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## AN UNUSUAL OUTBREAK OF MEASLES IN HAWAII, 1936-37<sup>1</sup>

The Territory of Hawaii has recently experienced the severest and most virulent epidemic of measles in its recorded history, according to reports received from Dr. F. E. Trotter, Territorial commissioner of public health. The last previous outbreak of measles in Hawaii occurred in the spring of 1932 and was followed by a period of 4 years of unusually low prevalence, during which the number of reported cases averaged less than 10 per month (fig. 1).

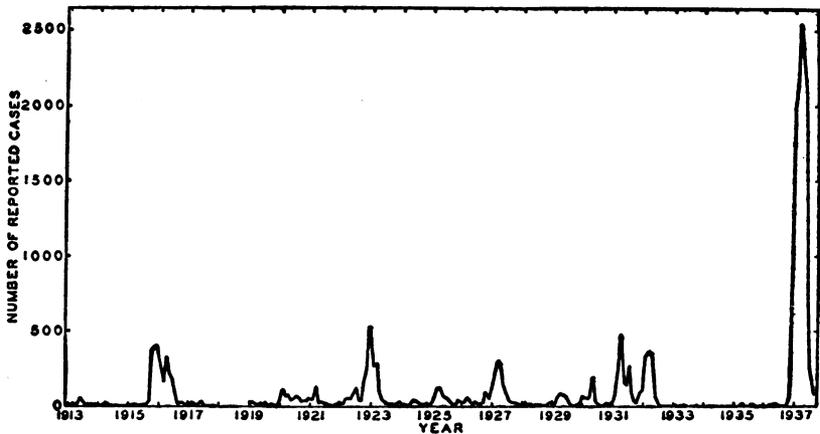


FIGURE 1.—Number of reported cases of measles, by months, Hawaii, 1913-37. (Data for 1918 not available.)

In October 1936, 67 cases were reported; in November, 384 cases; and in December, 1,289 cases. The epidemic spread rapidly, reaching its peak in March 1937, when 2,558 cases were reported. The number of reported cases from November 1936, when the epidemic first started, until September 1937, when it was practically over, equaled the number reported during the preceding 20 years.

The outbreak was accompanied by a high mortality. The number of deaths from measles during the first 3 months of 1937 exceeded that from any cause except heart disease and pneumonia. The rate per 100,000 estimated population (annual basis) was 102 for measles, 110 for pneumonia, and 125 for heart disease. For the first 6 months of 1937 the rates were 81 for measles, 101 for pneumonia, and 118 for heart disease. The epidemic has decreased, however, so that the

<sup>1</sup> From the Division of Public Health Methods, National Institute of Health.

death rate for the first 9 months has dropped to 55 per 100,000 population, and the rate for the entire year probably will not exceed 50 per 100,000 population.

The nearest approach to an epidemic of this severity in the United States is that which occurred in Rhode Island in 1900, when the death rate was 43 per 100,000 population and that in North Carolina in 1917, with a death rate of 42 per 100,000 population.

When a community has long been free from outbreaks of measles, the introduction of the infection is often followed by a severe epidemic, but epidemics of the degree of severity recently experienced in Hawaii

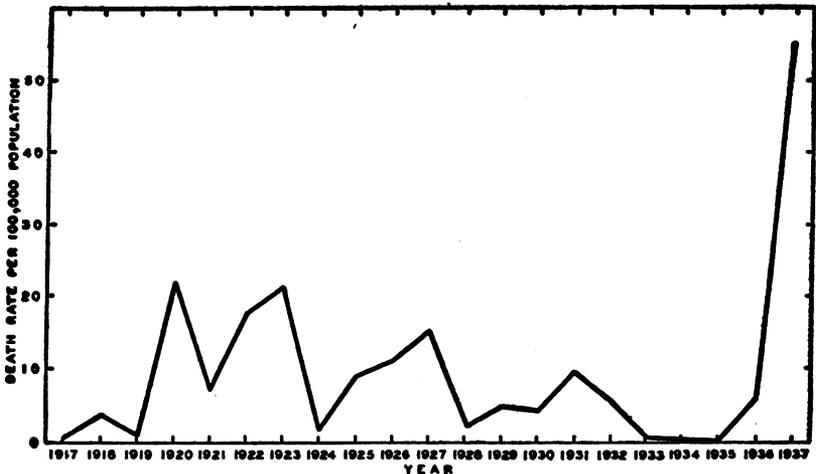


FIGURE 2.—Number of deaths from measles per 100,000 population, Hawaii, 1917-37. (The rate for 1937 is based on data for the first 9 months only.)

are rare. The case rate of illness from measles reaches its peak among children less than 5 years of age (1). Figure 1 shows that very few cases of measles had been reported in Hawaii since the middle of 1932, so that very few of the children under 5 years of age at the end of 1936 had ever had the disease. Thus conditions were favorable for a severe epidemic. Perhaps the most celebrated outbreaks of measles in modern times are those in the Faroe Islands in 1846, when over 6,000 persons out of a total population of 7,782 were attacked (2), and in the Fiji Islands in 1875, when it is estimated that about one-quarter of the population died within 3 months (3, 4).

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## NOTE ON THE PREPONDERANCE OF CASES WITH BULBOPONTINE INVOLVEMENT IN A SMALL OUTBREAK OF POLIOMYELITIS IN AUSTIN, TEX.

By ALEXANDER G. GILLIAM, *Passed Assistant Surgeon, United States Public Health Service*, and GEORGE M. DECHERD, *City Health Officer, Austin, Tex.*

During the last week of June and in the first week of July 1937, 13 cases of poliomyelitis, 3 of which terminated fatally, were reported to the city health department of Austin, Tex. Three additional cases were diagnosed in retrospect and later reported. Because of this rather alarming increase in incidence, the patients in all nonfatal cases were interviewed and examined by the authors. Counting all cases, 4 of which, however, were brought into Austin from the surrounding county for treatment, they represent an attack rate of approximately 24 per 100,000 population.

Investigation further revealed that (1) the dates of onset of illness ranged from May 27 to July 6, (2) the cases had been well-scattered geographically, (3) there was no detected evidence of any common source of infection, either through contact with prior cases or through the ingestion of infected milk or ice cream, (4) 62 percent of the patients were 10 years of age or over, and (5) clinical evidence indicated that bulbopontine involvement was more common in these cases than affection of the spinal cord.

It is the purpose of this note to direct attention, briefly, to the tendency in this small outbreak toward this involvement of the cranial nerves, such affection being noted in 14 of the 16 instances of infection which reached the level of clinical recognition. To this end, the following brief résumés of the cases are presented:

1. White male, aged 18 months, onset May 27. Involvement of both legs, with residual<sup>1</sup> weakness in both quadriceps femori. No known cranial nerve involvement.

2. White female, aged 9 years, onset June 8. Involvement of both legs, with recovery; transient diplopia and temporary inability to talk. Residual dysphonia and "toxic psychosis" (?).

3. White male, aged 10 years, onset June 11. Temporary weakness in the right arm, with dysphagia, dysphonia, and difficulty in "blowing". Residual difficulty in swallowing solids.

4. White male, aged 7 years, onset June 17. Transient inability to swallow, and voice change to a thick, nasal quality. Residual dysphonia and weakness in the right deltoid and in the supinators and pronators of the right forearm; questionable left palatal weakness.

<sup>1</sup> By "residual" is meant the disability noted on examinations made in the middle of July.

5. White female, aged 13 years, onset June 21. Transient diplopia and dysphonia. Residual weakness in the entire left arm and in the right triceps and deltoid, and slight atrophy in both deltoids.

6. White male, aged 18 years, onset June 22. Transient dysphonia and difficulty in breathing. Residual paralysis in all four extremities. Patient was not completely examined because of the persistence of pain and tenderness.

7. White male, aged 25 years, onset June 22. No cranial nerve involvement. Residual weakness in the entire left arm, but worse in the triceps, deltoid, and in the left hand grip.

8. White male, aged 22 years, onset June 26. Transient diplopia and dysphonia. Weakness in the left arm, but severe weakness in the deltoid.

9. White male, aged 4 years, onset June 30. Transient inability to swallow. Residual left facial paralysis, left lid lag, tongue deviation to the left, and slight weakness in the left quadriceps femoris.

10. White female, aged 23 years, onset July 1. Transient inability to swallow. Residual thick, nasal speech and inability to cough. No extremity paralysis detected.

11. White male, aged 12 years, onset July 2. Diplopia, dysphagia, and respiratory difficulty. Respiratory failure and death on July 5.

