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SICKNESS AMONG MALE INDUSTRIAL EMPLOYEES DURING THE FINAL QUARTER OF 1936 AND THE YEAR AS A WHOLE 1

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YEAR 1936

The frequency of 8-day or longer disabilities from sickness and nonindustrial accidents among the 157,294 male workers in the employ of 29 industrial concerns included in the sample of industrial employees for morbidity analysis in 1936 was higher than in 1935, which rate in turn was above that for the preceding year. In 1936 the incidence was 95.1 cases per 1,000 males, in 1935 it was 85.7, and in 1934 it was 79.3. Thus in 2 years the frequency of illness (for 8-day or longer cases) has increased 20 percent in this sample of the male industrial population. As compared with the average annual rate during the 5 years ending December 31, 1935, however, the 1936 incidence was higher by only 7 percent.

For diseases of the respiratory system, the 1936 rate exceeded that for 1935 by 17 percent and the 5-year average by 10 percent. Bronchitis and pneumonia occurred oftener in 1936 than in either of the two earlier periods under consideration. However, the number of new cases of respiratory tuberculosis per 1,000 male employees decreased appreciably from the 1935 and the 1931–35 incidence of this disease. If this sample of the population is representative, even lower rates of tuberculosis mortality than have occurred recently are presaged from the declining number of new cases.

The incidence of pneumonia (all forms) has increased appreciably during the past 2 years. In 1935 the rate was 15 percent higher, and in 1936 one-third higher than the average rate for the 5 years 1931–35. Since about one-fourth of the pneumonia cases occurring among workers below age 50 may terminate fatally, the serious nature of a high incidence rate of this disease is manifested.²

The influenza rate in 1936 was 22 percent above its 1935 frequency, but practically the same as the average rate during the 5 years 1931-35.

¹ Report for the third quarter and the first 9 months of 1936 was published in the Public Health Reports for Jan. 29, 1937, pp. 127-129.

² Frequency of Pneumonia Among Iron and Steel Workers. Public Health Bulletin No. 202. Government Printing Office, Washington, D. C., 1932. P. 46.

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As usual, the nonrespiratory diseases as a group showed less variation than the respiratory group. The nonrespiratory disease rate was definitely higher, however, in 1936 than in the preceding year or during the 5 preceding years as a whole. Among diseases of the digestive system the greatest proportionate increase was recorded for appendicitis, the recorded rate in 1936 being 4.4 cases per 1,000 males as compared with 3.8 in 1935 and 3.7 in the period 1931–35. There was no change in the frequency of diseases of the nervous system nor in the important circulatory and genitourinary disease groups, but the incidence of diseases of the skin and of the rheumatic group increased somewhat in 1936 over the frequencies recorded in the preceding year and the 5-year period.

For nonindustrial injuries the 1936 rate was 9 percent above the frequency recorded in 1935, but identical with the 5-year average rate.

FOURTH QUARTER OF 1936

During the first, second, and third quarters of 1936 the sickness frequency rate was only slightly higher than in the corresponding period of the preceding year. In the final quarter, however, the rate was markedly above the level of the last 3 months of 1935. increased 80 percent, pneumonia 20 percent. In the six respiratory disease categories listed in table 1, only tuberculosis showed no increase in frequency. The rate for nonrespiratory diseases as a whole was 17 percent higher than in the fourth quarter of 1935. An enhanced rate is shown for nonindustrial injuries, diseases of the stomach, appendicitis, the rheumatic group of diseases, genitourinary diseases other than nephritis, and diseases of the skin. A decreased incidence was recorded for diseases of the nervous system, for the serious diseases embraced in the group designated "diseases of the heart and arteries and nephritis," and for the epidemic and endemic diseases as a whole, influenza excepted. These groups, in addition to respiratory tuberculosis, constitute the only bright spots in the morbidity picture for the fourth quarter of 1936.

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Table 1.—Frequency of disability lasting 8 calendar days or longer in the fourth quarter and in the year 1936 compared with the corresponding periods of 1935. (Male morbidity experience of industrial companies which reported their cases to the U. S. Public Health Service) 1

	An		ber of di 1,000 men	isabilities n	per	
Diseases and disease groups which caused disability. (Numbers in parentheses are disease title numbers from the International List of the Causes of Death, Fourth Revision, Paris, 1929)		Fourth quarter of—		Full year o		
	1936	1935	1936	1935	1931-35	
Sickness and nonindustrial injuries 3	13.0	82. 0 11. 5 70. 5	95. 1 12. 1 83. 0	85. 7 11. 1 74. 6	89. 2 12. 1 77. 1	
Respiratory diseases. Bronchitis, acute and chronic (106). Diseases of the pharynx and tonsils (115a). Influenza and grippe (11). Pneumonia, all forms (107-109). Tuberculosis of the respiratory system (23). Other respiratory diseases (104, 105, 110-114).	5.8 4.8 18.3 2.4 .8	26. 8 4. 3 4. 4 10. 2 2. 0 1. 0 4. 9	34.7 5.0 4.9 15.8 2.7 .8 5.5	29.7 3.9 5.0 12.9 2.3 1.0 4.6	31. 5 3. 5 4. 7 15. 9 2. 0 1. 0 4. 4	
Nonrespiratory diseases. Diseases of the stomach, cancer excepted (117-118) Diarrhea and enteritis (120) Appendicitis (121) Hernia (122a) Other digestive diseases (115b, 116, 122b-129) Rheumatic group, total	1.3 4.1 1.6 3.0	43. 7 3. 5 1. 3 3. 6 1. 5 2. 8 8. 9	48. 3 3. 9 1. 4 4. 4 1. 7 2. 9 10. 2	44. 9 3. 7 1. 2 3. 8 1. 4 2. 8 9. 2	45. 6 3. 7 1. 2 3. 7 1. 6 3. 0 9. 9	
Rheumatism, acute and chronic (56-57)	3.4	3. 4 3. 1 2. 4	4. 5 3. 3 2. 4	4. 0 2. 8 2. 4	4. 7 3. 0 2. 2	
Neurasthenia and the like (part of 87b)	1.2	1.3 1.5	1. 1 1. 2	1. 2 1. 3	1.1	
130-132) Other genito-urinary diseases (133-138) Diseases of the skin (151-153) Epidemic and endemic diseases except influenza (1-10, 12-22,	3. 8 3. 1 3. 8	4. 1 2. 3 2. 7	3. 7 2. 5 3. 1	4.0 2.6 2.7	3. 8 2. 4 2. 8	
24-33, 36-44). III-defined and unknown causes (200). All other diseases (45-55, 58-77, 88, 89, 100, 101, 103, 154-156a, 157, 162).	1.9 4.0 6.9	2. 6 1. 9 5. 7	2. 4 3. 2 6. 6	2.7 2.1 6.2	2. 4 2. 0 6. 7	
Average number of males covered in the record Number of companies included	164, 877		157, 294 29	140, 306		

¹ In 1935 and 1936 the same companies are included. The rates for the years 1931-35 include 24 of these companies, which employed an average of 119,426 men during these years, or 81 percent of the 146,921 men representing the sample population for the 5 years.

2 Exclusive of disability from the venereal diseases and a few numerically unimportant causes of disability.

STUDIES ON TRICHINOSIS

III. The Complex Clinical Picture of Trichinosis, and the Diagnosis of the Disease

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In two recent papers, Hall and Collins (1937) have reported an incidence of 13.67 percent of trichinae in 300 cadavers from 11 hospitals at Washington, D. C., and Baltimore, Md., and summarized the results of previous investigations which, with their own, show the presence of trichinae in 222 of 1,778 cadavers, an indicated incidence of 12.5 percent, with not one of the 222 positive cases ever having had

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a diagnosis of trichinosis in spite of the fact that trichinae were sometimes present in amounts up to almost 1,000 per gram of muscle. The authors have also correlated the incidence with factors present in geographic areas and various population groups. From the findings to date they draw the conclusions, which previous authors apparently hesitated to draw in specific terms, that the United States, so far as evidence is available, has the greatest problem of trichinosis of any country in the world, that it apparently involves millions of persons, and that trichinosis is a major public health problem in this country.

These conclusions are so widely at variance with previous beliefs in general, which are to the effect that trichinosis is rare and relatively unimportant, that one must either assume that the findings reported by 9 workers or groups of workers from 24 hospitals in 11 widely scattered cities are not significant, that these findings are usually not clinically significant, or else that our general background in regard to the picture of clinical trichinosis, our diagnostic methods, and our education, training, and preparation for the detection of trichinosis are definitely faulty.

The available figures on the incidence of trichinae in cadavers, without being precise in terms of percentages, indicate a high general incidence. The size of the samples on which incidence is considered is less important than that the samples be representative. The 1,778 diaphragms, on which the figure of 12.5 percent is based, have been collected from all sections of the country, and Hall and Collins (1937) have given several reasons why the percentages obtained to date are all lower than the actual incidence in the material examined.

The idea that the findings are not clinically significant finds no support in the quantitative data showing up to almost 1,000 trichinae per gram of diaphragm in some of these cases. Undoubtedly infestations with hundreds of trichinae per gram produce definite clinical symptoms.

The true explanation obviously lies in the alternative idea that our background of concepts of trichinosis is quite faulty, our knowledge inadequate, and our preparation for intelligent handling of the disease definitely unsatisfactory. Medical schools quite generally give the subject of parasitology only scanty and inadequate attention, and no medical subject is more neglected, a fact which is recognized by all physicians familiar with parasitology. In the subjects named in the essentials of an acceptable medical school, published in the Journal of the American Medical Association for August 29, 1936 (v. 107 (9); 684–685), parasitology is not mentioned, this subject receiving only incidental attention in other courses. From long acquaintance with hundreds of both veterinarians and physicians, I do not hesitate to say that veterinarians in general are much better informed regarding parasitology, both in theory and practice, than are physicians in

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general. Twenty years ago both were equally uninformed, but within the period of 20 years all the veterinary colleges have established courses in parasitology and have greatly improved their teaching of this subject. In small-animal practice, a very important field of veterinary medicine, the treatment of parasitisms makes up fully 50 percent of the practice.

There are several reasons for this state of affairs. Domesticated animals cannot be surrounded by the safeguards with which mankind is surrounded. Sewerage systems and privies, our greatest sanitary safeguards, cannot be utilized by our animals, and all our grazing animals deposit their feces on the table, their pasture, from which they feed, an ideal set-up for maintaining parasitisms. The cooking of food, bathing, and similar conditions of life have only limited application so far as our animals are concerned. Meat inspection is intended to protect mankind, and the idea that it should protect our meat-eating animals is hardly expressed, much less accepted or practised. Lacking all these safeguards, our domesticated animals quite generally suffer from parasitisms of many sorts. Hence, it was not difficult to persuade the veterinarian to take an interest in parasitology, as the writer, who played a role in this matter, found out within the course of the first couple of years of active participation.

So far as the physician is concerned, we have been misled by the idea that parasitology is a phase of tropical medicine, and that tropical medicine is a matter that concerns the physician in the Tropics. Manson long ago expressed the idea that parasitisms were incidental concerns in the temperate regions and routine matters in the Tropics. Today, all physicians well informed in tropical medicine recognize that the diseases and parasites most prevalent in the Tropics are merely predominantly prevalent in the Tropics, but that almost all of them are plentifully present in temperate regions and should be known to physicians in those regions, that their prevalence in the Tropics is often correlated more with a general lower sanitary level in the Tropics than with climatic conditions, and that sanitary levels over much of the temperate regions are low enough to favor these tropical diseases They point out that sufferers from these diseases and and parasites. parasites are present in our own country in relatively large numbers. numbers increasing as modern transportation develops, and that these sufferers receive inadequate treatment by the vast majority of physicians in the United States because of the physicians' unfamiliarity with so-called tropical diseases. Mackie (1935) states that "New York City offers a large and relatively unexplored opportunity in tropical medicine," and that Fuelleborn had expressed the belief that it "offered as wide a variety of tropical diseases as any in the world."

The two worm parasites which quite definitely surmount our sanitary barriers in the United States are trichinae and pinworms, and

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these parasites are relatively or almost entirely neglected in our medical education and training. Both of them have had inadequate research study. If infestations with these two parasites were generally recognized, it would be found that a considerable amount of trichinosis is already being dealt with by physicians without the disease being recognized, and a considerable practice in dealing with pinworms would be developed where it is now being overlooked.

The most serious gap in our knowledge of trichinosis, so far as medical practice is concerned, is our ignorance of the clinical picture. The classical picture, as given in the textbooks and reference books, is greatly oversimplified and represents only a composite picture as ascertained, for the most part, from epidemics of severe clinical trichinosis. Ransom (1915) has well said: "An important characteristic of trichinosis, whether mild or severe, is the lack of regularity in its course", and Bloch (1916) has referred to its protean character. Like any oversimplified, highly generalized, composite picture, the customary book description represents a relatively rare picture.

It is even probable that there is a changing picture which follows from various changes in modern modes of life, including changes in the methods of killing swine and preparing pork products. Hall and Collins (1937) have already called attention to this in noting that Ransom (1915) appears to have been the first to recognize a dilution factor in the present-day preparation of sausage and similar products from trimmings of many swine, perhaps hundreds, with a resultant distribution through the product of the trichinae from possibly one hog in a hundred hogs, so that the chance of getting trichinae from such a product, when eaten raw, is greatly increased, whereas the likelihood of getting clinical trichinosis is greatly decreased. taneously, the likelihood of repeated light infestations is greatly increased, a thing which should be considered in connection with modern aspects of trichinosis. How significant these repeated light infestations may be to the health of the individual is unknown. Under older methods of killing swine on the farm or in small slaughter houses, the chance of getting trichinae from eating pork or pork products from swine of which one percent was infested would be very small, but the chance that any infestation would result in clinical trichinosis would be very great, and epidemics from this form of slaughter still appear to make up the greater part of the epidemics in the United States. Obviously, the chance of reinfection from such a source is relatively small, but the chance that any reinfection will again result in clinical trichinosis is very great.

