	1-10	11-20	21-31	1-10	11-20	21-31	1-10	11-20	21-31
Indochina (French) (see also table above):															
Cambodia.....				1		1	4	7		4	4	3		2	
.....				1		1	3	1		4	3	3		1	
.....							2			3	4	1			
Cochinchina.....						2	2			3	4	1			

<sup>1</sup> According to information dated Apr. 8, 1936, 31 cases of cholera with 27 deaths have occurred in the vicinity of Batticaloa, Ceylon.

<sup>2</sup> Suspected.  
<sup>3</sup> Report is incomplete.

<sup>4</sup> Imported.









## SMALLPOX

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

Place	Oct. 27- Nov. 30, 1935	Dec. 1-28, 1935	Dec. 29, 1935- Jan. 25, 1936	Jan. 26- Feb. 23, 1936	Week ended—									
					March 1936					April 1936				
					7	14	21	28		4	11	18	25	
Algeria:														
Algiers Department.....				2										
Constantine Department.....												1		
Argentina (see also table below):														
Buenos Aires Province.....								5						
Chubut Province.....								7						
Bolivia (see table below.):														
La Paz.....														
Brazil: Porto Alegre (Alastrim).....	32	27												
British East Africa:														
Tanganyika.....														
Uganda.....	18		9	8	8	4	2	38	19					
British Somaliland.....			10	12	12			1						
British South Africa: Southern Rhodesia.....	3	7	4	34										
Canada:				1										
Alberta.....	11		11	3	4	18	5	3	1					
British Columbia.....	11	2	2		1									
Ontario.....										11				
Saskatchewan.....	1													
Ceylon: Colombo.....			1											
China:														
Amoy.....				3								1		
Canton.....														
Dairen.....				4				1	1					
Foochow.....			P	P	P									
Hangchow.....	P	P	3	15	6			1	2	2	1	P	2	
Ilankow.....			4	4				1	2					
Hong Kong.....								1	2					
Nanking.....	2				2	1		1	1	4				3
Shanghai.....	26	43	16	41	4	6	14	14	21	21	9	10	39	
Swatow.....	4	6	5	30	7	6	7	3	15	9	17	9	10	10
Tientsin.....	3	3		2	1				2	2				
Chosen. (See table below.).....					2						1			
Colombia (see also table below):														
Bogota.....	44	32	68	13		78			10					
	8	3										30		

1 For 2 weeks.

2 For 3 weeks.





**On vessels—Continued.**

**On vessels—Continued.**

Place	Novem- ber 1935	Decem- ber 1935	January 1936	Febru- ary 1936	March 1936	April 1936
<b>Argentina:</b>						
Buenos Aires Province						
Entre Rios Province						
Julio Province						
Belgian Congo						
Bolivia						
China: Manchuria—Harbin						
Chosen						
Colombia:						
Barranquilla						
Santa Marta						
Dahomey						
France: Guayaquil						
Guatemala						
Indochina (see also table above)						
<b>Mexico (see also table above):</b>						
Aguaascalientes State—						
Chiapas State						
Chihuahua State—Chihua- hua						
Coahuila State—Torreon						
Colima State						
Guadalajara State						
Leon						
Jalisco State						

## TYPHUS FEVER

Place	Oct. 27- Nov. 30, 1935	Dec. 1-28, 1935	Dec. 29, 1935- Jan. 25, 1936	Week ended—											
				February 1936				March 1936				April 1936			
				1	8	15	22	29	7	14	21	28	4	11	18
Algeria:															
Algiers Department.....	1		4	3	6		15	7	7		53	4	31	26	15
Algera.....			25	5	24	10	10	11		10	24	15	22	16	6
Constantine Department.....	1		1												
Bone.....			3												
Constantine.....			7												
Oran Department.....	2		1			50	2	1		12			4	12	1
Australia: Sydney.....											13				
Basutoland.....															
Bolivia. (See table below.)															
Bulgaria.....			14	5	6			1430					16	14	
Chile.....	691														
Santiago Province <sup>1</sup> .....															
Valparaiso.....	56	37	12	6	8	5	6	4	2	1	2	3	1	4	6
China:															
Canton.....	2														
Hankow.....	1														
Kiating.....	1														
Shanghai.....		3													
South Manchuria Railway Zone.....	4														
Tientsin.....	1						1		1						
Tsingtao.....		3			1							1			
Chosen. (See table below.)															
Czechoslovakia. (See table below.)															
Egypt:															
Alexandria.....	1		1						2	3	1	2			
Asyut Province.....	1				5	2									
Behaira Province.....	11	12	28	14	16	52			33	31		39	1		
Cairo.....			1	3	3		3	2			1		49	3	2
Dakhliya Province.....			1		10	25			4	3		7	6		
Fayum Province.....	1														
Gharbiya Province.....	1		46	26	36	16			49	37		45	33		
Girga Province.....	1		1						9	2			1		
Minufiya Province.....					26	4									
Port Said.....															
Qena Province.....	1				2	1			1						
Sharkiya Province.....			1	1						11			24	20	

<sup>1</sup> For 5 weeks.<sup>2</sup> For 5 weeks.<sup>3</sup> A report dated Jan. 20, 1936, states that there were 305 cases of typhus fever with 53 deaths in Santiago Province, Chile, from Nov. 2-16, 1935.

