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THE PATIENT LOAD OF PHYSICIANS IN PRIVATE PRACTICE

A COMPARATIVE STATISTICAL STUDY OF THREE AREAS¹

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INTRODUCTION

Statistics on the patient load of private medical practitioners in Maryland and the District of Columbia have already been presented.² Similar data for the State of Georgia now make possible comparisons from which more definitive conclusions about the significance of the findings may be drawn.

It is known that the three areas differ in social and economic characteristics. In addition, they differ with respect to available medical facilities. Before the wholesale entry of physicians into the armed forces was begun, the District of Columbia had a ratio of 570 persons per physician, the ratio in Maryland was 940 persons, while in Georgia it was 1,380 persons per physician. At the time the studies here described were made,³ the number of persons per physician in the District of Columbia, Maryland, and Georgia had increased to 840, 1,190, and 1,760, respectively.

MATERIAL

The questionnaires used in obtaining information from the physicians are reproduced in the appendix. Modifications were made in

¹ From the Division of Public Health Methods, National Institute of Health. A study carried out for the Committee on the Allocation of Medical Personnel of the Procurement and Assignment Service.

Dr. F. X. McGovern, former chairman of the District of Columbia Procurement and Assignment Service, Mr. Theodore Wiprud, executive secretary of the Medical Society of the District of Columbia, Dr. C. W. Maxson, chairman of the Maryland Procurement and Assignment Service, and Dr. W. A. Selman, chairman of the Georgia Procurement and Assignment Service, cooperated in these studies.

² Ciocco, Antonio, and Altman, Isidore: Statistics on the patient load of physicians in private practice. J. Am. Med. Assoc., 121: 506-513 (Feb. 13. 1943).

³ Physicians in the study areas were asked to state their patient loads for the following weeks in 1942: District of Columbia, August 30-September 5; Maryland, October 5-October 10; Georgia, December 13-December 19.

the schedule as experience was gained in successive studies. The number of physicians in private practice to whom the questionnaires were sent and the number and percentage of replies received are shown in the following brief table:

	Questionnaires	Questionnaire	Percentage
	sent	r etu r ne d	returned
District of Columbia	991	597	60
Maryland	1, 623	1, 065	66
Georgia	1, 777	1, 013	57

In each of the areas studied, a comparison between the physicians who replied and those who did not reveals little difference with respect to age, sex, specialty, and place of practice; and it can be safely presumed that the physicians who replied are fairly representative of all the physicians in the areas studied.

WEEKLY PATIENT LOAD OF GENERAL PRACTITIONERS

The term "general practitioners" as here employed includes all physicians except those whose practice is designated as being *limited* to a special field of medical practice.⁴

For each of the three areas studied, the distribution of the white male general practitioners according to number of patients seen in 1 week is shown in figures 1a and 1b; the means and standard deviations of the distribution are presented in table 1, and in detail by age group in appendix table 1. For Maryland, the data are given separately for Baltimore City and the 23 counties. For Georgia, the 6 counties in which are located cities of 50,000 or more persons have been grouped together and hereafter will be called the urban counties. These 6 counties are Fulton and DeKalb (Atlanta), Bibb (Macon), Chatham (Savannah), Muscogee (Columbus), and Richmond (Augusta). The remaining 153 counties of Georgia are treated as one group, which for the sake of simplicity will be termed rural.

A glance at figures 1a and 1b reveals the isomorphism of all the distributions illustrated. The peak, i. e., the highest number of physicians, is at 40-80 patients for all the areas compared; and the dispersion of the distribution is also the same in all the areas. In Georgia the average weekly patient load equals 112 for the urban physicians and 111 for the rural. The averages are slightly lower than those observed in Washington and Baltimore, and quite a bit lower than that of the Maryland counties.

The values of the standard deviation are also slightly smaller for the Georgia physicians, but not significantly so. These values indicate that in the samples studied the total patient load of two-

⁴ For the District of Columbia sample, the records of the medical society were utilized for this information. For the Maryland and Georgia samples, the information reported in the 1942 Directory of the American Medical Association was used.

thirds of the general practitioners varies between 30 and 200 patients weekly, and the office patient load varies from 20 to 150 patients.

From table 1 it may be seen that general practitioners see the bulk of their patients in the office. A comparison of the five locales reveals that the proportion of office patients to all patients is almost



FIGURE 1a.—Patients seen in 1 week by white male general practitioners in the District of Columbia and Maryland.

Of the total average weekly patient load the perthe same in each. centage seen in the office was as follows:

	Percentage
District of Columbia	75
Baltimore	69
Maryland counties	73
Georgia counties:	
Urban	70
Rural	71

			•	Weekly pa	tient lo a	4	
Place of practice	of physi- cians giving		Ave	rages		Stan devia	dard tions
	tion	Office	Office Hospi- tal Home of patient Total				Total
District of Columbia	156	86	8	21	115	68	84
Baltimore Exclusive of Baltimore City	288 262	82 96	67	81 29	119 132	64 71	88 88
Total	550	89	7	30	126	68	88
Urban Rural	170 436	78 79	11 6	23 26	112 111	53 59	73 77
Total	606	79	7	25	111	57	76

 TABLE 1. —Average weekly patient load of white male general practitioners, by place of practice

The proportion of patients seen in the office by Baltimore physicians is the lowest, but it is only 6 percent lower than the highest proportion, that seen by the District of Columbia general practitioners.