Ransom (1915) has stated that trichinosis is difficult to diagnose, and we lay down the general thesis that we have as yet no adequate clinical picture of trichinosis available to the clinician. To establish that thesis, we consider first the basic facts underlying the occurrence

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of trichina infestations. Trichinosis, as a disease, is conditioned by the presence of a nematode parasite, Trichinella spiralis, in the following forms: As infective larvae entering the digestive tract; as older larvae and adults in the lumen of the intestine; as adults among and partly within the villi; as young larvae circulating through the lymphatic and the systemic and pulmonary circulation, and entering such tissues as the lymph nodes and glands, the brain, the heart muscles, the striated, voluntary, somatic, or skeletal muscles, and, to some extent, other tissues and various cavities, being reported from the lungs, liver, bile, peritoneal cavity, pleural cavity, pericardial cavity, pancreas, kidney, bone marrow, placenta, human milk, and the pus from the external ear and from a furuncle; and as larvae degenerating and disintegrating in various sites, such as the heart, and encysting, and ultimately calcifying, in the skeletal muscles.

With an etiology of this type, the clinical effects produced by the worm, in general, will be conditioned by the following factors: (1) In part by the number of worms present; (2) in part by the size of the patient; (3) in part by the tissues invaded; and (4) in part by the factors of physical condition, resistance, concomitant pathologic conditions present, and other features of the individual attacked by the parasite. Looked at in this manner, trichinosis becomes a highly complicated and little studied disease, but if we are to give it adequate consideration we must look at it in this light, and must regard the complete classical picture as something which has little more existence than has the "average man", and which is useful only as a concept to be applied with numerous reservations and with an eye to possible and probable modifications of the general pattern.

As regards the number of trichinae present, it is obvious that there may be a minimum of one infective larva swallowed, and that this larva, whether male or female, may develop to one adult in the lumen of the intestine and among the villi, with no subsequent production of any larvae whatever. Since Roth (1935) has recovered four trichina larvae from a composite sample of four guinea pig fetuses, after digestion and examination with the Baermann apparatus, it seems probable that as a result of prenatal infection a person may have as little as one encysted larva in the muscles. So far as numbers are concerned, we may say with confidence that at this extreme of light infection, the presence of one adult or one larva does not produce clinical trichinosis. Very light infestations of approximately this degree constitute zoological trichinosis as opposed to clinical trichinosis.

At the other extreme, Roth (1935) has reported the astounding number of 10,000 larvae per gram of muscle in an artificially infected guinea pig. In similar artificial infections, workers have developed thousands of adults in the digestive tract of experiment animals. Of such extreme cases, with their accompaniment of innumerable larvae April 30, 1937 544

in the lymph, blood, and various tissues, one may say with entire confidence that the presence of these large numbers of worms ensures the production of severe clinical trichinosis.

As we move from either one of these extremes toward the other, we soon run into unknown territory. We are sure that our necropsy cases of infestation with approximately 1,000 larvae per gram of diaphragm muscle represent former cases of clinical trichinosis, and suspect that those with only one larva per 100 grams of diaphragm muscle probably do not represent cases of clinical trichinosis; but we have no adequate data on which to make correlations and to conclude anything, for instance, about a case of infestation with one larva per gram of diaphragm muscle. Trichinosis has had so little adequate study that there is an almost complete lack of quantitative data covering the number of trichinae present in a weighed sample of a selected muscle from the hundreds of clinical cases which have come to necropsy. If these data were available at this time they could be correlated to great advantage with the case histories of individuals in incidence studies and in various other ways. Since we do not have them, we should obtain them as soon as possible, and pathologists could render a great service by at least making a direct microscopic examination of a press preparation of one gram of diaphragm muscle. taken from near the tendinous portion, from each case of clinical trichinosis coming to necropsy, and recording, for the benefit of investigators, the results in terms of trichinae per gram.

While a fund of information as to the number of trichinae per gram would not, of itself, develop our picture of clinical trichinosis, this information, coupled with the case history and a presentation of the clinical and post-mortem features actually present in all cases so studied, would start us on the road to an understanding of this practically unstudied subject. There is ample evidence that the clinical picture is highly variable, and these quantitative data would clarify the picture as to the extent to which intensity of infection is the responsible factor, or one of the factors, in the production of certain symptoms.

The second factor, the size of the patient, has a bearing on the matter, since any given number of worms concentrated in a small terrain will give a more intense invasion than the same number of worms scattered over a larger terrain. Thus the concentration in a child weighing 50 pounds should be four times as great as in an adult weighing 200 pounds. While children are said to show milder clinical conditions than adults, as a rule, the reason is unknown, and might be because of eating smaller amounts of infected pork. In exceptional instances, children may have fulminating and rapidly fatal cases, such as the case reported by Sobel (1936), of a child 4 years old who died after an illness of less than 4 days.

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The third factor which conditions our clinical picture of trichinosis, is the matter of tissues invaded. As already noted, the worms, in their various stages, are in the intestinal lumen, among and in the villi, in the lymph and blood stream, and, either temporarily or permanently, in the lymph nodes and glands, brain, heart, skeletal muscles, and other tissues. In these sites an adequate number of worms may produce lesions or such other pathologic conditions as dysfunction with the appropriate associated symptoms. years there have been some studies showing that the oversimplified picture of trichinosis as presenting gastrointestinal symptoms associated with larvae swallowed and adults developing and entering villi, of eosinophilia associated with larvae in the blood stream and muscles, of suborbital edema associated with larval worms in the eve muscles and in eye capillaries, of fever and myositis associated with invasion of skeletal muscles, and of pneumonia associated, somewhat uncertainly, with toxic products of damaged muscle tissue, or various other conditions is inadequate. Investigators have recently called attention to the heart lesions caused by the invasion of the myocardium. the lesions persisting after the worms have died, degenerated, and disappeared from the heart muscles, in which they cannot and do not encyst. Others have called attention to the symptoms of nervous derangement associated with the invasion of the brain, its coverings, and the cerebrospinal fluid, an association known for some time but too little studied.

In this connection we summarize briefly some of the correlations between tissues invaded and the symptoms associated with the invasion, adding to each some of the conditions with which trichinosis presenting these symptoms may be, and in practically all cases has been, confused. Many of these symptoms are well summarized by Spink and Augustine (1935). Some of these symptoms and diagnoses are associated with the effects of the parasite in several locations rather than in just the location given here.

Larvae and adults in intestinal lumen and villi.—Symptoms: Gastro-enteritis, diarrhea, constipation, or successive constipation and diarrhea, "vegetable-soup stools", often with Charcot-Leyden crystals, nausea, vomiting, abdominal pain of varying degree and in various locations, cold sweats, hot flushes, intestinal hemorrhages, and fever; diagnosed as typhoid fever, paratyphoid fever, typhus fever, cholera, cholera morbus, intestinal influenza, malaria, ptomaine poisoning, food poisoning, gastro-enteritis of unknown origin, gastrointestinal catarrh, appendicitis, colitis, peptic ulcer, gall bladder involvement, and acute alcoholism.

Larrae in blood stream and muscles.—Symptoms: Eosinophilia, oligemia, oligocythemia, hypotension, leucocytosis, splenic enlargement, anemia absent or else present in varying degree, edema in

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various parts of body (especially suborbital), dyspnoea, orthopnoea, diaphragmatic breathing, pleurisy, cough, hiccough, asthma, hemoptysis, pneumonia, dysphagia, aphonia, laryngitis, myositis, myalgia, furunculosis, cutaneous eruptions, urticaria, rose spots, desquamation, sweating, apathy, lassitude, somnolence or insomnia, anorexia, coniunctivitis, corneal ecchymoses, mydriasis, photophobia, diplopia, pulse often slow by comparison with height of fever, albuminuria present or absent, indicanuria present or absent, positive diazo reaction, casts in urine, positive Kernig's sign, loss of patellar and Achilles' tendon reflexes, neuritis, rigor, persistent or remittent fever, and menstrual disturbances: diagnosed as arthritis, rheumatism, rheumatic fever, dermatomyositis, pelvic inflammatory disease, pleurisy, asthma, upper respiratory infection, pneumonia, laryngitis, conjunctivitis, nephritis, multiple neuritis, intercostal neuritis, angioneurotic edema. syphilis, tuberculosis, undulant fever, tetanus, scarlet fever, measles, mumps, influenza, frontal sinusitis, erysipelas, and lead poisoning.

Larvae in heart.—Symptoms: Myocarditis, systolic murmur at apex, cardiac lability, and dicrotic pulse; diagnosed as myocarditis, rheumatic myocarditis, endocarditis, or other heart diseases.

Larvae in brain and meninges.—Symptoms: Encephalitis, meningitis, cephalalgia, hemiplegia, delirium, and coma; diagnosed as encephalitis, meningitis, tuberculous meningitis, and poliomyelitis.

From the above it appears that diagnoses of approximately 50 disease conditions may be made, and in practically all cases have been made, when the actual basis of these conditions is the presence of trichinae. Undoubtedly, this list could be materially enlarged from a more extensive search of the literature or a more adequate knowledge of the polymorphic manifestations of trichinosis. Somewhere among the diagnoses listed, and others not listed, we must look for the large number of cases of trichinosis which necropsy studies show exist in the United States, and which are being missed in our diagnoses. In general, the diagnoses made are based on symptomatology rather than on established etiology.

Even in severe clinical trichinosis, part of the classical picture may be omitted or suppressed, and the order of events may be irregular. The first stage, that of gastrointestinal disturbances, is absent in many cases. Visible symptoms may first develop or be noted in from a few hours to over 40 days after the apparent time of infection. Eosinophilia may be absent if there is a concomitant bacterial infection or may decrease if a bacterial infection supervenes, as Spink (1934) has demonstrated experimentally; and with peritonitis present the eosinophiles may never rise above 3 percent, the blood picture showing a high neutrophile count indicative of bacterial infection. While there is a customary gradual rise to a high eosinophile level, followed by a gradual decline, the level may never be high, the peak

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may be reached early or late in the course of the disease, there may be an irregular rise and fall, and eosinophilia may persist at some such level as 10 percent for long periods after recovery. The myalgia may be generalized or definitely localized and, if localized, may mislead the clinician into a diagnosis of intercostal neuritis or neuritis of other sorts, and of rheumatic conditions, the latter especially plausible in those cases in which myalgia persists for a year or more. Children usually have the disease in atypical forms, with a low mortality rate, although some rare cases in children are of a fulminating type which is fatal in less than a week. The eye conditions often predominate to the extent that the patient goes first to an ophthalmologist, and since a careful examination usually shows little of a definite character to account for the trouble, these cases may be very perplexing. Heart conditions may obscure the entire picture of trichinosis. Predominant nervous conditions suggestive of meningitis are given little consideration as possibly suggestive of trichinosis. Added to all this is the too common denial of the eating of raw pork or pork products, even by orthodox Jews who contend, sometimes quite honestly, that they have never eaten meat that is not kosher. but who, nevertheless, show trichinae on biopsy in addition to definite symptoms of trichinosis.

The fourth factor, that of the patient's individual condition, resistance, and concomitant pathologic conditions, modifies the picture of trichinosis as it does the picture of other diseases. bald Smith (1934), in his excellent work on parasites and disease published just before his death, notes that in any invasion of a host by a parasite, the parasite brings to the conflict its appropriate weapons of offense and defense, and the host in turn brings to bear its weapons for the destruction of the parasite and its defense for the immobilization of the parasite and its own protection. This highly useful concept needs only to be stated to make clear its application to trichinosis. The war rages, with its gains and losses in this or that part of the host terrain; and from the conflict the patient emerges triumphant, perhaps with little injury, perhaps scarred and doomed to a shortened life from wounds sustained, or goes down in defeat and death. Victory or defeat, wounds and healing, are determined by the interplay of the weapons of offense and defense wielded by both combatants. Obviously, such a weak spot in the host defenses as an already damaged heart may turn the tide of battle in favor of the parasite, with the war terminating in the death of the patient from heart disease with no suspicion, on the part of the physician, of the parasite that worked the essential injury.

Between light infestations, producing zoological but not clinical trichinosis, and heavy infestations, producing severe clinical trichinosis, there is the unstudied no-man's land of infestations of interApril 30, 1937 548

mediate degrees of all sorts, which infestations must produce atypical clinical trichinosis of unknown symptomatology. The study of these atypical cases, making up probably the majority of all cases of trichina infestation, so far as data are available for estimating this calls for the cooperation of many pathologists, clinicians, and parasitologists, and for a lot of quantitative studies which have never been made. The material is obviously at hand almost anywhere in the United States, and notably abundant in such localities as the New York-New England area and on the west coast; it is plentiful in Washington. It is the purpose of this paper to invite attention to the problem and its importance, and to supply some background of information to indicate the direction along which investigations might proceed. At the same time, it is hoped that the emphasis on the inadequate nature of the classical picture of trichinosis will aid in the development of a better type of diagnosis.