12. White male, aged 8 years, onset July 3. Transient slight dysphonia. Residual left facial paralysis and tongue deviation, and a slight left internal strabismus. No extremity weakness detected.

13. White male, aged 10 years, onset July 3. Respiratory death on July 13.

14. White male, aged 6 years, onset July 3. Transient dysphagia. Residual dysphonia, with slight involvement of the left side of the palate. Extremities not examined because of the persistence of stiff neck and the general condition of the patient.

15. White female, aged 13 years, onset July 4. Paralysis both legs. Respiratory failure and death on July 6.

16. White female, aged 12 years, onset July 6. Transient dysphagia and residual dysphonia. Extremities not examined because of persistence of stiff neck and the general condition of the patient.

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## MEDICAL ACTIVITIES AT THE BOY SCOUT JAMBOREE HELD IN WASHINGTON, D. C., JUNE 30-JULY 9, 1937

By W. L. SMITH, *Surgeon*,<sup>1</sup> *United States Public Health Service*

The year 1935 was the twenty-fifth anniversary of the founding of the Boy Scouts of America, and in commemoration of this event it was proposed to hold a Jamboree in Washington, D. C., in August of that

<sup>1</sup> Chief medical officer of the Jamboree

year. Camp sites were selected and the camps were pretty well completed when, on account of the prevalence of poliomyelitis in nearby States, it was thought best to abandon the idea of a Jamboree at that time. Early in 1937 it was decided to hold the postponed celebration in Washington for a period of 10 days from June 30 to July 9.

The camp site chosen was probably the best that could be obtained, but it was unfortunate that it necessitated scattering the camps in groups over a considerable area. There were 2 sections near Arlington, 6 sections on Columbia Island, in the Potomac River, 4 sections in West Potomac Park, 6 sections in East Potomac Park near Hains Point, 1 section in the Cricket Grounds, and 1 section with general headquarters and the arena in the Washington Monument Grounds. It is not intended to discuss the camp from any but a health standpoint, but it is felt that from the health and safety angle the multiplicity of camp sites undoubtedly added greatly to the difficulties and somewhat to the expense of administration.

Construction was begun on the camp several months before the opening date. The latrines and shower baths, built of wood, were constructed first. Some of the camp sites were very low; and at the beginning of the Jamboree, heavy rains raised the level of the ground water in some sections so as to interfere with the functioning of the pit-type latrines and for a time caused some apprehension from a sanitary standpoint.

For administrative purposes the Boy Scouts of America are divided into 12 regions, each administered by a regional executive. The Jamboree camp was divided into 20 sections of approximately 1,250 boys each. The camp was administered through both the regional executives and the section directors, although the section lines did not coincide with the regional limits. Each section had an administrative unit and a quartermaster unit which was in direct touch with headquarters by telephone.

The headquarters of the Jamboree was situated between 17th Street and the Washington Monument. The Health and Safety Headquarters occupied one-half of a large tent. This department was under the direct control of Mr. Fred C. Mills, Director of Health and Safety of the Boy Scouts of America, and it was due mainly to his careful planning, his genius for organization, and his laborious attention to details that it functioned in such a satisfactory manner.

The Health and Safety Department had three divisions: sanitation, safety, and medical. The sanitation division consisted of sanitary engineers, sanitary inspectors, food inspectors, and others. The safety division was in charge of all fire prevention and protection, promulgated all accident and safety measures, and investigated each accident. The medical division consisted of the chief medical officer, assistant chief medical officer, a part-time medical officer for emer-

gencies, a chief medical inspector, a controller of medical supplies, 2 ambulance drivers, 1 secretary, 1 chauffeur, 1 dispatch rider, and 2 orderlies.

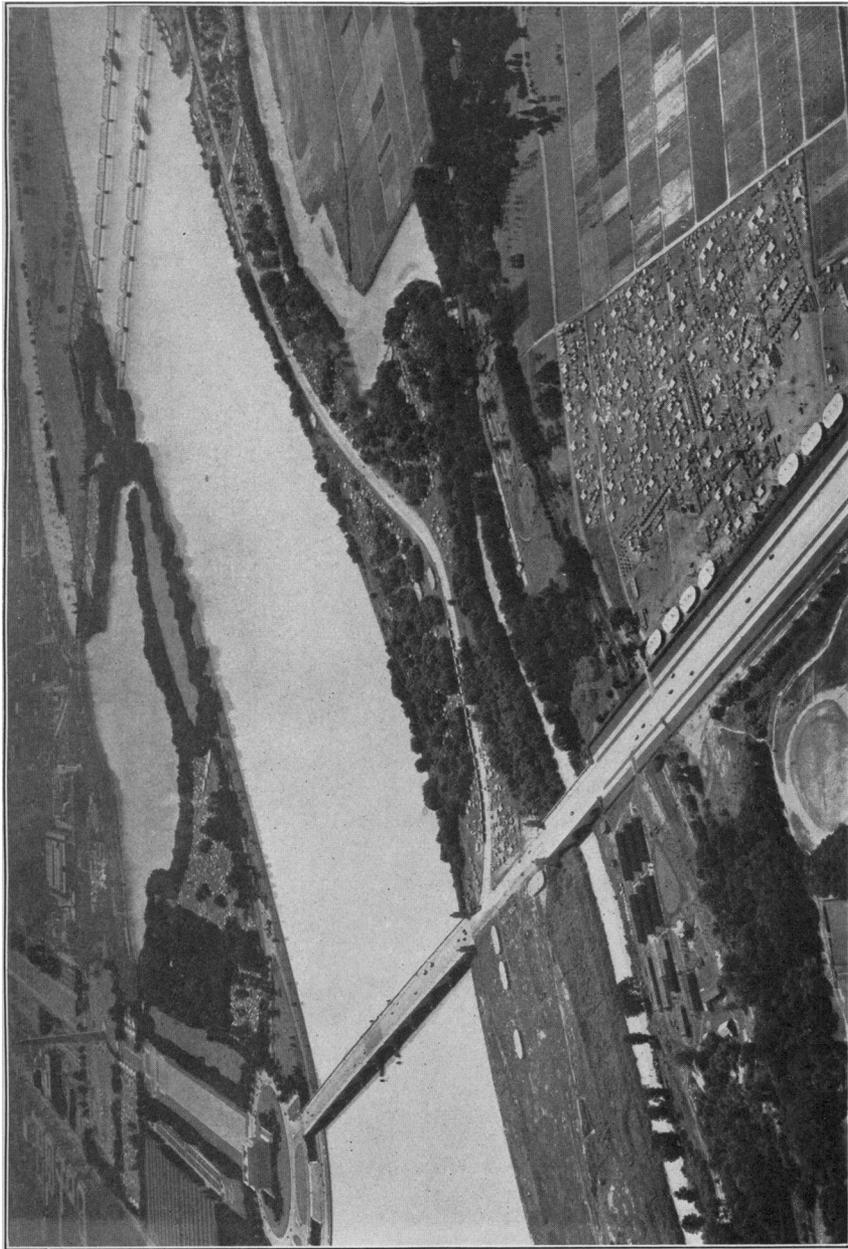
The Health and Safety Headquarters personnel as an assembled machine adjusted itself quickly, did not require a long period of "breaking in", and was early functioning at its highest efficiency.

In each unit was a first-aid station. These stations were in tents, and were protected by mosquito bars. Each tent was divided by cotton cloth partitions into three compartments—a reception room, a treatment room, and a room fitted with cots for the temporary detention of patients. These first-aid stations were supplied from headquarters with a complete set-up as soon as the section began to fill up and the doctors arrived. The matter of supplies presented difficulties, inasmuch as no similar mobilization had ever been held in this country and there were no previous records to guide us. A supply table had to be devised, and of course mistakes were made. For instance, a quart of castor oil was supplied each station. It may occasion no surprise to learn that, after the Jamboree, these 20 quarts of castor oil were returned intact! Epsom salts were not popular either. Milk of magnesia tablets proved more acceptable.

The first-aid tents were very completely equipped with sheets, mattresses, pillows, electric fans, water coolers, oil stoves, waste cans, basins, pitchers, pails, urinals, bed pans, wash basins, pus basins, food trays, ice bags, hot water bottles, syringes, stomach tubes, hypodermics, instruments sufficient for minor surgery, antiseptics, anti-tetanus serum, and a wide selection of drugs. Undoubtedly, they were somewhat over-equipped. Narcotics and alcohol, furnished by the United States Public Health Service on prescription, were used sparingly.