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

## TYPHUS FEVER—Continued

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

Place	Oct. 27- Nov. 30, 1935	Dec. 1-25, 1935	Dec. 26, 1935- Jan. 25, 1936	Week ended—																
				February 1936					March 1936				April 1936				May 1936			
				1	8	15	22	29	7	14	21	28	4	11	18	25				
Egypt—Continued.																				
Suez	1																			
Provinces	26	41	138	44		103	126	98	86	153	133		119	159	163	132	109	107		106
Finland. (See table below.)																				
Greece (see also table below): Salonika	1	4	3	1	2	2	2	2	6	6	6	6	1	1	1	1	1	1	1	1
Guatemala. (See table below.)																				
Hawaii Territory: Honolulu	1	1																		
Hungary																				
Iran	7	2	17	3			4	2						2	2	7	3	6	6	
Teheran			1																	
Iraq		17	19																	
Irish Free State: Mayo County																				
Japan																				
Lithuania	19		69						9				6			18				4
Mexico (see also table below):																				
Mexico, D. F.	60	68	35	12	14	21		24	9	9	9	15								
San Luis Potosi																				
Morocco (see also table below)																				
Palestine: Haifa	8	12	39	7	11	1	9	9					3	2	4	1	29	5	6	13
Panama Canal Zone. (See table below.)																				
Peru. (See table below.)																				
Poland	11		3																	
Portugal (see also table below): Oporto	169	230	382	101	153	121	150	146	126	153	144	196	134	129	113	143	146	189	104	
Rumania. (See table below.)	8	22	24	16	7	6	11	8	6	6	16	11	2	11	9	7	8	11	7	
Straits Settlements: Singapore																				
Syria: Beirut	1	2	3								1	1				1				
Trans-Jordan			6	5	4	1	12	1	2			4	5	5						

Tunisia:-----C-----													
Tunis:-----C-----													
Provinces. (See table below.)													
Turkey. (See table below.)													
Union of South Africa. (See table below.)													
Yugoslavia. (See table below.)													
Place	Novem- ber 1935	Decem- ber 1935	Jan- uary 1936	Feb- ruary 1936	March 1936	April 1936	Place	Novem- ber 1935	Decem- ber 1935	Jan- uary 1936	Feb- ruary 1936	March 1936	April 1936
Bolivia.....	134	108	135	115	110	75	Mexico—Continued.						
China: Manchuria—Harbin.....	3		1	5	9		Puebla State.....	C					
Chosen.....	30	50	61				Puebla.....	C					
Czechoslovakia.....			14	25	219	13	Quertaro State.....	C					
Finland.....					6	112	San Luis Potosi State: San	C					
Greece.....	4	9	5	7	6		Luis Potosi.....	C					
Guatemala.....	26	7	9	17	6	114	Tlaxcala State.....	C					
Latvia.....					5		Morocco (see also table above).....	C					
Mexico:							Panama Canal Zone.....	C					
Aguascalientes State: Aguascal-							Peru.....	C					
ientes.....				5	5		Portugal (see also table above).....	C					
Durango State.....				1	1		Rumania.....	C					
Guajuato State.....			15		56		Turkey.....	C					
Leon.....			7	16	20		Istanbul.....	C					
Mexico State.....				2	15		Union of South Africa:	C					
Mexico, D. F.....			86	73	62		Cape Province.....	C					
Mexico City.....			75				Natal.....	C					
Oaxaca State.....			22				Orange Free State.....	C					
			1	2			Transvaal.....	C					
							Yugoslavia.....	C					

1 For 2 weeks.

4 Imported.

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

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

Place	Oct. 27- Nov. 30, 1935	Dec. 1-25, 1935	Dec. 26, Jan. 25, 1936	Week ended—											
				February 1936				March 1936				April 1936			
				1	8	15	22	29	7	14	21	28	4	11	18
Bolivia: Santa Cruz Department. <sup>1</sup>															
Brazil: <sup>2</sup>															
Bahia State.....	O	1	2												
Matto Grosso State.....	O	1	1												
Minas Geraes State.....	D	10	8												
Parana State <sup>1</sup> .....	O	6	6												
Sao Paulo State <sup>1</sup> .....	O	11	11												
Colombia:															
Boyaca Department.....	O														
Intendencia of Meta.....	O														
Acacias.....	O	2													
Restrepo.....	O	2													
Gold Coast:															
Koloridua.....	O														
Kumasi.....	O														
Preprawase.....	O														
Ivory Coast:															
Abidian.....	O	1													
Sassandra.....	O	1													
Vavua.....	O														
Niger Territory: Fada N'Gourma.....	O														
Senegal:															
Dakar.....	O	4													
M'Bake.....	O	1													
Tivaouane.....	O														
Sudan (French): Koutiala.....	O	1													

<sup>1</sup> Yellow fever has been reported in Bolivia as follows: For the month of February 1936, 2 cases; March, 10 cases, April, 1 case.

<sup>2</sup> Yellow fever has also been reported in Brazil as follows: Parana State, Feb. 16-25, 1936, 5 cases, 5 deaths; Sao Paulo State, no date given, 3 cases and 4 deaths. Mar. 24-31, 1936, 2 cases, 2 deaths.

<sup>3</sup> Includes 1 case of yellow fever reported in the city of Sao Paulo, Brazil.

<sup>4</sup> Suspected.

<sup>5</sup> During the week ended June 6, 1936, 3 cases of yellow fever, 2 cases of which were suspected cases, were reported at Tivaouane, Senegal.

X