At the present time we have, in addition to the symptomatology of trichinosis, such aids to diagnosis as the biopsy, the examination of stools for trichinae, the search for trichina larvae in the blood and cerebrospinal fluid, and the skin test and precipitin test. As regards the biopsy, the tissue excised should be examined as a press preparation and not sectioned, since the press preparation is much more certain to detect trichinae present and permits of a much more rapid determination of the presence or absence of trichinae. The biopsy method has the limitation that it is negative in the early stage of the disease, and even when trichinae have just arrived in the muscles they are much less likely to be detected than when they have had time to grow and encyst; thereafter they give dependable information provided the biopsy specimen comes from an infested muscle and the picture is not complicated by trichinae present from a previous infection and hence not correlated with the clinical symptoms being considered at the time of the biopsy.

The examination of stools for trichinae is not established at this time as a valuable aid in diagnosis. The weight of evidence is to the effect that it is of little or no value.

As regards the presence of trichina larvae in the blood and cerebrospinal fluid, this has two time limitations. The larvae are present, although not always easy to find, about one week after infection, and they persist throughout the period of larval production by females in the villi, having been detected in the blood over a period of 3 weeks, but when looked for too early or too late they will be absent even though the case is clinical trichinosis.

As regards the skin tests, they do not give positive reactions in trichinosis as early as is desirable, being positive, in certain dilutions, in 11 days, according to McCoy, Miller, and Friedlander (1933), or 14 days, according to Spink and Augustine (1935), and the test being

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positive, and hence potentially misleading, for over 7 years after clinical recovery. McCoy, Miller, and Friedlander have reported the test as somewhat nonspecific in giving positive reactions in cases of infestation with the whipworm, *Trichuris trichiura*, a nematode somewhat closely related to *Trichinella spiralis*, but Theiler, Augustine, and Spink (1935) have taken exception to one basis of their assumptions, namely, that trichinosis is apparently absent in the South, where the work was done, and Hinman's (1936) report of an incidence of 3.5 percent of trichinae in cadavers at New Orleans, a figure which is probably too low because of the use of only one technique in the study, supports the exception.

The precipitin test becomes positive even later than the skin test, usually about the end of the fourth week after infection. It may remain positive for a year after infection, but how much longer it may remain positive is unknown. Bachman, Rodríguez Molina, and Gonzales (1934) report various conditions which give nonspecific and anomalous reactions. Both the precipitin test and the skin test need more careful study in titration, standardization, preparation of antigen, and interpretation of reaction. A test which will permit of earlier diagnosis is evidently desirable, and will probably be developed. In the meantime and pending improvements, these diagnostic tests should be used when any of the cardinal symptoms of trichinosis, such as fever and marked eosinophilia, or suborbital edema and myalgia, are present. So far as available material permits, the National Institute of Health will cooperate with physicians in making such tests and affording information in regard to them. What are at present regarded as the cardinal symptoms—a history of the eating of raw pork products or raw or undercooked pork, gastrointestinal disturbances, eosinophilia, edema (usually suborbital), high fever, myositis, and pneumonia-must continue to be regarded as valuable clues to diagnosis, but it must be kept in mind that they may be present in varying combinations and that a consideration of other symptoms may be found essential, especially for the diagnosis of the atypical trichinosis which probably makes up the large bulk of cases.

SUMMARY

Since examinations of 1,778 cadavers at 24 hospitals in 11 places in the United States indicate an incidence of at least 12.5 percent of trichinae, with not 1 case out of 222 positive cases having been diagnosed as trichinosis at any time, it is evident that our knowledge of the polymorphic picture of clinical trichinosis is inadequate and that we need more information in regard to diagnosis.

Trichinosis, as a disease, is determined by the presence of larval and adult worms in the intestine, and of larvae in the lymph, blood,

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lymph nodes and glands, brain, heart, voluntary muscles, and other tissues and certain cavities. The disease is conditioned by the numbers of worms present, the size of the patient, the tissues invaded. and the individual patient's physical condition, resistance, and concomitant pathologic conditions present.

As regards numbers of worms present, we are certain that such large numbers of larvae as 1,000 per gram of muscle will produce severe clinical trichinosis, and suspect that such small numbers as one larva per 100 grams will not produce clinical trichinosis, but we have no data on which to judge intermediate degrees of infestation. Within this range of intermediate infestation there is undoubtedly a large group of cases of atypical clinical trichinosis, much larger than the group of so-called typical cases, which is unknown and unstudied.

As regards the size of the patient, the same number of larvae in a small individual will give a higher concentration of larvae per gram, so that a given number of worms may cause, relatively, four times as much damage, or more, in one individual as they will cause in another.

As regards tissues invaded, the wide range of tissues damaged gives rise to numerous cases in which the predominant symptoms are those of diseases of infectious sorts other than trichinosis, of heart disease. of respiratory disease terminating in pneumonia, often fatal, of meningitis and other disturbances of the nervous system, of eye lesions, and other conditions. Approximately 50 disease conditions confused with trichinosis are listed.

As regards the condition of the individual patient, we expect the most variegated clinical picture associated with weaknesses in various organs, sometimes with death so closely correlated with the attack on one weak organ, such as the heart, that trichinosis is never suspected.

To clarify our picture of trichinosis, especially of atypical clinical cases caused by infestations of intermediate extent, as opposed to very heavy or very light infestations, calls for much research and cooperation by pathologists, clinicians, and parasitologists. Quantitative studies are especially necessary.

The various laboratory aids in diagnosis are noted, and their limitations pointed out.

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MORTALITY STATISTICS FOR THE UNITED STATES, 1935

Deaths (exclusive of stillbirths) and death rates, by cause, for 1935 and comparison with 1930 and 1934

According to figures compiled by the Bureau of the Census, Department of Commerce,1 there were 1,392,752 deaths from all causes (exclusive of stillbirths) in the United States in 1935, representing a mortality rate of 10.9 per 1,000 estimated population, a decrease as compared with 1934, when 1,396,903 deaths occurred, giving a mortality rate of 11.0 per 1,000. The rates for 1935, 1934, and 1933 are the lowest in the 6-year period 1930-35. The death rate for 1933 (10.7 per 1,000) was the lowest rate recorded since the annual collection of mortality statistics was begun in 1900.

The accompanying table 1 gives the number of deaths and the death rates for the United States for 1935, and comparison with 1930 and 1934, for each cause according to the titles of the International List of Causes of Death.² The figures for the 2 later years include the entire United States; those for 1930 include all States except Texas, which was admitted to the death registration area in 1933.

¹ Vital Statistics—Special Reports, Vol. 3, No. 10, pp. 58-64. Department of Commerce, Bureau of the Census.

The detailed causes of death in the Supplemental Classification of Accidents (201-214) and data for the years 1931-33, given in the Census report, are omitted here.

Deaths (exclusive of stillbirths) from each cause and death rates in the United States, 1930, 1934, and 1935*

Inter-		<u>. </u>	Number		Rate	per 100,0 ed popul	00 esti- ation
nation- al list no.	Cause of death	1935	1934	1930	1935	1934	1930
	Total deaths (all causes)	1,392,752	1,396,903	1,343,356	1, 092, 2	1, 103. 2	1, 133. 9
	I. INFECTIOUS AND PARASITIC PIS- EASES	146, 840	148, 124	162, 326	115.1	117.0	137. 0
1 2	Typhoid fever Paratyphoid fever Typhus fever Relapsing fever Undulant fever Smallpox Measles Scarlet faver	3, 442 89	4, 162 75	5, 610 88	2.7 .1	3.3	4.7
3	Typhus fever	80	86	33	.1	.1	(n) · 1
3 4	Relapsing fever	2	1	3	(1)	(1)	(i) (i)
5 6	Cmollow	98 25	65 24	53 165	0.1	0.1	(¹) .1
7	Measles	3, 907	6, 986	2 820	(¹) 3. 1	(1) 5. 5	3.2
8	Scarlet fever		2, 524	2, 279	2.1	2.0	3. 2 1. 9
. 9	Whooping cough	4,753	7, 518	5, 707 5, 822	3.7 3.1	5.9	4.8 4.9
. 10	Influenza	3, 901 28, 230	21, 868	23, 066	22.1	3. 3 17. 3	19. 5
	Respiratory complications specified.	18, 878	4, 159 21, 868 13, 966	13, 734	14.8	11.0	11.6
	Respiratory complications not speci-	0.000		0.000	7.3	6.2	
12	Influenza Respiratory complications specified Respiratory complications not specified Cholera Dysentery Amebic Respilery	9, 352	7, 902	9, 332	1. 3	0. 2	7. 9
13	Dysentery	2, 436	3, 373	3, 356	1.9	2.7	2.8
	Amebic	282 725	362 974	225	.2 .6	.3 .8	.2
	Unerposited on due to other source	1 420	9 097	610 2, 521	1.1	1.6	. 5 2. 1
14	Plague		2			(1)	
	Buboric		2			(1)	
	Senticemic						
	Plague Buboric Pneumonic Septicemic Unspecified						
15 16	Erysipelas Acute poliomyelitis, acute polioencepha-	2, 106	1, 947	2, 508	1.7	1.5	2, 1
10	litis	1,040	852	1, 370	.8	.7	1. 2
17	T -41 1 1 3 1 1 1/4/-	857	923	1,062	.7	1.0	. 9 3. 6
18	Epidemic cerebrospinal meningitis	2, 657	1, 272	4, 211	2.1	1.0	"3. 6
19 20	Anthrax (bacillus anthracis) malignant	- 1	- 1	1	(1)	(1)	(ı)
	Epidemic cerebrospinal meningitis. Epidemic cerebrospinal meningitis. Glanders. Anthrax (bacillus anthracis) malignant pustule. Rables. Tetanus. Tubarculosis (all forms). Reministratory system	10	9	15	(1)	(1)	(1)
21 22	Kabies	77 1, 057	80 1, 226	60 1, 287	.1	1.0	1.1 1.1
23-32	Tuberculosis (all forms)	70,080	71.609	84, 741	55.0	56.6	71.5
23 24 25	Respiratory system Meninges and central nervous system Intestines and peritoneum	63, 488	64, 706	75. 120 l	49.8	51.1	63. 4
24	Meninges and central nervous system.	1, 963	2, 109 1, 579	2, 995 2, 554	1.5	1.7 1.2	2.5 2.2
26	Vertebral column	1, 431 730	738	883	1.6	.6	.7
27	Bones and joints (vertebral column	- 1				1	
- 1	Vertebral column Bones and joints (vertebral column excepted) Bones	360 138	398 133	517 205	.3	.3	.4 .2
	Joints	222	265	312	.2	.2	.3
28	Skin and guberitaneous callular ticona l	36	27	37	(1)	(1)	(1)
29	Lymphatic system (bronchial, mesenteric, and retroperitoneal glands excepted)	- 1	- 1	1			
	cepted)	171	150	210	.1	.1	. 2
30 31	Other organs	566 94	569 96	642 146	:1	:4	.5
32	Disseminated tuberculosis	1, 241	1. 237	1.637	1.0	1.0	. 1 1. 4
- 1	Genitourinary system Other organs. Disseminated tuberculosis	1,096	1, 095	1, 429	.9 [.9	1, 2
l	Unronic	19 126	134	29 179	(1)	(1)	(¹) 2
33	Leprosy	25	32	27	(¹).1 9.1	(¹). 9.3	(1)
34 35	Syphilis	11, 590	11, 726	10, 554	9.1	9.8	8.9
35	diseases	853	1, 051	1, 087	.7	.8	.9
36	Acute Chronic		- 1		- 1		
37	Perai)Vallow fever	1, 149	928	1, 081	.9	.7	.9
38	Malaria	4, 435	4, 520	3, 403	3.5	3.6	2.9
39	Other diseases due to protozoal parasites.	78	52	43	.1		(1)
40 41	Other diseases due to protozoal parasites_ Ankylostomiasis	18	24	32	ΩL	ΩI	ζ)
31	Liver	21 16	26 18	23 15	88	83333	
	Other organs.	5	8	8	W.		(t)
42 43	Other organs Other diseases caused by helminths Mycoses	122 267	107 287	119 237	.1	:1	.1
	~-, ~~~	201 1	201 1	201	!		