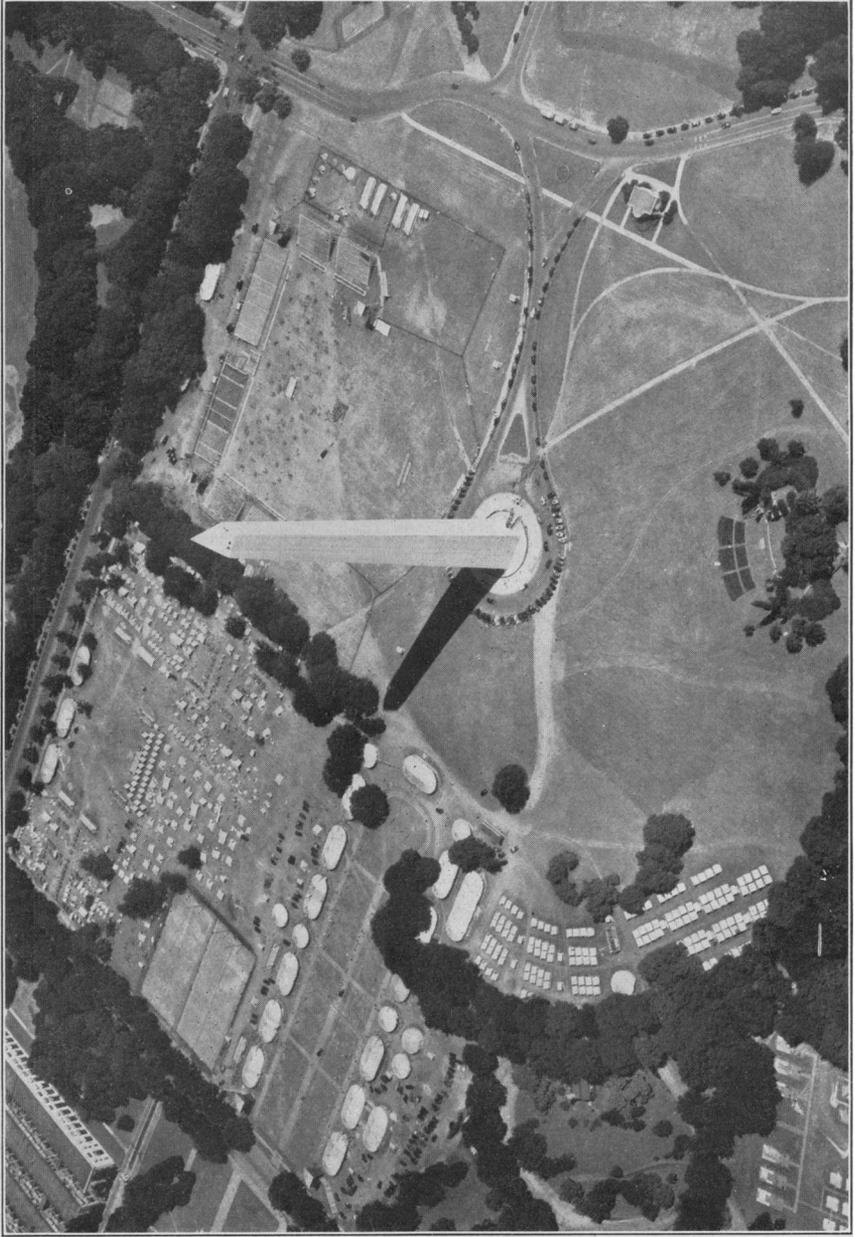
The first-aid stations were each manned by three physicians and four orderlies. This personnel was all volunteer and was brought to the Jamboree from all sections of the United States. Each region was responsible for recruiting a sufficient number of doctors and orderlies to take care of the Scouts from its section. This plan resulted in the acquisition of a very fine staff. The medical officers were of an unusually high type and were found to be capable and dependable. They were very cooperative, and even at times when conditions were somewhat trying there was no friction or unpleasantness. It would require too much space in this report to commend each one separately, but, individually and collectively, their cooperative attitude and intelligent administration of their jobs are deserving of the highest commendation.

Three doctors were allotted to each first-aid station. The doctor in charge signed the requisitions for supplies, made reports, and attended to similar administrative duties. These doctors arranged their



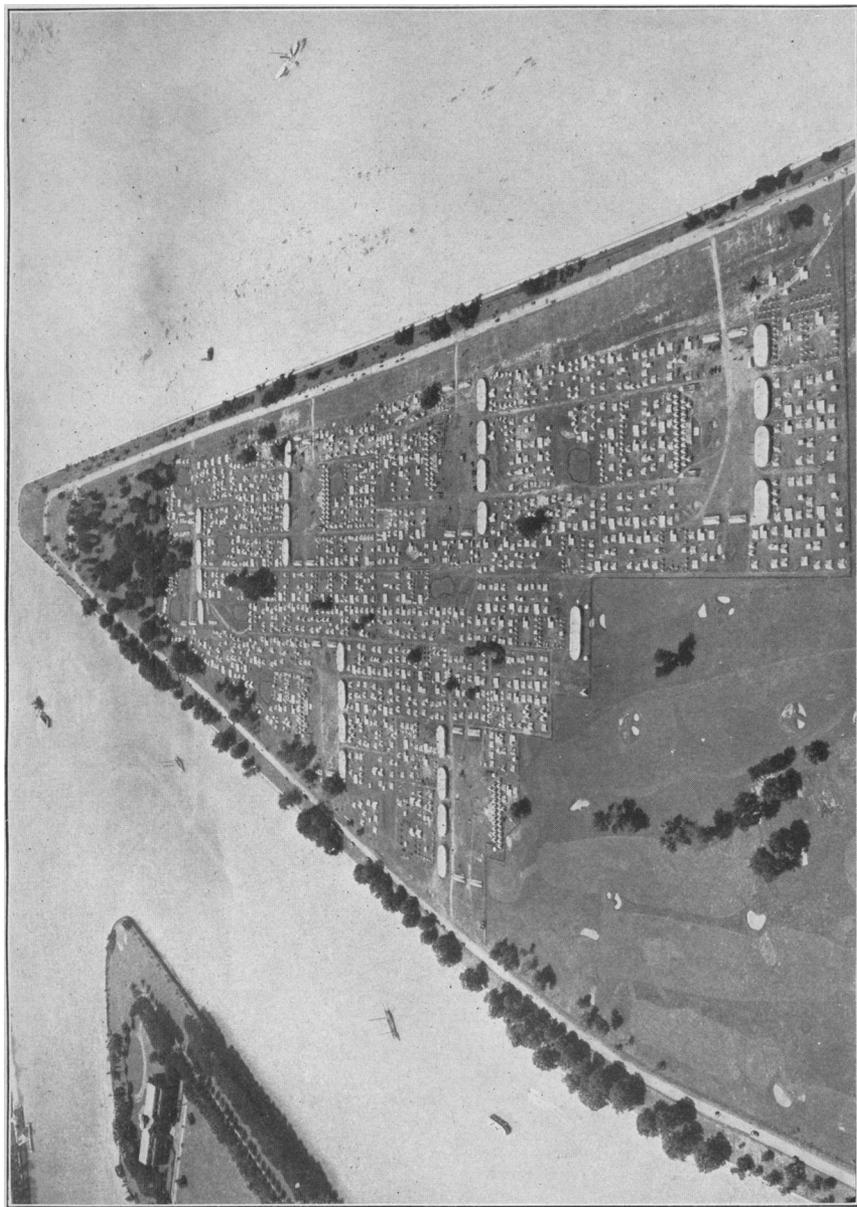
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COLUMBIA ISLAND CAMP.



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HEADQUARTERS ARENA AND SECTION "Q."



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CAMP AT HAINS POINT, EAST POTOMAC PARK.

time so that there was one on duty at the first-aid station at all times. In addition to that duty, they also assisted in physical examinations and in the first aid at the various Jamboree activities outside their camp.

The first-aid stations were connected with the Headquarters indirectly by telephone; that is, communication regarding medical service was secured through connection with the administrative head or quartermaster of each section, and thence by messenger to each first-aid station. This arrangement was very unsatisfactory, as it was too time-consuming and tied up the telephone lines too much of the time. It is felt that it would not be advisable to attempt a service of this magnitude a second time without direct telephone connection.

An important asset to the medical service was the inspector of first-aid stations, Commodore W. E. Longfellow, Assistant National Director of First Aid and Life Saving of the Red Cross of America, who visited each first-aid station daily and acted as a liaison between the stations and Headquarters. He listened to complaints and was very resourceful in removing the causes. He saw that the stations got needed supplies and services. His work was arduous and entailed considerable exposure to rain and heat. His knowledge of conditions in all the camps was probably as extensive as that of anyone in the camp; his visits to the first-aid stations soon became an event to the station personnel.