Deaths (exclusive of stillbirths) from each cause and death rates in the United States, 1930, 1934, and 1935—Continued

Inter- nation-	Cause of death		Number	•		per 100,00 ed popul	
al list No.		1935	1934	1930	1935	1934	1930
	I. Infectious and parasitic dis- rases—Continued.						
44	Other infectious and parasitic diseases	715	608	463	0.6	0.5	0.4
	Chicken-pox German measles	193 148	177 47	152 21	.2	(1)	(0).1
	Others under this title	374	384	290	.3	``.8	.2
	II. CANCERS AND OTHER TUMORS	144, 065	140, 771	120, 956	113. 0	111.2	102.1
45-53	Cancer and other malignant tumors	137, 649	134, 428	115, 265	107. 9	106. 2	97.3
45	Of the buccal cavity and pharynx	4,905	5, 009 712	4, 554 586	3.8	4.0 .6	3.8 .5
	Lip Tongue Mouth	1, 076 550	1, 056 555	947 439	.8	.8	8.
	1 1907	999	1, 053	1,051	.4 .8	.4 .8	:5
	Other and unspecified parts of the buccal cavity	600	611	520	.5	.5	1
	I Dharway	953	1.022	1, 011	.7	.8	.4 .9
46	Of the digestive tract and peritoneum.	66, 461 2 258	65, 476 2, 243 26, 869	57, 812 1, 896	52. 1 1. 8	51.7 1.8	48.8
	Of the digestive tract and peritoneum. Esophagus. Stomach and duodenum.	2, 256 27, 104	26, 869	25, 408	21, 3	21.2	1. 6 21. 4
	Intestines (except duodenum, rectum, anus). Rectum and anus. Liver and biliary passages	14, 465	14 105	10, 996	11.2	11.1	9. 3
	Rectum and anus	7, 061	14, 105 6, 740	5, 195	5. 5	5.3	4.4
	Liver and biliary passages Pancreas	10, 479 4, 118	10, 668 3, 775	10, 388 2, 969	8. 2 3. 2	8. 4 3. 0	8. 8 2. 5
	Mesentery and peritoneum	950	999	895	.7	.8	.8
47	Others under this title Of the respiratory system	28 6, 201	5, 473	65 3, 848	(¹) 4.9	.1 4.3	3.2
	Of the respiratory system Larynx Lungs and pleura	1, 152	1.100	983	.9	.9	.8 2.2
	Other respiratory organs	4, 356 693	3, 877 496	2, 653 212	3. 4 . 5	3. 1 . 4	.2
48 49	l Of the interns	15, 853	15, 635	14, 132	12.4	12.3	11.9
129	Of other female genital organs Ovary and Fallopian tube Vagina and vulva	3, 345 2, 795	3, 271 2, 676	2, 290 1, 833	2.6 2.2	2.6 2.1	1. 9 1. 5
	Vagina and vulva	509 41	545 50	409 48	(1).4	(¹) ⁴	(¹)
50	Other female genital organs Of the breast	13, 226	13, 171	10, 912	ìó. 4	10.4	9. 2
51	Of the male genitourinary organs Kidneys and suprarenals (male)	11, 702 1, 178	11, 342 1, 149	8, 661 924	9. 2 . 9	9.0	7. 3 . 8
	Bladder (male)	3, 014	2,825	2, 513	2.4	2.2	2, 1
	Prostate	6, 765 412	6, 578 452	4, 648 270	5.3	5. 2 . 4	3.9 .2
	ScrotumOther male genitourinary organs_	34	30	30	(1)	(1)	(1)
52	Of the skin	299 3, 391	308 3, 315	277 3, 019	2.7	2.6	2. 5
53	Of other or unspecified organs	12, 565 870	11,736 865	10, 037 705	9.9	9.3	8.5
l	Kidneys and suprarenals (female) Bladder (female)	1, 485	1, 351	1, 172	1.2	1.1	. 6 1. 0
	Brain	1, 141 1, 764	1, 164 1, 832	804 1,611	.9	.9 1.4	.7 1.4
	Other or unspecified organs	7, 305	6, 524	5, 745	1.4 5.7	5.2	4.8
54	Bisader (temate) Brain Bones (except jaw) Other or unspecified organs Nonmalignant tumors Ovary Uterus	4, 063 151	4, 500 183	3, 734 96	3.2	3.6	3. 2
l	Uterus Other female genital organs	2, 535	2,707	2,504	2.0	2.1	2.i
1	Other female genital organs Brain	805	941	13 611	(1)	(1)	(¹) . 5
l	Other organs	563	. 661	510	.4	.5	.4
55	Tumors of which the nature is not speci- fied	2, 353	1,843	1,957	1.8	1.5	1.7
- 1	Ovary Uterus	48 22	18	41 24	2	Ω	(1)
l	Other female genital organs	2	12 3	5	(1) (1) (1) 1.3	(i) (i) (i) (i) (i)	ľί
ı	Brain	1, 622 659	1, 358 452	1, 439 448	1.3	1.1	1, 2
l	Other organs	· · ·	203	***	."	• •	. 3
ı	TIONAL DISPASES, DISPASES OF THE ENDOCRINE GLANDS, AND	ı		- 1	l	- 1	
i	OTHER GENERAL DISEASES	42, 793	42, 568	41, 214	33.6	33. 6	31.8
58	Acute rheumatic fever	2, 238	2, 330	2, 920	1.8	1.8	2. 5
57	Chronic rheumatism, osteoarthritis	1,721	1,695	1, 566	1.3	1.3	1. 3
58 I	Gout	4 '	٠ ۵		(7)	(1)	(1)

Deaths (exclusive of stillbirths) from each cause and death rates in the United States, 1930, 1934, and 1935—Continued

Inter- nation-	Cause of death		Numbe	r		per 100,0 ted popul	
al list No.	03.00 0.00	1935	1934	1930	1935	1934	1930
	III. Rheumatic diseases, mutri- tional diseases, diseases of the endocrine glands, and other general diseases						
59 60 61 62 63 64	Diabetes mellitus Scurvy. Beriberi. Pellagra. Rickets Ostoomalacia.	30 7 3, 543 261	28, 000 36 5 3, 602 292 21	6,833 537 11	(1) (2.8 (1) (2.8 (1)	22.1 (1) (1) 2.8 .2 (1)	19. 0 (1) 5. 3 (1)
65 66	Diseases of the pituitary body. Diseases of thyroid and parathyroid glands. Simple goiter. Exophthalmic goiter. Myxedema and cretinism. Tetany. Others under this title. Diseases of the thyrous gland.	226 3, 624 273 108	4, 228 247 3, 502 255 129 95	4, 797 318 4, 004 162 127 186	3.4 .2 2.8 .2 .1	3.3 .2 2.8 .2 .1	(1) 4.0 .3 8.4 .1 .1 .2
67 68 69	Diseases of the thymne gland Diseases of the adrenals (Addison's diseases, not specified as tuberculous) Other general diseases	379	1, 369 347 524	1, 538 308 567	1.0 .3 .3	1.1 .3 .4	1, 3 .3 .5
	IV. DISEASES OF THE BLOOD AND BLOOD-MAKING ORGANS	10, 069	10, 250	9, 285	7.9	8.1	7.8
70	Hemorrhagic conditions Primary purpuras Hemophilia	582 254	825 534 291	702 504 108	.7 .5 .2	.7 .4 .2	.6 .5 .1 8.7
71	Anemias Pernicious anemia Other anemias	3, 481 2, 935 546	3, 943 3, 374 569	4, 411 8, 908 503	2.7 2.3 .4	3.1 2.7 .4	3.3
72 73	Leukemias and pseudoleukemias. True leukemias Pseudoleukemias (Hodgkin's disease). Diseases of the spleen	8,552	4, 915 3, 408 1, 512 430	3, 756 2, 543 1, 213 328	4.1 2.8 1.3 .3	3.9 2.7 1.2 .3	3. 2 2. 1 1. 0 . 3
74	Other diseases of the blood and blood- making organs V. CHRONEC POISONINGS AND IN-	157	137	38	.1	.1	(1)
7.5	TOXICATIONS	3,611	3,921	4, 439	2.8	3.1	3.7
75 76	Alcoholism (acute or chronic) Chronic poisoning by other organic substances Occupational	8, 349 106 7	3, 655 123 6	4, 158 153 3	.1 (¹)	.1	.1
77	Others under this title. Chronic pcisoning by mineral substances. Lead Octupational (except lead)	99 156 130 13	117 143 118 6	150 128 101 14	.1 .1 .1 (1)	.1	.1
	Others under this title VI. DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS	13	19	13	105. 9	(i) 106. 1	(i) 112. 1
	OF SPECIAL SENSE	135, 065	134, 365	132, 841			
78 79	Encephalitis (nonepidemic)	1, 527 2, 763 2, 337	1, 527 2, 360 2, 094	1, 396 3, 048 2, 485	1. 2 2. 2 1. 8	1. 2 1. 9 1. 7	1. 2 2. 6 2. 1
80	gitis Progressive locomotor ataxia (tabes dor- salis)	426 942	266 1, 151	563 1,306	.8	.2	. 5 1. 1
81 82	Other diseases of the spinal cord	3, 267	3, 137	3, 278	2.6 85.5	2. 5 85. 4	2. 8 88. 9
	and thrombosis Cerebral hemorrhage Cerebral embolism and thrombosis Softening of brain Hemiplegia and other paralysis, cause	109, 068 96, 938 7, 375 699	108, 110 97, 148 6, 392 720	105, 317 95, 308 4, 678 660	76. 0 5. 8 . 5	76. 7 5. 0 . 6	80. 4 3. 9 . 6
83 84 85 86	unspecified General paralysis of the insane Dementia praecox and other psychoses Epilepsy Convulsions (under 5 years)	4, 046 4, 588 1, 383 2, 743 764	3, 850 4, 895 1, 468 2, 913 774	4, 671 4, 816 1, 627 3, 080 1, 164	3. 2 3. 6 1. 1 2. 2	3. 0 3. 8 1. 2 2. 3 . 6	3. 9 4. 1 1. 4 2. 6 1. 0

Deaths (exclusive of stillbirths) from each cause and death rates in the United States, 1930, 1934, and 1935—Continued

Inter- nation-		l	Number	•	Rate per 100,000 esti- mated population			
al list No.	Cause of death	1935	1934	1930	1925	1934	1930	
	VI. Diseases of the neevous system and of the organs of special sense—Contd.							
87	Other diseases of the nervous system Neuralgia and neuritis	. 230	3, 929 239	8,742 204	3.0 .2	3.1 .2	3. 2 . 2	
88 89	Others under this title	64 4,112 2,022	3, 690 91 4, 100 2, 543 1, 557	3, 448 99 3, 968 2, 363 1, 605	2.8 .1 3.2 1.6 1.6	2.9 .1 3.2 2.0 1.2	2.9 .1 3.3 2.0 1.4	
	VII. DISEASES OF THE CIRCULA- TORY SYSTEM		333, 296	281, 287	267. 2	263. 2	237. 4	
90 91 92	Pericarditis	3, 519 2, 956 563	709 3, 574 2, 982 592 57, 762	1,040 3,913 3,158 755 66,482	.6 2.8 2.3 .4 42.6	.6 2.8 2.4 .5 45.6	.9 3.3 2.7 .6 56.1	
02	Endocarditis, specified as chronic, and other valvular diseases Endocarditis, unspecified (45 years	Į.	54, 048	62, 213	39.6	42.7	52. 5	
93	and over) Diseases of the myocardium Acute myocarditis Myocarditis, unspecified (under 45	3, 826 138, 043 4, 808	3, 714 136, 726 4, 800	4, 269 115, 864 4, 405	3. 0 108. 3 3. 8	2.9 108.0 3.8	3. 6 97. 8 3. 7	
	years) Chronic myocarditis, myocardial de-	1,095	1, 221	1,793	.9	1.0	1.5	
94	generation	30.142	99, 679 31, 026 54, 089	81, 922 27, 744 28, 597	80. 0 23. 6 46. 9	78. 7 24. 5 42. 7	69. 1 23. 4 24. 1	
95	Angina pectoris Diseases of coronary arteries Other diseases of the heart	19, 182 40, 562 55, 981	19, 922 34, 167 50, 864	19, 159 9, 438 37, 188	15. 0 31. 8 43. 9	15. 7 27. 0 40. 2	16. 2 8. 0 31. 4	
96	Functional diseases of heart Other and unspecified Aneurysm (except of heart)	789 55, 192 2, 440	878 49, 986 2, 393	747 36, 441 2, 119	.6 43.3 1.9	.7 39.5 1.9	. 6 30. 8 1. 8	
97 98	Arteriosclerosis (coronary arteries except- ed)	21, 549 857	22, 696 900	21, 868 1, 094	16. 9 . 7	17.9	18. 5 . 9	
99 100	Gangrene. Other diseases of the arteries. Diseases of veins (varices, hemorrhoids, phiebitis, etc.).	1, 602 748	1, 684 715	1, 459 725	1.3	1.3	1. 2 . 6	
101 102	Diseases of lymphatic system (lymphangitis, etc.) Idiopathic anomalies of the blood pres-	177	169	156	.1	.1	.1	
103	SureOther diseases of the circulatory system	778 302	743 272	518 264	:6 :2	.6 .2	:4 :2	
	VIII. DISEASES OF THE RESPIRA- TORY SYSTEM	118, 557	114, 879	113, 237	93. 0	90.7	95. 6	
104	Diseases of the nasal fossae and annexa Diseases of nasal fossae Others under this title	1, 096 391 705	1, 097 375 722	1, 088 340 748	.9 .3 .6	.9 .3 .6	.9 .3 .6	
105 106	Diseases of the larynx Bronchitis Acute Chronic Unspecified (under 5 years) Unspecified (5 years and over)	474 3, 966 1, 281 1, 794 246 645	522 4, 145 1, 422 1, 794 250 679	477 4, 992 1, 737 2, 015 436 804	3.1 1.0 1.4 .2	3.3 1.1 1.4 .2	4.2 1.5 1.7 .4	
107	bronchopneumonia (including capillary bronchitis)	42, 621 42, 288 333	41, 923 41, 520 403	40, 663 40, 131 532	33. 4 33. 2	33. 1 32. 8	31.3 33.9	
108 109 110 111	Capillary bronchitis	57, 658 4, 116 2, 908	54, 794 3, 856 2, 897	53, 810 4, 184 2, 689	45. 2 3. 2 2. 3	.3 43.3 3.0 2.3	45. 4 3. 5 2. 3	
1	rhagic infarct, thrombosis of lungs——— Pulmonary embolism and thrombosis. Others under this title———————————————————————————————————	2, 222 635 1, 587	2, 051 511 1, 540	1, 935 487 1, 448	1.7 .5 1.2	1.6 .4 1.2	1.6 .4 1.2	
112 113	Asthma Pulmonary emphysema	1, 861 115	1, 983 119	1, 954 153	1.5	1.6	1.6	

Deaths (exclusive of stillbirths) from each cause and death rates in the United States, 1930, 1934, and 1935—Continued

Inter- nation-			Number	•	Rate mat	per 100,0 ed popul	00 esti- ation
al list No.	Cause of death	1935	1934	1930	1935	1934	1930
	VIII. DISEASES OF THE RESPIRA- TORY SYSTEM—Continued.						
114	Other diseases of the respiratory system (tuberculosis excepted)	1, 520	1, 492	1, 292	1. 3	1.2	1.1
	cluding occupational diseases of re- spiratory system Others, including gangrene of lung	363 1, 157	864 1, 128	271 1,021	.8 .9	.8 .9	.2 .9
	IX. DISEASES OF THE DIGESTIVE SYSTEM	89,659	95, 961	101, 756	70. 3	75.8	85. 9
115	Diseases of buccal cavity and annexa and of pharynx, tonsils. Diseases of pharynx and tonsils Others under this title	5, 835 4, 922 913	5, 970 4, 994 976	5, 673 4, 743 930	4.6 8.9	4.7 8.9	4.8 4.0
116 117	Ulcer of stomach and duodenum	8, 430 5, 839	7, 690 8, 328	185 7, 360 8, 046 2, 314	.7 .2 6.6 4.6	.8 .1 6.1 4.2	.8 .1 6.2 4.3
118	Other diseases of stomach (cancer excepted)	2, 591 8, 855	2, 362 3, 650	4, 528	2. 0 2. 6	1. 9 2. 9	2. 0 3. 8
119 120	Diarrhea and enteritis (under 2 years) Diarrhea and enteritis (2 years and over)	18, 204 4, 760	17, 019 6, 192	23, 294 7, 898	10. 4 8. 7	13. 4 4. 9	19. 7 6. 7
121		18 142	18, 129	18, 100	12.7	14.3	15.3
122	Hernia, intestinal obstruction	18, 161	13.023	12, 176	10.8	10.3	10. 3
	Hernia	5, 345 7, 816	5, 093 7, 980	4, 550 7, 626	6.1	4.0 6.3	3. 8 6. 4
123	Other diseases of intestines	1, 534	1.455	1.263	1.2	1.1	1. 1
124	Cirriosis of liver	10,063	9, 733	8, 583	7. 9	7.7	7. 2
	Specified as alcoholic	797 9, 286	773 8, 960	568 8, 015	7.8	7. 1	6. 8
125	Other diseases of the liver (including yellow atrophy of liver) Yellow atrophy of liver Others under this title	1, 642	1,800	1,836	1.8	1.4	1. 5
- 1	Yellow atrophy of liver	473 1, 169	511 1, 289	590 1, 246	.4	.4 1.0	.5 1.1
126		4, 543	4,749	4, 505	3.6	3.8	3.9
127	Other diseases of gall bladder, billary	4,034	4,058	8, 960	8.2	8.2	3, 3
128 129	passages Diseases of pancreas Peritonitis, cause not specified	769 1, 960	746 1, 578	669 1, 687	1.5	1.2	.6 1.4
	X. DISEASES OF THE GENITOURINARY SYSTEM	122, 707	125, 171	123, 650	96. 2	98.9	104. 4
130	Acute nephritis (including unspecified under 10 years)	4, 457	4, 508	5, 178	8.5	8.6	4.4
131	Chronic nephritis	4, 457 92, 272	93, 922	92, 355	72.4	74.2	78.0
132 133	Nephritis, unspecified (10 years and over). Other diseases of kidneys and ureters	6, 787	8, 154	10,086	5.8	6.4	8. 5
100	(puerperal diseases excepted)	8, 893	8,730	8, 506	8.1	2.9	3.0
134	Calculi of urinary passages	1, 430	1, 872 740	1,009	1.1	1.1	.9
135 136	Diseases of bladder (tumor excepted)	764 517	740 468	853 432	.6	.6	.7 .4
	Diseases of urethra, urinary abscess, etc Stricture of urethra	322	311	297	.3	.2	.3
137	Others under this title	195 8, 477	157 8, 357	135 6, 464	6.6	6.6	. 1 5. 5
138	Diseases of male genital organs, not speci- fied as veneral	115	135	106	.1	.1	.1
139	Diseases of female genital organs, not specified as venereal	8, 995	8, 785	8, 661	8.1	3.0	3. 1
	Other diseases of ovaries, diseases of	684	754	776	.5	.6	.7
	Discoses of prome	2, 219 967	1, 993 943	2, 052 756	1.7	1.6	1.7 .6
- 1	Nonpuerperal diseases of breast (cancer excepted)Others under this title	30 95	16 79	19 58	(1)	(¹) .1	(1) (1)

Deaths (exclusive of stillbirths) from each cause and death rates in the United States, 1930, 1934, and 1935—Continued

Inter- nation-	Cause of death		Number	•	Rate mat	per 100,0 ed popul	00 esti- lation
al list No.	Cause of death	1935	1934	1930	1935	1934	1930
	XI. DISEASES OF PREGNANCY, CHILDBIRTH, AND THE PUER- PERAL STATE.	12, 544	12, 859	15, 165	9.8	10. 2	12.8
140	Abortion with septic conditions	2, 167	2.204	2.009	1.7	1.7	1.7
141	Abortion without mention of septic con-		1	1			
142	ditions (to include hemorrhages)	602 545	570 571	685 606	:5	.5	.6
	Ectopic gestationSeptic conditions specified	105	106	103	.1	.1	.1
143	Septic conditions not mentioned Other accidents of pregnancy (not to in-	440	465	503	.3	.4	.4
	clude hemorrhages)	84	94	171	.1	.1	.1
144	Puerperal hemorrhage	1,370 425	1, 404 432	1, 545 554	1.1	1.1	1.3
	Other puerperal hemorrhages	945	972	991	1 :7	.8	.8
145	Puerperal septicemia and ectopic condi-		2000	2 420	2.8	2.2	2.9
	tions (not specified as due to abortion) Puerperal septicemia and pyemia	2, 902 2, 897	2,808 2,800	3, 430 3, 411	2.8	2.2	2.9
	Puerperal tetanus Puerperal albuminuria and eclampsia	1 5	8	19	(1)	1.9	(1)
146 147	Other toxemias of pregnancy	2, 229 497	2, 431 559	3, 655 502	1.4	1.4	3.1
148	Puerperal phlegmasia, alba dolens, em-				1		
	bolus, sudden death (not specified as septic	578	561	710	.5	.4	.6
149	Other accidents of childbirth	1, 543	1,621	1,807	1.2	1.3	1.5
	Cesarean operationOthers under this title	336 1, 207	416 1, 205	1, 366	.3	1.0	1.2
150	Other and unspecified conditions of puer-			1			
	peral stateXII. Diseases of the skin and	27	36	45	(1)	(1)	(1)
	CELLULAR TISSUES	2, 018	2, 144	2, 121	1.6	1.7	1.8
151	Furuncle, carbuncle	585	605	624	.5	.5	.5
152	Phlegmon, acute abscess	728	766	771	.6	.6	.7
153	Other diseases of skin and annexa, and of cellular tissue	705	773	726	.6	.6	.6
	XIII. DISEASES OF THE BONES	1, 654	1, 694	1, 558	1.3	1.3	1.3
	AND ORGANS OF LOCOMOTION	1, 004	1,094		 		
154	Osteomyelitis	1, 103	1, 115	1, 052	.9	.9	.9
155	Other diseases of the bones (tuberculosis excepted)	174	189	200	.1	.1	.2
156	Diseases of joints and other organs of locomotion	377	390	306	.8	.3	.3
	Diseases of joints (tuberculosis and						
	rheumatism excepted) Diseases of other organs of locomotion.	282 95	277 113	244 62	.2 .1	.2	.2 .1
	XIV. Congenital malformations.	11, 840	12, 640	13, 280	9. 3	10.0	11. 2
157	Congenital malformations	11, 840	12, 640	13, 280	9. 3	10.0	11. 2
-01	Congenital hydrocephalus	1,667	1, 653	1, 607	1.3	1.3	1.4
l	Spina bifida and meningocele	1, 163 5, 982	1, 317 6, 368	1, 462 6, 978	.9 4.7	1. 0 5. 0	1. 2 5. 9
l	Others under this title	3, 028	3, 302	8, 233	2.4	2.6	2. 7
ı	XV. DISEASES OF EARLY INFANCY.	51, 214	54, 348	58, 966	40. 2	42.9	49.8
158	Congenital debility	3, 613	4, 223	4, 700 37, 433	2.8	3.3	4.0
159 160	Premature birth Injury at birth Cesarean operation	33, 147 9, 644	35, 102 9, 860	37, 433 10, 839	26. 0 7. 6	27. 7 7. 8	31. 6 9. 1
	Cesarean operation	321	376	240	7.3	.3	. 2
161	Without Cesarean operation Other diseases peculiar to early infancy	9, 323 4, 810	9, 484 5, 163	10, 599 5, 994	7. 3 3. 8	7.5	8. 9 5. 1
101	Atelectasis	2,093	2, 034	2, 106	1.6	1.6	1.8
	Icterus of new-born	851	968	1,008 13	(1).7	(¹). 8	(1)
	Others under this title	1, 859	2, 151	2, 867	1.5	1.7	2. 4
162	XVI. SENILITY	10, 010	10, 961	11, 766	7.8	8.7	9. 9

Deaths (exclusive of stillbirths) from each cause and death rates in the United States, 1930, 1934, and 1935—Continued

Inter- nation-	Course of death		Number	,	Rate per 100,000 esti- mated population			
al list No.	Cause of death	1935	1934	1930	1935	1934	1980	
	XVII. VIOLENT AND ACCIDENTAL DEATHS	128, 768	132, 022	124, 695	101. 0	104. 8	105. 8	
163-171	Suicide	18, 214	18, 828	18, 551	14.3	14.9	15.7	
163	By solid or liquid poisons or by ab- sorption of corrosive substances	2, 852	2,960	8,066	2.2	2.8	2.6	
	Arsenic	208 332	225 302	239 131	.2	.2		
	Hydrocyanic acid Opium, morphine, landanum	472	32	30	.4	an l	i as.	
	Corrosive sublimate	20 330	337 354	356 436	(¹) .8	.8	.8	
	Carbolic acid Lysol	323 376	562 366	775 3 74	.8	.4 .8	.4 .7 .8	
•••	Other poisons or kind not stated.	791 2,395	366 782 2,874	715	. 6	.6	.6	
164 165	By poisonous gas By hanging or strangulation	8,300	8, 517	2, 579 8, 281	1.9 2.7	1.9 2.8	.6 2.2 2.8 .8	
166 167	By hanging or strangulation	908 6, 830	872 7, 296	963 6, 883	.7 5.4	.7 5.8	.8 5.8	
168	By cutting or piercing instruments By jumping from high places	777	7, 296 847	877 604	.6	. 7	.7	
169 170	By crushing By other means	163	638 147	167	.5	.8	.5 .1	
171 172-175	By other means	197 10, 587	182 12,065	191 10, 617	8. 3	. 1 9. 5	. 2 9. 0	
172	(Infanticide murder of infants under	184	187		.1	.1		
173	1 year)By firearms	6,506	7,702	134 7, 190	5.11	6.1	6.1	
174 175	By firearms By cutting or piereing instruments By other means	2, 018 2, 0¢2	2, 122 2, 231	1,615 1,812	1.6 1.6	1.7	1.4 1.5	
176-198 176	Accidental, other, or undefined	99, 967 211	101, 139 147	95, 527 104	78.4 .2	79.9	80. 6	
177	Paiganing by food	709	738	805	.6	:6	:7	
178	Accidental absorption of poisonous	1, 665	1, 695	2, 433	1.3	1.3	2.1	
ł	Not associated with symbols 201-214	1, 608	1, 639	2 315	1.8	1.8	2.0	
	Associated with symbols 201-214.	57	56	118	(1)	(1)	ī.i	
179	Other acute accidental poisonings (except gas)	1, 411	1, 417	1, 770	1.1	1.1	1. 5 . 3	
1	Wood alcohol Denatured alcohol	89 149	68 74	316 137	.1	.1	.8 .1	
I	Carbolic acid Opium, morphine, laudanum	42 23	44 26	60 24	(1)	8	(r). Î	
i	Mirvennina	82	113	148	.1	.1	.1	
180	Other poisons or kind not stated Conflagration	1, 026 1, 58 1	1, 092 1, 752	1, 085 1, 992	1.2	1.4	.9 1.7	
181	Accidental burns (except conflagra-	6, 293	6, 509	6, 523	4.0	8.1	5. 5	
	Not associated with symbols 201-	. 1		- 1	1			
j	Associated with symbols 201–214_	5, 687 606	5, 758 751	5, 898 62 5	4.5	4.5	5.0 .5	
182	Accidental mechanical suffocation Not associated with symbols 201-	1, 230	1, 124	1, 152	1.0	.9	1.0	
	214	1, 132	1, 055	1,001	.9	.8	.9	
183	Associated with symbols 201–214. Accidental drowning	7, 108	7, 3 2 6	7, 450	5. 6	5.8	. 1 6. 3	
ı	Not associated with symbols 201-214	5, 855	6,006	6, 641	4.6	4.7	5.6	
184	Associated with symbols 201-214	1, 253 2, 854	1, 320	809	1.0	1.0	.7	
185	Traumatism by firearms Traumatism by cutting or piercing	, , , ,	3, 023	3, 120			2.6	
İ	instruments	1,316	1, 254	1,077	1.0	1.0	1.0	
	Not associated with symbols 201-214	898 418	925 329	755 322	.7	.7	.6	
186	Traumstism by fall, crushing, land-	- 1	- 1		.3	.3	.8	
186a	slide By fall	33, 762 24, 520	32, 854 23, 828	26, 571 20, 030	26. 5 19. 2	25. 9 18. 8	22. 4 16. 9	
	Not associated with symbols 201-214	21, 400	20, 762	17, 390	16.8	16.4	14.7	
	Associated with symbols	a., ±00	مد, ۱۷۵	11,000		20.3	17. (