In addition to the above-mentioned facilities in the camp for the care of the Scouts, it was necessary to set up first-aid stations for the different activities in which the Scouts engaged and wherever any considerable number of Scouts congregated. These stations were provided by the District of Columbia Chapter of the American Red Cross under the direct supervision of Mr. Gordon Stone, director of first aid and life saving. For this purpose the Red Cross furnished ambulances and trained first-aid workers. At times they were assisted by doctors from the Jamboree personnel. It was necessary to set up such service at the arena for the campfire on the opening night, for circuses on each of 6 nights, for convocation on Sunday, for the gathering at Arlington on July 5, for the Sea Scouts regatta at Hains Point, and for the line of march for the President's review. This work was ably planned and efficiently executed.

A very useful dental unit was installed at Headquarters, to which all dental cases were referred. It was equipped with an Army dental outfit and was conducted by Dr. R. R. Davenport, of Boston, Mass., Dr. R. S. Cranmer, of Camden, N. J., and Dr. Irving Clark, of Janesville, Wis. This unit functioned day and night throughout the Jamboree and rendered efficient and valuable service.

The medical supplies were received, checked, and issued by Staff Sgt. S. Hamilton and Pvt. Tom Hoover, of the United States

Army. As soon as a section began to fill up and the doctors arrived, the complete set-up for the aid post was forwarded at once by truck, and the supplies were issued to the doctor in charge. These men attended to requisitions during the progress of the camp, and at the end of the Jamboree they collected the supplies remaining in the sections and returned them to Headquarters.

In addition to the above facilities, Headquarters had detailed to it a United States Public Health Service ambulance, with two drivers, sent down from New York. This ambulance was used for transporting contagious cases and for emergency calls, as well as for many calls of a more ordinary nature. One driver was constantly at Headquarters.

Thus far the facilities for the care of the Scouts inside the camp have been discussed. As it was necessary to provide hospital facilities for the sick Scouts, and as it was not considered feasible to establish such facilities within the camp, arrangements were made for them at hospitals in Washington. Through the courteous cooperation of Rear Admiral P. C. Rossiter, Surgeon General of the Navy, and Captain G. C. Thomas, Commanding Officer of the United States Naval Hospital in Washington, arrangements were made for the care of all noncontagious diseases at the Naval Hospital. At the opening of the Jamboree, Admiral Rossiter came to Headquarters and offered the facilities under his command without limit. Originally a maximum of 100 beds had been suggested, but he raised that to as many beds as might be needed. He also stated that additional nurses had been brought to Washington to help care for the Scouts. He offered ambulance service freely and it was freely used. No instance came to notice of a Scout having to wait longer than 30 minutes for an ambulance after one had been called. The Admiral also offered the use of the Naval Dispensary for the care of eye, ear, nose, and throat cases requiring special attention. This was a service that was urgently needed and greatly appreciated. There can be no exaggeration regarding the excellence of the service rendered by the Naval Hospital; the kindness shown the Scouts, the courtesy and consideration shown their friends and relatives, and the provision of the highest quality of medical and surgical care for these lads could not fail to stimulate a profound sense of gratitude in the layman and excite the highest admiration in the profession.

In the care of cases of contagious diseases, the District of Columbia health authorities, under the direction of Dr. James G. Cumming, chief of the bureau of preventable diseases, were equally cooperative. All contagious cases were well taken care of at Gallinger Hospital, and the authorities were very cooperative at all times. In addition to these services, Dr. Stewart M. Grayson, medical inspector of the District Health Department, was detailed to visit the camp daily,

to pass on all contagious cases and to investigate all threats of epidemics. The work was efficiently done.

When a Scout applied for admission to the camp he was required to give a medical history and undergo a physical examination given by a legally qualified physician selected at home. This history and report of examination were forwarded to National Scout Headquarters for approval before the Scout was accepted for camp. Any cases that showed physical defects that might be expected to interfere with the boy's welfare in camp were rejected. Diabetes, heart trouble, asthma, and convulsions were some of the causes for rejections. In spite of this precaution, boys arrived in camp with diabetes, asthma, tuberculosis, mental conditions, and also with a history of recent exposure to mumps. These conditions were not noted on the physical examination blanks, or they would have been cause for rejection, as the camp activities were considered too strenuous for boys so handicapped, and as no special unit had been provided for their care. The fact that these boys were passed for camp in spite of their handicaps suggests that, in some instances, the examining physician was too sympathetic with the boy's desire to attend, and minimized his disability. This condition suggests the advisability of having future preliminary examinations made by a physician thoroughly familiar with camp activities.

All Scouts were required to have a recent vaccination against smallpox. In no case was there any deviation from this rule. In addition to the preliminary physical examination, the boys were checked up by accompanying physicians either en route or immediately after their arrival in camp. This check-up in camp was merely a scanning examination for the purpose of discovering any evidence of any acute condition. The boys, stripped to the waist, presented themselves to the examining physician and were looked over. If any boy showed anything suspicious he was referred to the camp physician for a more thorough and complete examination. Even as simple an examination as this is a considerable task when applied to 27,000 individuals arriving in camp at various intervals over 4 days. It was considered too big an undertaking for the Jamboree medical personnel, and so assistance was requested. Dr. Cumming, of the District Health Department, recruited approximately 60 physicians from the District and directed their activities in this work. The Army and Navy each detailed 10 medical officers to assist in this task for 3 days. The assistance thus given made a physical check up of all Scouts a thorough and useful procedure, and practically all the Scouts were thus examined shortly after arrival at camp.

As stated before, each first-aid station functioned for a full section of 1,250 Scouts. However, the Scouts were divided into troops of 32 members. Each troop was under the supervision of a scoutmaster.

The scoutmaster was furnished with sick-call blanks, and was instructed to canvass his troop each morning for any Scouts complaining of illness or injury. He prepared a list, in duplicate, on a form provided for sick-call, and at 9 a. m. he sent such boys as needed examination or treatment to the first-aid station. Here the boy was treated and returned to his unit, put to bed in the first-aid tent, or sent to the hospital as the condition indicated. In any event the diagnosis and disposition were entered on the sick-call blanks and one copy was returned to the scoutmaster for his information. The retained copy of the sick-call record, together with a section medical officer's tabulated report of all transactions, was forwarded to health and safety headquarters each day. Very minor conditions were treated and the boy was returned to his unit. If he appeared moderately ill but unable to carry on his camp activities, he was retained in the first-aid station for temporary observation and treatment. However, the doctors were instructed, and it was their universal practice, not to retain in the camp any Scout who appeared really ill or who would require observation or treatment for more than 24 hours. It was the practice, heartily concurred in by all the medical personnel, to take no chances whatever, but in any case at all doubtful, to send the boy at once to the hospital. This practice resulted in a number of boys being sent to the hospital with minor conditions, such conditions that certainly would not have entailed hospital admission had the boys been at home. A number of boys stayed in the hospital only overnight. While some cases would undoubtedly have been all right without admission to the hospital, the policy of taking no risks whatever was felt to be justified.

Minor cases were treated in the first-aid stations. Antitetanus serum and simple medicines were given, surgical dressings done, and some minor surgical operations performed there. Except in emergency, nothing else was attempted. In emergencies, only such things were done as were necessary until the patient could be sent to the hospital. While an attempt was made to have all those complaining report at morning sick-calls, cases were treated at all times whenever the occasion arose. Dental cases were referred to the dental unit at Headquarters, and eye, ear, nose, and throat cases were sent to the Naval Dispensary. All suspicious contagious cases were isolated until diagnosed or until seen by the District quarantine officer, and if found to be contagious, the patients were sent at once to Gallinger Hospital. All cases detained in the first-aid station were recorded on a hospital record card, and at the termination of the case this card was forwarded to Headquarters as a permanent record.

When it was deemed advisable to transfer a patient to the hospital, the section medical officer informed the chief medical officer, who immediately arranged for transfer to the hospital. In no instance did the chief medical officer attempt to consult concerning such cases.

The section medical officer's opinion was final and the chief medical officer saw to it that he got the service requested at the earliest possible moment. In the event of admission to the hospital, the hospital record cards were made in duplicate and gave such details of the case as the section medical officer possessed. One card was sent to the hospital with the ailing Scout as authority for his admission to the hospital, the other card was sent immediately to the chief medical officer for his record. When boys were discharged from the hospital they reported back to their units via the chief medical officer.

The medical record forms, made out in duplicate or triplicate as needed, including the following: "Daily Sick Call", filled out by the scoutmaster for the patrol leader and medical officer in charge of the hospital unit; the "Section Medical Officer's Daily Report", the original of which went to the chief medical officer and copies to the sectional director and regional scout executive; the "Daily Report of the Inspector, First-Aid Station (Section)", to the chief medical officer and the director of health and safety; the "Daily Consolidated Medical Report", made by the chief medical officer to the camp chief (through the executive director) and the director of health and safety; and the "Hospital Case Record", a case history and clinical record of patients admitted to hospital—field unit, Naval Hospital, or other city hospital.

The parents of the Scouts admitted to the hospital were not notified in every case; in many cases the condition was such a minor one that notifying the parents would only have caused needless apprehension. In all cases admitted to the isolation hospital the parents were notified at once. In cases at the Naval Hospital, of any gravity whatever, the parents were promptly notified. In cases considered seriously ill, if the parents were not present, they were kept fully informed by telegram, telephone, and air mail until the danger was over. When the medical form was being prepared, it was proposed to have printed on it permission for any necessary operation for signature by the parents. The legality of such procedure was questioned and the idea was abandoned. Therefore, when operations were indicated, it was necessary to get in contact with the parents promptly to obtain consent. In one case a father was followed by phone from Texas to Colorado before consent was obtained. In another case, acute appendicitis occurring in the middle of the night, the father of the patient could not be located, and so his friends in his home town were asked to locate him, the police were brought into the hunt, his clergyman was asked to help, the radio broadcasting stations gave assistance, the aid of the Associated Press and the radio was enlisted, and every hotel in the town was paged for him. After every possible means of finding the father had apparently been exhausted, and as the operation was considered to be urgently indicated, the surgeons at the Naval Hospital were told to proceed. Five minutes later the father, returning to his home from

a high school play, authorized the operation by telephone. This case is cited merely as an example of the care and attention to detail that the Scout authorities insisted upon in the management of these cases.

Some interesting observations were made as to the type of illnesses predominating throughout the camp. The average daily attendance at all the first-aid stations was approximately 970, of which 78 percent were surgical cases and 22 percent medical. This predominance of surgical cases was due to the number of minor injuries treated. All such cases were sent to the first-aid stations, and most of them required only the simplest of dressings. They were, however, dressed repeatedly until well. A considerable number of these minor injuries were due to cuts with the Scout axe. When many of the units arrived, it was raining heavily. The Scouts pitched their own tents, using their axes in the rain to drive tent stakes. None of these injuries was severe, and only a very few required any hospital care. No record of the number of doses of antitetanus serum given is available, but it was given freely in all cases where indicated. All cases were tested for sensitivity before the serum was given. Two mild cases of serum sickness resulted. As a result of this experience with minor accidents it is felt that the Scouts need a bit more intensive training in the use of the knife and axe.

Early in the encampment period it was noticed that colds were the most common complaint. They seemed to disappear promptly, however, on the advent of sunny weather. During the latter period of the encampment it was very hot, but no case of heat prostration or sunstroke was reported, although the heat probably aggravated some of the gastrointestinal complaints.

During this hot period, doctors in several sections simultaneously reported that boys would come to them with a little elevation of temperature and severe vomiting. They would be put to bed in the first-aid station and after sleeping 3 or 4 hours would feel all right. Examination of the food and water situation gave no solution to the difficulty. The complaint was not believed to have any background in bad sanitation, because in each camp there were enough adults to act as controls and no adults were ill. As a matter of fact, no disease appeared during the period of the encampment that could be ascribed to faulty sanitation. It was also noted that the one section of the camp that caused the most apprehension from a sanitation standpoint was the only section that did not send a single Scout to the hospital.

As there was no insanitary cause found for the vomiting and slight temperature elevation, the cases were studied further. It was found that the food was wholesome and very abundant, that the boys ate heavily, and that they were undergoing a rather strenuous routine of physical exertion; also, the weather was hot. Some of these Scouts would walk as much as 10 or 12 miles in a day and then, in the evening,

climb to the top of the Washington Monument by way of relaxation. One lad made three trips up and down the monument in one evening. The Scouts would come to their meals hot and tired, eat hurriedly, and immediately sally forth without pause and resume their exertions. Then, too, there were trading posts in all sections where sandwiches, candy, ice cream, and soft drinks were sold; and the Scouts were good customers. One lad ate 80 cents worth of ice cream as a nightcap one night. And so it was decided that the vomiting was due to fatigue plus too rapid eating of too much food. At any rate, the matter was taken up in a staff meeting before the regional executives and section directors and a plea was made to ease up on the program of activities a bit; and it was further requested that the boys be given a period of relaxation after meals. This suggestion was well received; it was put into force, and no further trouble of this nature was experienced.

Of the unusual cases it was noted that one snake bite was treated. This occurred in a Scout who handled snakes which he had as an exhibit. The bite was treated promptly and no discomfort followed. One boy was given antirabic treatment. This was done in response to a telegraphic request of his father, who reported that the Scout's dog had just died of rabies. Only one fireworks injury was recorded—a firecracker burn of the thumb. Many sore and blistered feet were taken care of, and measures were taken in the baths to prevent epidermophytosis.

During the 2 weeks, including 3 days before camp formally opened and 1 day after it closed, there were 143 admissions to the hospital. During the actual 10-day period of the Jamboree there were 113 admissions, an average of 11.3 admissions daily. The 143 admissions represented only 140 patients, as two cases were transfers from one hospital to another and the third case was admitted twice for serum sickness. Fifteen cases were admitted to Gallinger Hospital. One case was admitted for observation for meningitis, but proved to be only gastrointestinal upset aggravated by exposure to heat. One case of measles was admitted. Three mild cases of scarlet fever were admitted, one at the beginning and two near the end of the encampment, with a 10-day interval between the first and second case. Ten cases of mumps occurred; the first seven were sporadic and scattering, no two being in the same section, and not in contact. However, late in the encampment period, three cases occurred in the same group in the same section. This looked like something was starting, so the camp was visited and the cases were carefully investigated. It was found that these three Scouts had been in the same camp at home before coming to Washington and that while there they were all exposed to the same case of mumps. When it was further learned that these three boys were the only ones in camp who had been thus exposed, the apprehension of an epidemic of mumps in the Jamboree was considerably allayed.

Among the cases sent to the Naval Hospital there were only two due to traffic accidents. One boy while riding a bicycle collided with a truck and sustained severe lacerations of the scalp, and one scoutmaster, aged 50, was run down by a car, severely lacerated about the scalp, and suffered severe concussion. Another severe accident was caused by a fall in a swimming pool. The spleen was ruptured. A splenectomy was necessary, and the boy recovered. Among the injuries were noted 4 fractured clavicles, 2 fractures about the ankle, 3 fractures of the arm, and 1 fracture of the wrist. All of these were simple fractures, without much displacement, and practically all of these boys returned to the camp in splints. There were sprains as follows: Back 1, ankle 4, knee 2, and shoulders 2. Four lacerated wounds and 12 cases of infection and cellulitis were treated. One case of musculospiral palsy was caused by a tight pack strap. The above injuries were caused exactly as such injuries occur to boys at home.

One lad came to the Jamboree with boils on his arm. He gave a history of susceptibility to such infections. He developed a staphylococcus infection of the blood stream, had metastatic abscesses, ran the usual course of this type of septicopyemia, and died about 2 weeks after the Jamboree was over.

Other conditions were noted as follows: Upper respiratory infections, 19; gastroenteritis, 12; pleurisy, 1; glandular fever, 1; tonsillitis, 2; otitis media, 3; infected gall bladder (adult), 1; pulmonary tuberculosis, 1; pyelitis, 2; serum sickness, 2; dermatitis, 1; fatigue, 1; asthma, 2; and malaria (imported), 2.

Twenty cases were sent to hospital diagnosed as appendicitis, but only three of the patients were operated on. It may be argued that the physicians had an appendicitis complex in thus diagnosing these cases, but some interesting observations were made on many of them at the Naval Hospital. These boys would become suddenly ill with constipation, abdominal cramps, and vomiting. Upon arrival at the hospital they would have some slight rise in temperature, and many of them had localized tenderness and a definite rise in the white count. Undoubtedly, any surgeon would have been justified in operating on many of these patients, but taking into consideration the facts that the boys were eating rather heavily and living under unusual conditions, the surgeons elected a conservative course, and it is believed that the results amply justified their stand. On admission these patients were given an enema and their diet was adjusted; within 24 hours they would be much improved, and within another 48 hours they would return and resume their activities in the camp. The three operations were done under local anesthesia and the patients made fine recoveries.