Deaths (exclusive of stillbirths) from each cause and death rates in the United States, 1930, 1934, and 1935—Continued

Inter- nation-	Cause of death		Number		Rate mat	per 100,00 ed popula	0 esti- ation
al list No.	Cause of usasu	1935	1934	1930	1935	1934	1930
	XVII. VIOLENT AND ACCIDENTAL DEATHS—Continued						
186b	By crushing, landslide Not associated with symbols	9, 242	9, 026	6, 541	7. 2	7.1	5. 8
	201-214 Associated with symbols 201-214	620	613	712	.5	.5	.6
	201-214	8, 622	8, 413	5, 829	6.8	6.6	4.9
187	Cataclysm Injuries by animals	617	117	117	. 5	.1	. 1
188	Injuries by animals	520	660	598	4		
189 190	Hunger and thirst Excessive cold	53 397	21 437	28 337	(¹) .3	(¹) .3	(1)
191	Excessive dold	728	3, 250	1, 487	.6	2.6	1.3
192	Lightning	362	3, 200	359	.3	.3	1. 6
193	Accidents due to electric currents	676	723	987	.5	.6	::
	Not associated with symbols	0.0					
	201-214	556	623	879	.4	.5	.;
	Associated with symbols 201-214	110	100	108	. 1	.1	1
194	Other accidents	38, 120	37, 483	38, 461	29. 9	29.6	32. 8
194a	Foreign bodies Not associated with symbols	736	681	667	.6	.5	.€
	201-214	736	681	667	.6	.5	. 6
194b	Others under this title	37, 384	36, 802	37, 794	29. 3	29.1	31. 9
	Not associated with symbols						
1	201-214	5, 012	4, 558	4,891	3. 9	3.6	4. 1
	Associated with symbols	00 000			~ .	1	
195	201–214 Violent deaths of unknown nature	32, 372 160	32, 244	32, 903	25. 4	25. 5	27.8
196	Wounds of war	3	5	8	(1)	(1)	(1)
198	Legal executions	191	162	142	(',1	.1	(')
	-						•
	XVIII. ILL-DEFINED CAUSES OF DEATH	20, 552	20, 929	24, 864	16. 1	16.5	21.0
199	Sudden death	1,908	2,004	2, 400	1.5	1.6	2.0
200	Cause of death not specified or ill-defined	18, 644	18, 925	22, 464	14.6	14.9	19. 0
i	III-QCIIIIGQ	5, 263	5, 128	5, 600	4.1	4.0	4.7
	Not specified or unknown	13, 381	13, 797	16,864	10. 5	10.9	14. 2
	Supplemental classification ³	į		ĺ		1	
201	Accidents in mines and quarries	1, 581	1,480	2, 560	1.2	1.2	2. 2
202	Accidents from agricultural machinery	367	226	314	.3	.2	.3
203	Elevator accidents	222	231	3-8	.2	.2	. 3
204	Accidents from machinery used for recre- ation	22	14	17	(1)	(1)	(ı)
205	Other machinery accidents	1, 186	1, 139	1, 386	(, 6,	(,)	1.2
206	Railroad and automobile collisions	1, 587	1, 457	1,760	1.2	1.2	1. 5
207	Other railroad accidents	3, 819	3, 789	4,012	3.0	3.0	3. 4
208	Street car and automobile collisions	253	332	463	.2	.3	.4
209	Other street car accidents	512	552	711	.4	.4	.6
210	Automobile accidents (primary)	34, 183	33, 980	29,080	26.8	26.8	24. 5
211	Motorcycle accidents	346	332	375	.3	.3	. 3
212	Other land transportation accidents	1, 179	1, 202	1, 076	.9	.91	. 9
213	Water transportation accidents	1, 041	1, 186	717	.8	.9	.6
214	Air transportation accidents	358	428	596	.3	.3	. 5

<sup>Data for 1830 do not include Texas.
Less than 1/10 of 1 per 100,000 estimated population.
Deaths tabulated under International list numbers 178, 181, 182, 183, 185, 186a, 186b, 193, 194a, 194b, as "Associated with symbols 201-214" are retabulated in the supplemental classification. The detailed classification under numbers 201-214 is omitted here.</sup>

DEATHS DURING WEEK ENDED APRIL 10, 1937

(From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)

	Week ended Apr. 10, 1937	Corresponding week, 1986
Data from 86 large cities of the United States: Total deaths. Average for 3 prior years. Total deaths, first 14 weeks of year. Deaths under 1 year of age. Average for 3 prior years. Deaths under 1 year of age, first 14 weeks of year. Data from industrial insurance companies: Policies in force. Number of death claims. Death claims per 1,000 policies in force, annual rate. Death claims per 1,000 policies, first 14 weeks of year, annual rate.	9, 466 8, 995 142, 237 601 620 8, 777 69, 637, 691 14, 956 11. 2	9, 206 136, 599 896 8, 261 68, 350, 305 12, 900 9, 9

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

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Apr. 17, 1937, and Apr. 18, 1936

	Diph	theria	Influenza		Ме	Measles		gococcus ngitis
Division and State	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936
New England States: Maine	8 2 2	2 3 6 1 2	10	13 1 	9 73 1 714 211 517	117 15 593 1, 216 78 104	0 0 9 1	0 0 0 4 1
New York	45 14 83	43 11 48	1 23 5	1 13 53	1, 073 2, 582 737	2, 653 311 1, 509	16 5 15	21 6 12
Ohio. Indiana. Illinois. Michigan. Wisconsin. West North Central States:	21 9 80 11 3	21 10 85 9 1	147 24 83 7 60	173 83 54 14 71	900 203 209 84 24	360 24 31 68 94	14 5 8 4 1	52 8 19 4 2
Minnesota. Iowa. Missouri. North Dakota. South Dakota. Nebraska. Kansas.	8 10 20 1 1 1 3	4 25 8 6 8	2 103 22	1 8 532 7 43	20 9 31 70 42	520 8 19 2 15 93 22	1 0 1 1 1 0 0	2 4 6 0 1 0 4
South Atlantic States: Delaware	2 7 4 10 17 19 2 9	2 13 80 8 12 1 4	15 51 77 429 247	12 1 334 124 18 299 180 51	60 737 94 668 53 248 41	6 255 96 104 99 57 35	0 4 3 19 9 8 0 4	0 22 5 8 14 6 8
East South Central States: Kentucky Tennessee Alabama Mississippi Mi	5 6 11 5	7 5 9 2	34 154 365	262 427 421	315 18 11	54 63 60	13 2 15 1	33 8 2 2

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Apr. 17, 1937, and Apr. 18, 1936—Continued

	Dipl	theria	Infl	uenza	Me	asles	Menin men	gococcus ingitis
Division and State	Week ended Apr. 17 1937	Week ended Apr. 18 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936
West South Central States: Arkansas Louisiana Oklahoma 4 Texas 3 Mountain States:	1 13 8 42	6 13 10 34	82 26 133 763	1, 040 258 538 592	7 61 1, 011	6 41 16 418	1 2 3 6	0 5 7 7
Montana	2 3 10 1	5 3	7 38 1	33 7 8	24 2 7 80	6 19 7 19 49	1 2 0 1 1	1 2 0 0 3 0
Arizona Utah ¹ Pacific States: Washington	i 	6	30	119	186 23 54	144 31 451	1 0 1	
Oregon i	15	24	39 258	106 564	214	305 2, 692	1	8 2 6
Total First 15 weeks of year	7, 637	8, 617	3, 201 262, 793	6, 472 120, 474	11, 430 104, 153	12, 898 138, 385	193 2, 540	3,679
	Poliomyelitis Scarlet fever Smallpox		llpox	Typhoid fever				
Division and State	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936
New England States: Maine	1	е	25	22	0	0	1	
New Hampshire	0 0 0 0	0 0 0 0	14 9 308 56 177	4 11 253 24 63	0 1 0 0	0 0 0 0	0 0 1 0 0	0 0 0 0 2
New York. New Jersey. Pennsylvania. East North Central States:	3 0 1	1 0 1	1, 034 214 1, 077	965 427 746	1 0 0	0	. 2 8	7 0 2
Ohio. Indiana. Illinois. Michigan. Wisconsin. West North Central States:	1 0 1 2 0	1 0 0 2 0	419 218 835 720 289	473 294 705 320 490	2 14 60 13 12	2 7 4 1 9	7 1 4 6 4	22 1 4 1 3
Minnesota	2 0 0 0 0 0 0	0 0 0 0 0	163 287 478 16 63 62 401	377 220 231 41 62 137 386	13 48 47 13 2 8 37	10 26 9 15 22 11 24	0 8 3 0 1 1	1 1 0 0 0
Delaware. Delaware. Maryland ¹ District of Columbia. Virginia. West Virginia. North Carolina ³ South Carolina ³ Georgia ³ Florida.	0 0 1 0 3 0 1 0	0 0 0 0 0 1 0	11 50 21 19 56 28 3 6	5 71 16 42 47 10 3 24 8	0	0 0 0 2 0 0 1	1 0 2 2 4 3 4 3 5	0 0 3 6 1 8 6

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Apr. 17, 1937 and Apr. 18, 1936—Continued

	Polion	nyelitis	Scarle	t fever	Sma	llpox	Typhold fever	
Division and State	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936	Week ended Apr. 17, 1937	Week ended Apr. 18, 1936
East South Central States: Kentucky Tennessee Alabama Mississippi West South Central States:	1 1 1 2	0 0 0	57 25 7 7	79 24 7 8	2 0 0	1 0 0	4 6 2 5	6 1 1 0
Arkansas. Lousiana Oklahoma 4 Texas 3 Mountain States:	0 0 0 8	0 0 0	3 12 33 208	12 8 53 59	0 0 7 11	0 0 0	0 13 1 15	1 2 2 6
Montana Idaho Wyoming Colorado New Mexico Arizona Utah	000000	0000	39 21 14 33 29 16 18	76 33 54 94 88 16 64	9 7 4 15 0 0	15 1 8 2 0 0 2	1 0 0 1 0	1 0 0 0 0 1 1
Pacific States: WashingtonOregon California	0 1 4	0 0	15 35 213	80 56 263	6 15 18	3 22 6	2 1 4	1 1 12
Total First 15 weeks of year	30	249	7, 859 103, 233	7, 546 118, 216	365 4, 698	3, 323	130	1, 580

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week:

State .	Menin- gococ- cus menin- gitis	Diph- theria	Influ- enza	Malar-	Mea- ales	Pel- lagra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
March 1987 Colorado	28 8 12 13 51 48 7	26 13 40 57 11 61 95 157 4	4 49 333 12 16, 489 34 121 806	1 1,605	26 2, 806 3, 839 166 1, 912 114 12, 279 1, 735 1, 735 1, 867	205 	1 8 1 0 4 0 1 6 2 0	298 3 177 767 29 26 995 1,517 8,663 315	25 0 0 62 0 0 7 0	2 10 7 4 5 0 6 17 18 2

¹ New York City only.
2 Week ended earlier than Saturday.
3 Typhus fever, week ended Apr. 17, 1937, 24 cases, as follows: North Carolina, 1; South Carolina, 2.
Georgia, 10; Alabama, 2; Texas, 9.
4 Exclusive of Oklahoma City and Tulsa.
5 Rocky Mountain spotted fever, week ended Apr. 17, 1937, Oregon, 1 case.

March 1937		March 1937—Continue	đ	March 1957—Continue	đ
Anthrax:	Cases	Hookworm disease:		Septic sore throat—Contd.	
Mississippi	1	Hawaii Territory	. 9	Minnesota	. 7
New Jersey	ī		276	1 Onio	. 116
Pennsylvania	ī	i Impetigo contagiosa:		Rhode Island	9
Chicken pox:	•	Colorado	. 12	Tetanus:	
Colorado	204	Hawaii Territory	81	Hawaii Territory	2
Hawaii Territory	192	Maryland	15	i Marviand	1
Maryland	752	Jaundice, infectious:		New Jersey	ī
Minnesota	569	Hawaii Territory	. 7	Trachoma:	_
Mississippi		Lead poisoning:	_	Colorado	1
Nevada		New Jersey		Hawaii Territory	ĩ
New Jersey	2 090	Ohio	21	Minnesota	Ĭ
Ohio	2 323	Leprosy:	_	New Jersey	ĩ
Pennsylvania.	F 233	Hawaii Territory	6	Ohio	3
Rhode Island	230	Mumps:		Trichinosis:	•
Conjunctivitis:		Colorado	111	Minnesota	2
Hawaii Territory	1	Hawaii Territory	127	New Jersey	2 3
	•	Maryland	1,0/1	Ohio	ĭ
Dengue: Mississippi	1	Mississippi	1,000	Pennsylvania	3
		New Jersey	583	Tularaemia:	•
Diarrhea:		Ohio Pennsylvania	9 101	Minnesota	1
Maryland	5	Rhode Island	48	Typhus fever:	•
Ohio (under 2 years;	5	Ophthalmia neonatorum:	30	Colorado	2
enteritis included)	Ð	Maryland	1	Hawaii Territory	6
Dysentery:	_	Minnesota	i	Undulant fever:	U
Colorado Hawaii Territory	3	Mississippi	ŝ	Maryland	
Hawaii Territory		New Jersey	7	Minnesota	7
(amoebic)	1 5	Ohio	82	Mississippi	3
Maryland	3	Paratyphoid fever:		Nevada	ĭ
		Hawaii Territory		New Jersey	9
Mississippi (amoebic)	82	Maryland	5	Ohio.	2
Mississippi (bacillary)	268	Puerperal septicemia:	-	Pennsylvania	าเ
New Jersey Pennsylvania (bacil-	1	Mississippi	6	Rhode Island	- 1
lary)	2	Ohio	2	Vincent's infection:	-
	-	Kabies in animals:		Maryland	54
Encephalitis (epidemic or lethargic):		Mississippi	35	Whooping cough:	0.2
Maryland	•	New Jersey	10	Colorado	400
New Jersey	2	Rabies in man:		Hawaii Territory	200
Ohio	6	Ohio	1	Maryland	417
Pennsylvania	6	Rocky Mountain spotted	- 1	Mar yland	592
German measles:	۰	fever:	!	Minnesota Mississippi	471
	65	Colorado	1	Nevada	4/1
Maryland New Jersey	215	Scabies:	٠,١	New Jersey	500
Ohio	44	Maryland	1		
Pennsylvania	242	Septic sore throat:	2	Ohio	1, 941
Rhode Island	242 55	Colorado	34	Pennsylvania Rhode Island	
RHOGE ISIANG	99 1	Maryland	34 1	Ruode isignd	158

CASES OF VENEREAL DISEASES REPORTED FOR FEBRUARY 1937

These reports are 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 and city 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.