No report of the Jamboree activities would be complete without saying something of the morale of the Scouts. They were a happy,

keen, interested group. When it rained hard, and things looked "down at the mouth", they did not repine; they put on their bathing suits and played football in the slippery mud in their camps. If their tent had to be bailed out, they bailed it out, and repeated the process as often as necessary. It is true that they threw their hats out of the windows at the Washington Monument, walked the rails of the Memorial Bridge, swam in forbidden waters, and investigated the Capitol building with disconcerting minuteness; but there wasn't a thimbleful of evil in the entire outfit!

It is surely an unusual experience for a city to have 27,000 visitors for 10 days with a record that, among these visitors, there was not a single fight, a single drunk, a single case of venereal disease, and that it was not necessary to put a single one of these exemplary visitors in jail!

It appears to be the common feeling that the Boy Scout Jamboree was a great success. This success was accomplished by the organizing ability and careful planning of the leaders of the Boy Scouts of America, and by the able administration of Camp Chief Dr. James E. West and Executive Director A. A. Schuck; and it cannot fail to be considered as a strong testimonial to their energy and ability.

With particular regard to the medical service it is felt that the fact that it functioned as well as it did is due to three principal elements:

(1) The excellent type of men provided for the field work was conducive to constant watchful attention, and prompt, intelligent disposition of medical conditions.

(2) The very fine cooperation by the different United States Government and District of Columbia services insured prompt and adequate care.

(3) Last, but not least, the proper utilization of the above-mentioned facilities was made possible by the well-planned set-up furnished by Scout authorities, and particularly by the administrative ability and untiring attention to detail of the Health and Safety Service of the Boy Scouts of America.

## DEATHS DURING WEEK ENDED NOVEMBER 27, 1937

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

	Week ended Nov. 27, 1937	Corresponding week, 1936
<b>Data from 96 large cities in the United States:</b>		
Total deaths.....	7,806	8,259
Average for 3 prior years.....	8,119	-----
Total deaths, first 47 weeks of year.....	402,414	403,141
Deaths under 1 year of age.....	455	485
Average for 3 prior years.....	532	-----
Deaths under 1 year of age, first 47 weeks of year.....	25,769	26,053
<b>Data from industrial insurance companies:</b>		
Policies in force.....	69,959,006	68,752,055
Number of death claims.....	10,433	10,421
Death claims per 1,000 policies in force, annual rate.....	7.8	7.9
Death claims per 1,000 policies, first 47 weeks of year, annual rate.....	9.7	9.7

# 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.

In these and the following tables a zero (0) is to be interpreted to mean that no cases or deaths occurred, while leaders (.....) indicate that cases or deaths may have occurred, although none was reported.

*Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Dec. 4, 1937, and Dec. 5, 1936*

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936
<b>New England States:</b>								
Maine.....		5			40	33	0	1
New Hampshire.....					47	2	0	0
Vermont.....					63		0	0
Massachusetts.....	1	4			78	282	1	3
Rhode Island.....		1				147	0	0
Connecticut.....	14	4	6	4	6	75	1	1
<b>Middle Atlantic States:</b>								
New York.....	28	33	121	17	130	224	7	8
New Jersey.....	30	11	18	12	596	33	3	2
Pennsylvania.....	30	72			1,378	45	5	8
<b>East North Central States:</b>								
Ohio.....	41	34	2	4	269	10	3	5
Indiana.....	39	20	64	33	143	12	2	4
Illinois.....	39	25	30	22	628	19	3	8
Michigan.....	39	38	3	4	172	21	0	2
Wisconsin.....	5	6	47	27	82	44	0	0
<b>West North Central States:</b>								
Minnesota.....	9	7	1	1	5	15	4	0
Iowa.....	6	2	1		8	6	1	2
Missouri.....	17	29	48	58	151	7	1	3
North Dakota.....	2	5	2	11	2		0	0
South Dakota.....						1	0	0
Nebraska.....	9	5			1	2	0	2
Kansas.....	6	16	4	1	20	14	0	1
<b>South Atlantic States:</b>								
Delaware.....		3				9	0	0
Maryland <sup>1</sup> .....	20	19	4	14	8	84	4	6
District of Columbia.....	6	13	1	2	5	7	3	2
Virginia.....	34	57			102	30	3	8
West Virginia.....	29	26	24	24	141	15	2	3
North Carolina <sup>2,4</sup> .....	70	102	3	2	321	21	3	1
South Carolina <sup>3</sup> .....	12	16	371	381	21	24	3	2
Georgia <sup>3</sup> .....	22	30					1	1
Florida <sup>3</sup> .....	16	11	12	1	40	3	1	0
<b>East South Central States:</b>								
Kentucky.....	16	35	35	15	69	3	6	7
Tennessee.....	27	40	72	68	127	1	3	0
Alabama <sup>1</sup> .....	31	29	151	82	18	2	1	3
Mississippi <sup>1</sup> .....	17	12					0	1

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Dec. 4, 1937, and Dec. 5, 1936—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936
<b>West South Central States:</b>								
Arkansas.....	23	10	95	24	22	1	3	0
Louisiana.....	16	30	4	5	1	1	1	0
Oklahoma.....	33	11	88	69	8	8	0	1
Texas.....	57	152	354	631	80	78	2	9
<b>Mountain States:</b>								
Montana.....	1	3	4	10	4	4	0	1
Idaho.....	2	1	3	1	49	104	0	0
Wyoming.....					1	1	0	0
Colorado.....	7	7			61	2	1	4
New Mexico.....	3	7	1	1	43	13	0	1
Arizona.....	11	6	79	65	28	28	2	3
Utah.....	2	1		4	48	20	0	1
<b>Pacific States:</b>								
Washington.....	5	2			34	7	2	1
Oregon.....	10		17	41	8	11	1	1
California.....	44	53	27	83	57	27	2	4
<b>Total.....</b>	<b>829</b>	<b>993</b>	<b>1,588</b>	<b>1,701</b>	<b>5,092</b>	<b>1,495</b>	<b>75</b>	<b>110</b>
<b>First 48 weeks of year.....</b>	<b>25,336</b>	<b>26,041</b>	<b>284,737</b>	<b>149,753</b>	<b>269,401</b>	<b>276,276</b>	<b>5,073</b>	<b>6,967</b>

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid and paratyphoid fevers		Whooping cough
	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	
<b>New England States:</b>									
Maine.....	0	0	79	11	0	0	1	0	33
New Hampshire.....	0	0	19	1	0	0	0	0	15
Vermont.....	0	0	8	14	0	0	0	0	47
Massachusetts.....	1	0	161	129	0	0	8	1	172
Rhode Island.....	0	0	23	28	0	0	1	2	33
Connecticut.....	1	0	71	44	0	0	2	1	37
<b>Middle Atlantic States:</b>									
New York.....	4	2	371	400	0	0	14	9	393
New Jersey.....	0	1	97	72	0	0	4	1	163
Pennsylvania.....	2	3	298	438	0	0	28	35	371
<b>East North Central States:</b>									
Ohio.....	1	7	317	285	1	0	7	13	638
Indiana.....	0	0	196	197	21	3	0	2	28
Illinois.....	6	6	429	343	2	1	8	13	75
Michigan.....	3	4	468	406	2	0	5	5	239
Wisconsin.....	5	0	162	197	6	7	0	1	177
<b>West North Central States:</b>									
Minnesota.....	4	0	131	140	15	4	0	2	43
Iowa.....	1	1	254	92	24	10	0	0	34
Missouri.....	5	1	162	139	7	3	12	16	95
North Dakota.....	0	0	45	43	12	12	2	0	24
South Dakota.....	0	0	25	55	10	15	0	3	34
Nebraska.....	0	1	33	42	4	0	1	0	26
Kansas.....	0	0	139	196	1	10	0	2	83
<b>South Atlantic States:</b>									
Delaware.....	0	0	7	10	0	0	0	3	7
Maryland.....	0	1	75	87	0	0	2	2	76
District of Columbia.....	0	0	17	20	0	0	0	6	5
Virginia.....	1	2	41	61	0	0	7	7	72
West Virginia.....	0	0	92	52	0	0	3	6	102
North Carolina.....	1	3	62	68	0	3	12	215	
South Carolina.....	0	1	10	6	0	0	5	59	
Georgia.....	0	1	34	35	0	3	6	8	14
Florida.....	0	0	16	18	0	0	0	0	7

See footnotes at end of table.

*Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Dec. 4, 1937, and Dec. 5, 1936—Continued*

Division and State	Polio-myelitis		Scarlet fever		Smallpox		Typhoid and paratyphoid fevers		Whooping cough
	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	Week ended Dec. 4, 1937	Week ended Dec. 5, 1936	
<b>East South Central States:</b>									
Kentucky.....	0	1	22	54	1	0	2	9	36
Tennessee.....	0	4	48	37	0	0	4	11	35
Alabama.....	4	3	27	30	0	0	2	6	44
Mississippi.....	1	1	15	19	0	1	1	7	-----
<b>West South Central States:</b>									
Arkansas.....	0	2	40	7	2	1	6	5	24
Louisiana.....	1	2	3	9	0	1	4	7	26
Oklahoma.....	2	4	64	16	2	0	16	3	18
Texas.....	6	7	110	190	0	1	37	42	164
<b>Mountain States:</b>									
Montana.....	0	0	18	37	23	25	1	3	22
Idaho.....	1	0	42	36	8	1	3	2	9
Wyoming.....	0	0	7	17	6	0	5	1	10
Colorado.....	3	0	49	27	14	0	5	0	7
New Mexico.....	0	1	40	17	0	0	13	9	27
Arizona.....	1	0	6	12	0	0	5	3	-----
Utah.....	0	0	75	19	0	0	1	0	6
<b>Pacific States:</b>									
Washington.....	4	1	46	57	16	2	1	3	106
Oregon.....	1	0	45	40	9	14	2	2	-----
California.....	9	7	176	220	13	4	11	11	279
<b>Total.....</b>	<b>68</b>	<b>68</b>	<b>4,735</b>	<b>4,468</b>	<b>200</b>	<b>118</b>	<b>234</b>	<b>280</b>	<b>4,130</b>
First 48 weeks of year.....	9,316	4,340	204,483	214,741	9,771	6,778	14,555	14,036	-----

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

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

<sup>3</sup> Typhus fever, week ended Dec. 4, 1937, 43 cases, as follows: North Carolina, 2; South Carolina, 4; Georgia, 19; Florida, 3; Alabama, 6; Texas, 9.

<sup>4</sup> Rocky Mountain spotted fever, week ended Dec. 4, 1937, North Carolina, 1 case.

<sup>5</sup> Figures for 1936 are exclusive of Oklahoma City and Tulsa.

**SUMMARY OF MONTHLY REPORTS FROM STATES**

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

State	Menin-gococ-cus menin-gitis	Diph-theria	Infu-enza	Mala-ria	Mea-sles	Pe-ra-gra	Polio-my-e-litis	Scar-let fever	Small-pox	Ty-phoid fever
<i>July 1937</i>										
South Carolina.....		110	199	1,513	69	188	4	18	0	84
<i>August 1937</i>										
South Carolina.....	1	203	226	1,567	44	112	4	23	5	50
<i>September 1937</i>										
South Carolina.....		243	380	1,374	24	77	2	20	0	53
<i>October 1937</i>										
North Dakota.....	1	6	3	-----	1	-----	1	118	51	5
South Carolina.....		343	698	1,184	44	78	2	45	0	33
<i>November 1937</i>										
Connecticut.....	2	29	14	-----	19	-----	7	210	0	3
North Carolina.....	11	387	12	76	819	35	6	268	0	51



City reports for week ended Nov. 27, 1937—Continued

State and city	Influenza		Meas-les cases	Pneu-monia deaths	Scar-let fever cases	Small-pox cases	Tuber-culosis deaths	Ty-phoid fever cases	Whoop-ing cough cases	Deaths, all causes
	Cases	Deaths								
<b>New Jersey:</b>										
Camden	0	1	0	0	8	0	1	0	1	33
Newark	1	0	0	2	5	0	3	0	24	104
Trenton	0	0	0	54	3	5	0	1	1	30
<b>Pennsylvania:</b>										
Philadelphia	4	1	15	23	52	0	25	9	32	408
Pittsburgh	7	4	8	189	15	30	0	3	1	156
Reading	0	1	2	0	8	0	0	0	2	27
Scranton	0	0	4	0	2	0	0	0	0	0
<b>Ohio:</b>										
Cincinnati	1	0	2	9	11	0	7	0	5	127
Cleveland	4	14	0	45	18	41	15	0	32	192
Columbus										
Toledo	0	0	0	6	5	8	0	4	0	51
<b>Indiana:</b>										
Anderson	1	0	0	0	1	12	0	0	0	15
Fort Wayne	0	0	1	1	1	0	0	0	0	31
Indianapolis	5	0	1	13	14	0	5	0	11	106
Muncie	1	0	2	2	2	0	0	0	0	20
South Bend	0	0	0	1	3	0	1	0	5	20
Terre Haute	0	0	0	6	0	1	0	0	0	16
<b>Illinois:</b>										
Alton	0	0	44	0	5	0	0	0	0	14
Chicago	20	10	132	37	122	0	32	3	35	677
Egin	0	0	0	1	1	0	0	0	0	8
Moline	0	0	4	0	20	0	0	0	1	10
Springfield	0	0	1	3	5	0	0	0	0	18
<b>Michigan:</b>										
Detroit	11	3	1	81	22	101	0	13	1	37
Flint	0	0	1	4	19	0	1	0	10	21
Grand Rapids	1	0	3	0	15	0	0	0	10	29
<b>Wisconsin:</b>										
Kenosha	0	0	0	0	0	0	1	0	0	7
Madison	0	0	0	0	0	0	1	0	4	25
Milwaukee	0	0	21	6	8	0	1	0	13	95
Racine	0	0	0	0	1	0	0	0	2	14
Superior	0	0	0	0	0	0	0	0	3	8
<b>Minnesota:</b>										
Duluth	0	0	1	1	5	0	1	0	5	20
Minneapolis	0	0	2	3	21	0	1	0	14	82
St. Paul	1	0	0	0	7	0	0	0	1	78
<b>Iowa:</b>										
Cedar Rapids	0	0	0	0	1	0	0	0	2	0
Davenport	0	0	0	0	0	0	0	0	0	0
Des Moines	1	0	0	0	44	0	0	0	1	35
Sioux City	0	0	0	1	1	0	0	0	2	0
Waterloo	2	0	0	0	7	0	0	0	0	0
<b>Missouri:</b>										
Kansas City	5	1	4	9	8	0	4	0	1	109
St. Joseph	5	0	1	2	1	0	0	0	0	33
St. Louis	20	0	54	15	34	0	8	0	3	220
<b>North Dakota:</b>										
Fargo	0	0	0	0	0	0	0	0	8	7
Grand Forks	0	0	0	0	7	0	0	0	0	0
Minot	0	0	0	0	0	0	0	0	5	9
<b>South Dakota:</b>										
Aberdeen	1	0	0	0	2	0	0	0	3	0
Sioux Falls	0	0	0	0	4	0	0	0	0	10
<b>Nebraska:</b>										
Omaha	4	0	0	6	1	0	0	0	0	43
<b>Kansas:</b>										
Lawrence	0	0	0	1	2	0	0	0	2	8
Topeka	0	0	1	0	3	0	0	0	5	11
Wichita	0	0	0	3	3	0	0	0	7	25
<b>Delaware:</b>										
Wilmington	0	0	0	2	2	0	1	0	3	27
<b>Maryland:</b>										
Baltimore	18	3	1	2	17	19	0	9	1	51
Cumberland	0	0	0	0	0	0	0	0	0	12
Frederick	0	0	0	0	0	0	0	0	0	5
<b>District of Columbia:</b>										
Washington	5	1	1	1	12	11	0	13	0	5
<b>Virginia:</b>										
Lynchburg	2	0	0	0	1	0	0	0	0	15
Norfolk	0	0	13	3	5	0	1	0	1	23
Richmond	0	0	1	4	3	0	2	1	0	57
Roanoke	2	0	0	2	1	0	1	0	0	16

## City reports for week ended Nov. 27, 1937—Continued

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
West Virginia:											
Charleston	0	1	0	0	2	1	0	1	0	0	17
Huntington	3	0		6	1	2	0	0	0	0	
Wheeling	0		0	0		9	0	0	0	10	16
North Carolina:											
Gastonia	0			0		2	0		0	0	
Raleigh	0		0	2	3	0	0	0	0	19	10
Wilmington	0		0	0	1	0	0	0	0	13	14
Winston-Salem	0		0	0	0	4	0	1	0	1	18
South Carolina:											
Charleston	1	22	0	2	5	5	0	2	0	0	32
Florence	1	0		0	0	0	0	0	0	0	10
Greenville	1	0		0	1	1	0	0	0	0	11
Georgia:											
Atlanta	3	29	2	9	14	3	0	9	0	12	103
Brunswick	0		0	0	2	0	0	0	0	0	11
Savannah	1	24	6	1	2	1	0	1	0	1	41
Florida:											
Miami	0		0	13	3	0	0	1	0	1	33
Tampa	0	1	1	0	3	1	0	1	0	0	28
Kentucky:											
Covington	0		0	0	5	3	0	1	0	0	21
Lexington	0	5	0	2	3	0	0	2	0	2	23
Louisville	1	1	0	20	8	24	0	2	0	7	35
Tennessee:											
Knoxville	0		0	0	5	5	0	0	1	0	26
Memphis	1		1	6	2	5	0	4	1	13	58
Nashville	1		2	0	2	6	0	1	0	2	45
Alabama:											
Birmingham	3	11	0	2	5	1	0	4	1	0	60
Mobile	0		4		4	2	0	1	0	0	39
Montgomery	1	1		1		1	0		0	0	
Arkansas:											
Fort Smith	0			0		8	0		0	0	
Little Rock	1		0	2	1	3	0	3	0	1	5
Louisiana:											
Lake Charles	0		0	0	2	0	0	0	0	0	12
New Orleans	2	1	1	0	13	3	0	10	0	0	172
Shreveport	0		0	0	7	2	0	3	1	1	50
Oklahoma:											
Oklahoma City	0	2	0	0	1	3	0	0	0	0	24
Tulsa	1			0		7	0		0	10	
Texas:											
Dallas	3		0	0	4	13	0	5	0	1	78
Fort Worth	1		0	0	3	2	0	0	2	1	36
Galveston	0		0	0	3	1	0	0	0	0	14
Houston	2		0	0	13	3	0	9	1	0	109
San Antonio	1		2	1	9	1	0	8	1	0	83
Montana:											
Billings	0		0	1	1	0	0	0	0	0	6
Great Falls	0		0	1	2	0	9	0	0	4	10
Helena	0		0	0	0	0	0	0	0	4	1
Missoula	0		0	0	1	1	0	0	0	0	4
Idaho:											
Boise	0		0	1	2	1	0	0	0	0	7
Colorado:											
Colorado Springs	0		0	0	2	4	0	1	0	0	12
Denver	7		1	19	7	13	0	2	0	1	74
Pueblo	0		0	0	3	2	0	1	0	4	15
New Mexico:											
Albuquerque	0		0	7	3	0	0	0	0	3	13
Utah:											
Salt Lake City	0		0	2	1	19	0	1	0	2	27
Washington:											
Seattle	0		0	1	2	6	0	3	1	12	80
Spokane	0		0	0	1	2	0	0	1	2	23
Tacoma	0		0	0	0	5	2	0	0	15	28
Oregon:											
Portland	3		0	1	1	16	0	2	0	1	77
Salem	0			2		1	0		0	0	
California:											
Los Angeles	8	15	0	4	11	23	0	11	0	20	283
Sacramento	0	10	0	0	0	1	0	1	0	25	24
San Francisco	0	1	0	1	8	1	0	8	1	56	168

## City reports for week ended Nov. 27, 1937—Continued

State and city	Meningococcus meningitis		Polio- mye- litis cases	State and city	Meningococcus meningitis		Polio- mye- litis cases
	Cases	Deaths			Cases	Deaths	
Rhode Island:				Maryland:			
Providence.....	1	0	0	Cumberland.....	1	0	0
New York:				West Virginia:			
Buffalo.....	0	0	1	Wheeling.....	1	1	0
New York.....	2	0	2	North Carolina:			
Rochester.....	0	0	1	Winston-Salem.....	1	0	0
Syracuse.....	0	0	1	Georgia:			
New Jersey:				Atlanta.....	1	0	0
Newark.....	1	0	0	Tennessee:			
Trenton.....	1	0	0	Knoxville.....	1	0	0
Pennsylvania:				Louisiana:			
Philadelphia.....	2	0	0	New Orleans.....	0	0	2
Ohio:				Texas:			
Cincinnati.....	2	1	0	Houston.....	0	0	1
Cleveland.....	1	0	0	Utah:			
Illinois:				Salt Lake City.....	0	0	1
Chicago.....	1	0	0	California:			
Minnesota:				Los Angeles.....	4	1	1
St. Paul.....	0	0	1	Sacramento.....	0	0	2
Missouri:				San Francisco.....	1	0	1
Kansas City.....	0	0	1				
St. Louis.....	0	0	1				

*Encephalitis, epidemic or lethargic.*—Cases: Providence, 1; New York, 2; Toledo, 1; Chicago, 1; St. Louis, 2.

*Pellagra.*—Cases: Baltimore, 1; Atlanta, 3; Tampa, 1; San Francisco, 1.

*Typhus fever.*—Cases: Minot, 1; Savannah, 2; Miami, 1; Nashville, 8; Houston, 1.

# FOREIGN AND INSULAR

## SWEDEN

*Notifiable diseases—October 1937.*—During the month of October 1937, cases of certain notifiable diseases were reported in Sweden as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis.....	7	Poliomyelitis.....	1 490
Diphtheria.....	37	Scarlet fever.....	1, 819
Dysentery.....	64	Syphilis.....	24
Epidemic encephalitis.....	1	Typhoid fever.....	6
Gonorrhoea.....	1, 040	Undulant fever.....	12
Paratyphoid fever.....	10	Weill's disease.....	1

<sup>1</sup> Includes 80 cases nonparalytic at time of notification.

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

NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the PUBLIC HEALTH REPORTS for November 26, 1937, pages 1738-1752. Similar cumulative tables will appear in future issues of the PUBLIC HEALTH REPORTS for the last Friday of each month.

### Cholera

*China.*—During the week ended November 27, 1937, cholera was reported in China as follows: Hong Kong, 1 case; Shanghai, 10 cases.

*French Indochina—Haiphong.*—During the week ended November 27, 1937, 6 cases of cholera were reported in Haiphong, French Indochina.

*India.*—Cholera has been reported in India as follows: Week ended November 6, 1937, 1 case in Delhi; week ended November 27, 1937, 1 fatal case in Rangoon.

### Plague

*Hawaii Territory—Island of Hawaii—Hamakua District.*—Plague-infected rats have been found in Hamakua District, island of Hawaii, Hawaii Territory, as follows: Hamakua Mill sector, 1 rat on November 24, and 2 rats on November 26; Paauhau sector, 1 rat on November 10, 1 rat on November 12, 1 rat on November 22, and 1 rat on November 24, 1937.

*Peru.*—During the month of October 1937, plague has been reported in Peru as follows: Lambayeque Department, 1 case, 1 death; Libertad Department, 2 cases, 2 deaths; Lima Department, 6 cases, 4 deaths.

*Siam.*—During the week ended October 2, 1937, 57 cases of plague with 57 deaths were reported in the Provinces of Siam.

**Smallpox**

*Mexico*.—During the month of September 1937, cases of smallpox were reported in Mexico, by States, as follows: Aguascalientes, 5; Campeche, 1; Chihuahua, 4; Coahuila, 2; Durango, 15; Guanajuato, 7; Hidalgo, 1; Jalisco, 5; Mexico, 3; Mexico, D. F., 11; Michoacan, 37; Nayarit, 1; Nuevo Leon, 2; Queretaro, 5; Sinaloa, 3; Tabasco, 1; Tlaxcala, 3; Vera Cruz, 2; Zacatecas, 1:

**Typhus Fever**

*Chile—Iquique*.—During the week ended November 6, 1937, 1 case of typhus fever was reported in Iquique, Chile.

*Mexico*.—During the month of September 1937, cases of typhus fever were reported in Mexico, by States, as follows: Aguascalientes, 1; Campeche, 2; Durango, 1; Guanajuato, 19; Hidalgo, 4; Jalisco, 2; Mexico, 29; Mexico, D. F., 29; Michoacan, 5; Puebla, 55; Queretaro, 3; San Luis Potosi, 6; Tamaulipas, 2; Tlaxcala, 3; Vera Cruz, 9; Zacatecas, 2.

**Yellow Fever**

*Gold Coast—Tarkwa*.—On November 25, 1937, 1 fatal case of suspected yellow fever was reported in Tarkwa, Gold Coast.

*Ivory Coast—Gaoua*.—On December 1, 1937, 1 suspected case of yellow fever was reported in Gaoua, Ivory Coast.

*Nigeria—Wana*.—On November 27, 1937, 2 cases of yellow fever were reported in Wana, Nigeria.

*Paraguay—Asuncion*.—On November 14, 1937, 1 case of yellow fever was reported in Asuncion, Paraguay. All precautionary measures have been taken.

*Senegal—Diourbel*.—On November 29, 1937, 1 suspected case of yellow fever was reported in Diourbel, Senegal.