Reports from States

	Syr	hilis	Gonorrhea		
	Cases reported during month	Monthly case rates per 10,000 population	Cases reported during month	Monthly case rates per 10,000 population	
Alabama Arizona Arkansas ¹ California Colorado ²	1, 036 46 276 1, 428	3. 66 1. 19 1. 38 2. 53	327 112 162 1, 351	1. 15 2. 90 . 81 2. 40	
Connecticut Delaware Dist. of Columbia Florida ¹ Georgia	174 152 164 42 1, 286 39	1. 01 5. 94 2. 76 . 26 3. 84	105 40 130 25 432 28	. 61 1. 63 2. 19 . 15 1. 29	
Idaho	1, 576 112 214	. 81 2. 02 . 33 . 84	26 1, 121 94 188	. 54 1. 43 . 27 . 74	

Reports from States—Continued

	8ур	hilis	Gone	orrhea
	Cases reported during month	Monthly case rates per 10,000 population	Cases reported during month	Monthly case rates per 10,000 population
Kansas	137 156 182 35 888	0. 74 . 55 . 86 . 41 5. 32	49 165 59 82 213	0. 37 . 56 . 26 . 36 1. 26
Maryland	509 728 255 1,982 346	1. 16 1. 56 . 97 9. 85 . 88	429 445 225 2, 259 246	. 90 . 90 11. 52
Montana	31 56	.58 .41	38 88 20	. 72 . 28
New Jersey New Mexico	536 50 7, 111 1, 875 16	1. 25 1. 24 5. 52 5. 49	200 21 1,658 506 42	. 47 . 52 1. 28 1. 48 . 60
Ohio Oklahoma Oregon Pennsylvania 4 Rhode Island	1, 028 251 81 641 108	1. 53 1. 00 . 31 . 64 1. 59	290 171 77 145 61	. 48 . 68 . 76 . 14
South Carolina South Dakota Tempessee Texas Utah 2	381 74 614 265	1.89 1.10 2.11 .44	401 24 297 222	1. 99 . 36 1. 02 . 87
Vermont. Virginia. Washington. West Virginia.	27 554 242 185 26	. 72 2. 10 1. 48 1. 02 . 09	20 233 325 110 172	. 53 . 88 1. 99 . 61 . 59
W yoming * Total	25, 827	2.06	13, 304	1.08
Reports from cities of 200,0	000 popul	ation or ov	er	
Akron, OhioAtlanta, GaBaltimore, Md	56 131	2.06 4.56	14 89 143	0. 52 3. 10 1. 73
Baltimore, Md Birmingham, Ala Boston, Mass Buffalo, N Y Chicago, Ill	502 125 250 140 955	6. 08 4. 43 3. 16 2. 37 2. 68	62 148 94 777	2. 20 1. 87 1. 59 2. 18
Chroinnati, Ohio Cleveland, Ohio Columbus, Ohio Dallas, Tex		1. 28 6, 70	8 114	. 26
Dayton, Ohio 3	56	1. 89	28	.94
Detroit, Mich. Houston, Tex. Indianapolis, Ind. Jersey City, N. J.	125 29	3. 73 . 77	26 31	. 78 . 62
Los Angeles, Calif	59 224	1, 40 1, 56	9 268	. 21 1. 87
Louisville, Ky. ²	190	7. 12	51 85	1. 91 1. 75
Minneapolis, Minn Newark, N. J New Orleans, La. ² Gew York, N. Y	80 239	5, 16	83	1. 79
New York, N. Y	5, 896 42 16	8. 07 1. 39 . 73	1, 089 38 6	1. 49 1. 25 . 27
Pittsburgh, Pa. ²				

Reports from cities of 200,000 population or over—Continued

	Syp	hilis	Gond	norrhea		
	Cases reported during month	Monthly case rates per 10,000 population	Cases reported during month	Monthly case rates per 10,000 population		
Providence, R. I. Rochester, N. Y. St. Louis, Mo. St. Paul, Minn. San Antonio, Tex. ²	28	2. 82 1. 57 1. 97 . 99	28 80 115 23	1. 08 . 89 1. 38 . 82		
San Francisco, Calif. Seattle, Wash. Syracuse, N. Y. Toledo, Ohlo. Washington, D. C.	197	2.94 8.08 4.82 2.53 2.76	182 135 20 26 130	2.71 8.56 .92 .85 2.19		

¹ Incomplete.

Incompanie.
No report for current month.
Not reporting.
Includes only those cases of syphilis that enter the clinics conducted by State department of health.
Only cases of syphilis in the infectious stage are reported.
Reported by Jefferson Davis Hospital; physicians are not required to report venereal disease.
Parameted by good by writing clinic.

7 Reported by social hygiene clinic.

WEEKLY REPORTS FROM CITIES

City reports for week ended Apr. 10, 1937

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	Inf	luenza	Mea-	Pneu- monia	Scar- let	Small- pox	Tuber- culosis	Ty- phoid	Whoop-	Deaths,
Deate and dry	Cases	Cases	Deaths	cases	deaths	fever cases	Cases	deaths	fever cases	cases	causes
Data for 90 cities:						-					
5-year average Current week ¹ .	225 138	388 240	. 106 98	7, 729 3, 453	855 866	2, 650 2, 630	24 51	426 405	25 14	1, 524 1, 560	
Maine: Portland	0				2	•					
New Hampshire:			0	1	_	9	0	٥	2	1	28
Concord Manchester	0		0	0	3 0	0	0	8	0	0	11 5
Vermont: Barre	0		Q	Q	o	Q	Q	o	o	8	2
Burlington Rutland	0		0 1	0 1	0	0 1	0	0	0	0 4	17 12
Massachusetts: Boston	0		0	17	45	72	0	11	o	73	272
Fall River Springfield	0		0	34 3	2	1 9	0	0	0	5 12	18 39
Worcester Rhode Island:	1		0	129	5	5	0	2	0	38	
Pawtucket Providence	0		0	200	9	2 52	0	0 3	0	0 58	31 66
Connecticut: Bridgeport	0		0	11	5	72	0	اهِ	o	0	32
Hartford New Haven	1 0	1	. 0	- 0	1 1	6 11	8	3 2	8	6 2	42 87
New York: Buffalo	0							اء			
New York Rochester	25 0	26	1 7 0	98 484	10 207	25 428	0	82	0 3	24 67	152 1, 727
Syracuse	ŏ		8	5	6	43	8	0	8	23 43	74 64
New Jersey: Camden Newark	3	3	8	7	2	6	0	5	0	2	42
Trenton	1	i	0	2	4	6	0	2	0	2	45

¹ Figures for Newark, N. J., and Springfield, Ill., estimated; reports not received.

City reports for week ended Apr. 10, 1937-Continued

State and city	Diph-	Inf	luenza	Mea- sles	Pneu- monis	Scar- let fever	Small-	Tuber-	Ty- phoid fever	Whoop- ing cough	Deaths,
	CBS66	Cases	Deaths	Cases	deaths	Ca.588	Cases	deaths	C8.36S	Cases	causes
Pennsylvania: Philadelphia Pittsburgh Reading Scranton	6 8 0	9 7	5 5 8	24 93 176 0	41 34 8	305 54 12 19	0 0	22 11 1	0 0	76 19 8 0	584 207 29
Ohio: Cincinnati Cleveland Columbus	8 2 0	3 15 1	2 4 1	118 73 8	20 · 29	24 77 11	0 0 0	14 14 4	0	8 72 32	163 208 89
Toledo Indiana: Anderson	1 0	4	2 1	113	8 2	8	ŏ	6	Ŏ	41	89 79 10
Fort Wayne Indianapolis Muncie South Bend	0 1 0 0		3 8 0	0 115 0 3	5 12 4 0	0 51 4 3	0 0 0	1 9 0 0	0	39 0 1	36 100 12 22
Terre Haute Illinois: Alton Chicago	0 11	 17	0 0 4	0 0 42	0 1 56	0 9 328	0 0 1	0 0 38	0	0 1 67	15 6 732
Elgin	7 0		0	. 0	3	2 1	0 1	0	0 0	1 9 	8 18
Detroit	2 2 0	7	0 0	5 0 22	43 7 2	355 9 10	1 0 0	16 0 1	0 0 0	89 0 23	33 33 25
Kenosha Madison Milwaukee Racine	0 0 1 0		0 0 0	0 0 4	0 0 0	2 12 69 5	0	0 0 3 1	0 0 0	2 8 21 0	11 24 109 16
Superior Minnesota: Duluth	0 0 1		0	0 1 4	4	5 8 38	0	0 1 4	0	16 8 52	27 86
Minneapolis St. Paul Iowa: Cedar Rapids	0 1 0	1	2 1	1	3 7	7	0	2	0	139	85
Davenport Des Moines Sioux City Waterloo Missouri:	0 0 1			0 0 0 1		1 42 20 11	0		0	0 1 7	33
Kansas City St. Joseph St. Louis North Dakota:	1 1 13	<u>1</u>	0 0 1	0 0 5	21 3 14	92 24 118	0 29 0	0 1 7	0 0 0	24 0 75	113 31 205
Fargo Grand Forks Minot South Dakota:	0 0 0		0	0	0	4 0 0	3 3 0	2	0 0 0	0 3 0	12 6
Aberdeen Sioux Falls Nebraska:	0		0	. 0	0	10 0	0	₀	0	0 0 22	6 62
- Omaha Kansas: Lawrence Topeka	0		0	0	10 0 2	20 0 14	0	0	0	0	17
Wichita Delaware: Wilmington	2		0	19	2	2	0	0	0	13	25 34
Maryland: Baltimore Cumberland Frederick	8 0	8	2 0 0	658 0 12	37 1 1	21 2 1	0 0	12 0 1	0 0	57 0 0	251 11 4
District of Columbia: Washington	4	3	8	116	15	11	o	9	1	10	163
Virginia: Lynchburg Norfolk Richmond	0	1	0 1 0	1 2 1	1 6 5	0 2 1	0 0 0	0 3 2	0 0 1	1 2 0	18 44 46
West Virginia: Charleston Huntington Wheeling	2 0 0		0	2 0 2	7	4	0	<u>1</u>	1 0 0	0 0 3	32 23

City reports for week ended Apr. 10, 1937—Continued

	Diph-	Inf	luenza	Mea-	Pneu-	Scar- let	Small-	Tuber-	Ty- phoid	Whooping	Deaths
State and city	theria cases	Cases	Deaths	sles cases	monia deaths	fever cases	pox cases	culosis deaths	fever cases	cases	all causes
North Carolina: Raleigh	0		0	0	2	0	0	0	0	0	19
Wilmington Winston-Salem	ŏ	1	Ŏ	Ŏ	Š	Ŏ 2	Ŏ	ŏ	ĭ	Ŏ 7	ii 14
South Carolina: Charleston	1	41	1	0	4	0		1	0		l
Columbia Greenville	Ö		Ō	Ŏ	8	Ŏ 1	Ŏ	Ô	Ŏ	ŏ	20 11 3
Georgia: Atlanta	3	19	5	0	· •	5	٥	5	0	4	95
Brunswick Savannah	Ŏ	15	Ŏ	Ŏ	Ŏ 1	ŏ	Ŏ	ŏ	ŏ	2	42
Florida: Miami	0	5	2	2	2	1		2	1	0	45
Tampa	ŏ	2	i	î	8	2	ŏ	í	ô	ŏ	25
Kentucky:	0	'	1	57		0	0	0	0	0	. 29
Covington Lexington	Ŏ		Ô	8 10	5 2 2	1	ŏ	1 2	ŏ	0 15	12 25
Louisville Tennessee:	ŏ	4	8	4	17	17	ŏ	5	ŏ	25	88 88
Knoxville Memphis	0		1 5	0	3 10	1 4	0	1 6	0	0 85	27 84
Nashville	Ö		. 4	1 0	8	4	0	8	ő	12	54 54
Birmingham	2	13	8	2	8	4	0	6	o l	2 2	104
Mobile Montgomery	1 0	3	2	ŏ	5	8	0	2	8	4	25
Arkansas: Fort Smith	0			0		0	0			٥	
Little Rock Louisiana:	ŏ		1	ŏ	ī	8	ŏ	2	ĭ	ŏ	4
Lake Charles	o o			o i	.2	o l	Q		2	o l	. 8
New Orleans Shreveport Oklahoma:	0	9	6	0	17 4	· 8	0	13 2	8	2	8 168 29
Muskogee	Ŏ			o		o l	0		0	0	
Oklahoma City. Tulsa	0	10	0	0 2	15 0	6	8	2	0	6	5 2
Texas: Dallas	8	4	4	68	10	13	o	1	o l	29	71 35
Fort Worth Galveston	0		0	89 0	7 4	8	0	0	0	5 0	17
Houston San Antonio	6		2 2	0 15	9 7	9	8	11	0	0 3	89 77
Montana:	ا	- 1	ا	۱.				اء	اء	ا	_
Billings Great Falls	Ŏ		0	0	0	0 2	1 0	0	0	0	5 10
Helena Missoula Idabo:	8		8	11 0	8	0	8	8	0	8	2 2
Boise	0		0	0	1	0	0	0	0	0	10
Colorado:	ا ـ	-				_]				_ [
Springs Denver	1 4		0 2	0	3	16	0	2 2	0	6 21	- 17 88
Pueblo New Mexico:	0		0	0	1	2	0	0	0	1	7
Albuquerque Utah:	0		0	0	0	0	0	6	٥	0	16
Salt Lake City	2		٥١	23	0	11	٥	8	0	9	36
Washington: Scattle	2		1	7 2	5	6	1	8	0	20	122
Spokane Tacoma	0	2	2 0	0	8	1 4	0	0	8	9	36 41
Oregon: Portland	0	5	1	1	6	13	5	1	0	2	88
SalemCalifornia:	0	1 -		0 -		1	0 -		0	1 -	
Los Angeles Sacramento	10 2 .	23	0	23 4 1	20 2	25 7	8	24 2	0	103	358 27
San Francisco	1	3	1	1	12	17	0	11	Ō	26	186

City reports for week ended Apr. 10, 1937—Continued

State and city	Meningococcus meningitis		Polio- mye-	State and city	Menin men	gococcus ingitis	Polio- mye-
	Cases	Deaths	11(18		Cases	Deaths	litis cases
Massachusetts:				Virginia:			
Boston	5	4	0	Richmond		1	0
Rhode Island: Providence	1	2	١ ،	North Carolina: Wilmington	2	٥	
New York:	l	l z	י ו	South Carolina:	2	U	ľ
New York	5	4	2	Greenville	0		0
Syracuse	l š	l ī	ة ا	Georgia:		•	
		•	ľ	Atlanta	1	1	l o
Pennsylvania: Philadelphia Pittsburgh	4	1	1 0			-	
Pittsburgh	2	1	0	Tennessee: Knoxville	8	0	0
Reading	0	0	1	Memphis	0	1	0
Ohio:				Alabama:		l i	_
Cincinnati		1	0	Birmingham Mobile	3	2	0
Cleveland	1	2	0	Mobile	2	0	0
Indiana:	_	l .		Louisiana:	_		_
Indianapolis Muncie	0	1 1	0	Shreveport	0	2	0
Tilimains		1	0	Oklahoma:	1	ا م	0
Chicago	0	1 1	0	Oklahoma City Tulsa	å	8	Ų
Michigan:	v	•	۰	Texas:	U	ا ا	•
Michigan: Detroit	2	2	0	San Antonio	0	0	1
Missouri:		-		Montana	·		•
Kansas City	1	0	0	Missoula	1	l o	٥
		•		Utah:	_	ľ	
Nebraska: Omaha	1	0	0	Salt Lake City	0	0	1
Maryland:				California:			
Baltimore	5	2	0	Los Angeles	1	2	1
District of Columbia:	_			Sacramento	1	0	0
Washington	2	1	0	San Francisco	0	1	0
Washington	2	1	0	San Francisco	ō	ĭ	

Encephalitis, epidemic or lethargic.—Cases: New York, 4; Cleveland, 1; Chicago, 1; Washington, 2; Mo-

Pellagra.—Cases: Worcester, 1; Charleston, S. C., 3; Savannah, 5; New Orleans, 1; Dallas, 1; Los Angeles, 1.

Typhus fever.—Cases: Charleston, S. C., 2; Galveston, 2.

FOREIGN AND INSULAR

CUBA

Provinces—Notifiable diseases—4 weeks ended April 3, 1937.—During the 4 weeks ended April 3, 1937, cases of certain notifiable diseases were reported in the Provinces of Cuba, as follows:

Disease	Pinar del Rio	Habana	Matan-	Santa Clara	Cama- guey	Oriente	Total
Cancer Chicken pox Diphtherla. Hookworm disease Leprosy Malaria. Measles. Poliomyelitis Scarlet fever Tuberculosis Typhold fever	2 1 1 59 37 1 50 10	3 30 2 1 1 21 87	1 14 10 41 6	13 39 1 1 118 	1 2 90 32 11	1 5 1 2 219 3 3 	17 • 49 5 2 8 590 52 2 1 223 144

VIRGIN ISLANDS

Notifiable diseases—January-March 1937.—During the months of January, February, and March, 1937, cases of certain notifiable diseases were reported in the Virgin Islands as follows:

Disease	Janu- ary	Febru- ary	March	Disease	Janu- ary	Febru- ary	March
Chicken pox Dengue Erysipelas Gonorrhea Hookworm disease Leprosy Malaria	1 1 9 1 163	3 3 8 4 1 95	2 7 6	Mumps	8	54 3 4 2 12	50 1 8 2 43 4 8

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

From medical officers of the Public Health Service, American consuls, International Office of Public Health, Pan-American Sanitary Bureau, health section of the League of Nations, and other sources. The reports contained in the following table must not be considered as complete or final as regards either the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA

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

Sept.	30- 27- Nov. 29- 89pt. Oct. 1-28, Dec. January 1937 February 1937 March 1937 26, 31, 26, 26,	1936	20 00 00 00 00 00 00 00 00 00 00 00 00 0
 	31,		883 20, 423 23, 01 20, 423 23, 01 20, 423 23, 01 20, 423 23, 01 20, 423 11 20, 423 11
•	Place S		000000000000000000000000000000000000000

¹ Suspected. ² Imported.

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

CHOLERA—Continued

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

]	22		8	88		1937	
	1987	30			46.	1	21-28	
	March 1937	13	P	<u> </u>	28	February 1937	11-20	
		•		1	275	Febru	1-10	
		72		7	397			
	y 1937	20		1	308	1837	21-31	
Week ended-	February 1937	13		1119	38	January 1937	11-20	
Week					262		1-10	
		8		11	245	6 December 1936	21-81	
	1887	ន		!	221		11-20	He
	January 1937	52		<u> </u>	169		1-10	
		۵		<u> </u>	110		21-30	
		8		11	101	November 1986	11-20	
Nov.	Nov. 29- Dec. 28,				186	Noven	1-10	
	Aug. Sept. Nov. 380- 27- Nov. 289t. 1936 11936							
ept.				$\overline{\prod}$	18	988	21-81	
					- 22	October 1936	11-20	
-	See 2			000 00		ŏ	1-10	
	Рівсе		Indochina (see also table below): Cochinchina— Chaudoc	Vinlong Frovince	Provinces.	Dies	1 1000	Indochina (French) (see also table above): Cambodia 1 D Cochinchina 1 C

8 Reports incomplete.

PLAGUE 1

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

	Aug.	Bent.		Nov						Week	Week ended-	,					
Place	Sept.	31, ct.	Nov. 1-28, 1936	ఇ ^{ల్ల} జ		Jan	January 1937	37		Ĕ	February 1937	, 1937		ď	March 1937	1937	
	1936	1936		1936	8	6	16	23	æ	9	13	8	22	9	13	ล	21
Algeria:				-													
	8.5	64		<u> </u>					İ	i							
		•															
											<u></u>				-		
	14	92	18	•		2	-		.	77	~5	<u>.</u>	9	es.	_	-	•
Uganda	87	282	8%	225	44	9	9	00 00	60	900	00		222	10.4	Z] œ	, r. c	
Ceylon: Colombo	? =				'			, –		, w	*	. 61	-	60	-		8
					_			-6	0	۳	ကတ	00	-67	,	-	F	a
China: Tukien Province. Hainan Island.												\dashv	1	1	i		A
Dutch East Indies: Java and Madura	382	391	317	452	25	117	112	Ì	i	Ť	T	+	Ť	$\dot{\parallel}$	\dagger	Ť	
						3	1		İ	İ		 	-	 			
Babahoyo. C. Planna-infacted rats		<u> </u>	<u> </u>			63					-						
Bajada del Morro						-		·	ŀ	6		c	۶	ŀ	i.	ľ	15
			14.	355	4	→		9 64	46	100		4000	<u>_</u>	· 60 rc	41		1 0 5
Playas	<u></u>							•	7		7	7	ij	7	7		1
I Including alone in the Halted States and its manage																	

¹ Including plague in the United States and its possessions.

Suspected.

For the week ended Apr. 3, 1937, 130 deaths from plague were reported in Fukien Province, Chins.

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

PLAGUE—Continued

	Aug.	Sept.		Nov.						Week	Week ended-						
Place	8 g %	, 202	Nov. 1-28, 1936	ዻዿ፝፞፞ <mark>ዼ</mark>		Jan	January 1987	87		Ř	February 1937	7 1987			March 1987	1967	İ
	1886	1986		1836	64	•	16	8	28		 81	8	12	•	22	8	B
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Suspected.
 Includes I case of pneumonic plague.
 Includes I case of pneumonic plague.
 Includes I case of pneumonic plague.
 Includes I case of plague was reported in Dakahilya Province, Egypt.
 A report dated Sept. 3, 1936, states that 2 plague-infected rats were reported in Marseille, France.
 Plague-infected Sept. 3, 1936, states that 2 plague was reported in Dakar, Senegal.
 For the week ended Apr. 17, I plague was reported in Dakar, Senegal.
 For the week ended Apr. 10, 1937, I case of plague was reported in Dakar, Senegal.
 For the week.

¹⁹ Plague-infected floas have been reported in California as follows: According to information dated Nov. 10, 31 floas taken from 24 Fisher squirrels shot in Holcomb Valley, in San Bernardino County, have been proved positive for plague. A report dated Oct. 13, 1936, states that floas from ground squirrels in Monterey County and from chipmunks and ground squirrels in Placer County have been proved plague-infected.

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

PLAGUE-Continued

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Place	Sep- tember 1936	Octo- ber 1936	No- vember 1936	No- vember ber 1936 ary 1936	Janu- ary 1937	Febru- ary 1937	Place	Sep- tember 1936	Octo- ber 1936	No- vember 1936	No- vember 1936 ber 1936	Janu- ary 1937	Febru. ary 1937
Argentina: Buenos Aires— Buenos Aires— Catamarca Province— Cordoba Province— Salta Province— San Luis Province— Santiago del Estero Province— Tucuman Province— Bolivia: Chuquisaca Department. O Bratil Ceara State Parahyba State Ecuador (see also table above): Manabi— Bahls Manabi— Manabi— Manabi— Bahls	haw *:		1 4		g g 14		Indochina (see also table above): Cambodia	104 95 8 8 8 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11 198 198 198 198 198 198 198 198 198 1	160 189 164 174 164 83 16 83 1 9 9 2	1 176 167 167 16 14 1	1170 181 23 24 4 4 4	1200 1200 1200 1200 1200 1200 1200 1200

⁴ Includes 1 case of pneumonic plague.

11 Pragumonic plague.

12 Includes 44 cases of pneumonic plague.

13 Includes 66 cases of pneumonic plague.

SMALLPOX

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1 For 2 weeks.																	

For 2 weeks.

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

SMALLPOX-Continued

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

SMALLPOX-Continued

Place	Sep- tember 1936	October Novem- 1	Novem- ber 1936	December 1936	Janu- ary 1837	Febru- ary 1937	Place	Sep- tember 1936	October Novem- 1936 1936	Novem- ber 1936	December 1936	Janu- ary 1937	Febru- ary 1937
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TYPHUS FEVER

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

TYPHUS FEVER-Continued

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For 2 weeks.

Place	Septem- ber 1936	October 1936	septam- October Novem- Decem-January Febru- oer 1936 ber 1936 ber 1937 ary 1937	Decem- ber 1936	January 1937	Febru- ary 1937	Place	Septem- October Novem- Decem-1 ber 1936 1936 ber 1936 ber 1936	October 1936	Novem- ber 1936	Decem- ber 1936	January 1937	Febru- ary 1937
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CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER-Continued

YELLOW FEVER

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

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189e also report of yellow fever in Brazil on page 536 of Public Health Reports for Apr. 23, 1937.
2 Suspected.
2 Hondleds 1 suspected case.
4 During the week ended Apr. 10, yellow fever was also reported in Senegal as follows: Khombole, Thies Circle, 1 case; Tivaouane, 1 case.
4 During the week ended Apr. 10, yellow fever was also reported in Senegal as follows: Khombole, Thies Circle, 1 case; Tivaouane, 1 case.
4 During the week ended Apr. 10, yellow fever was also reported in Senegal as follows: Khombole, Thies Circle, 1 case; Tivaouane, 1 case.

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