AGE AND PATIENT LOAD

The average patient load of physicians varies markedly from age group to age group. Figure 2 (cf. also appendix table 1) brings out in a striking manner the uniformity in the direction and degree of the age trend. Physicians apparently achieve their peak of activity (in terms of number of patients) between the ages of 35 and 44. The general practitioners under 35 years of age demonstrate on the whole a slightly lower average, but nevertheless one that is higher than the average for the ages 45 and above.

Physicians 65 years and older show the lowest patient load, from one-third to one-half that of the men between 35 and 44 years. The fraction would be even smaller if all the physicians over 65 years who see any patients at all were to be included in the tally. But the tabulation has been limited to physicians ostensibly in active practice, and physicians who indicated that they were quasi retired



FIGURE 2.—Average number of patients seen in 1 week by white male general practitioners in different age groups.

or about to retire, although still seeing one or two patients, have been excluded. On the other hand, findings for this age group do not imply that every physician 65 years and older is only one-third or one-half as effective as his younger colleagues. Many of the older men carry a very full and more active practice than younger ones, as is apparent from the values of the standard deviation in the patient load of the oldest age group (appendix table 1).

The close resemblance of the results for the several areas so widely divergent from many standpoints, permits combining the values to reveal even more effectively the pattern of the trend. Figure 3 illustrates graphically the results of pooling the data. The findings on the practitioners of Baltimore and the District of Columbia and of the 6 counties of Georgia containing cities of 50,000 population or more have been combined to form the urban group. In the rural group are included all the 23 counties of Maryland and the remaining 153 counties of Georgia. In figure 3 the influence of age on the patient load is demonstrated for both groups. One is also able to perceive more clearly the differences between the average patient load of urban and rural physicians. For the ages below 65 years the rural physicians consistently exhibit a greater patient load. This greater patient load may be regarded as a consequence of the smaller number of physicians in the more rural areas.



FIGURE 3.—Average number of patients seen in 1 week by white male general practitioners in urban and rural practice.

Age differences are also to be observed with reference to the ratio of home calls to office calls. It is found that the ratio increases with age of physician; that is, the older general practitioners make relatively more home calls than do the younger ones. The following table compares the youngest and oldest age groups in this respect:

	Ratio of home calls to office calls (office calls=100)							
Age group	District of	Deltiment	Marvland	Georgia counties				
	Columbia	Baltimore	counties	Urban	Rural			
Under 35	24 38	26 64	27 3 3	26 41	26 46			

Perhaps the above is evidence of differences in manner of practice, or it may represent differences in the kinds of patients seen by the younger and by the older men.

PATIENT LOAD OF FEMALE AND OF NEGRO PHYSICIANS

The small number of Negro male physicians and of female physicians, both Negro and white, does not permit adequate comparison with respect to age and specialty. Indeed, there are so few Negro physicians in the Maryland counties and so few female physicians in private practice in Georgia that the data on them are not presented. The pertinent data for these groups are presented in table 2 and appendix table 2. From the tables it will be seen that Negro physicians in urban areas have about the same average patient load as their white colleagues. On the other hand, the average patient load of the rural Negro practitioner is quite low. With reference to the female physicians, it is found that the younger practitioners have a greater patient load than the older physicians, and that female physicians carry a much lower patient load than the males. But caution is urged in the interpretation of these data because of the small numbers of physicians involved.

			٦	Weekly pa	tient load	i	
Sex and color, and place of practice	Number of physi- cians giving		Ave	rages		Stan devis	dard tions
	tion	Office	Hospi- tal	Home of patient	Total	Office	Total.
Negro males: District of Columbia Baltimore, Md Georgia: Urban Rural.	48 29 24 23	78 88 67 50	6 8 4 1	23 30 39 24	107 126 110 75	73 60 61 47	88 74 84 60
Total Females (all): District of Columbia Baltimore, Md	47 19 16	59 62 43	2 10 15	31 14 6	92 86 64	55 87 60	76 53 68

 TABLE 2. —Average weekly patient load of Negro male and of female physicians, by

 place of practice

PATIENT LOAD OF SPECIALISTS

Only those physicians with practice limited to a particular branch of medicine have been classified as specialists. In terms of the number of physicians involved, the major types of specialty are: Internal medicine, surgery (including orthopedics), obstetrics and gynecology, pediatrics, and ophthalmology and otorhinolaryngology.⁵ The average

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[•] Ophthalmology and otorhinolaryngology have been combined because of the large number of eye, ear, nose, and throat specialists in these samples.

weekly patient load of these specialists is presented in table 3 and appendix table 3. A sufficient number of neurologists and psychiatrists in the District of Columbia and Baltimore responded so that data for this group are also included in the table. No distinction is made between rural and urban specialists in Georgia since practically all specialists are located in cities and large towns.

TABLE 3.—Average weekly patient load of white male physicians engaged in practice limited to special fields

				Weekly pa	tient load	1	
Specialty and place of practice	of phy- sicians giving		۸v	erages		Stan devia	dard tions
	tion	Office	Office Hos- pital Patient Total				Total
Internal medicine:							
District of Columbia	. 50	71	10	14	95	54	61
Baltimore, Md	. 81	49	10	17	76	40	54
Georgia	42	84	19	17	120	53	77
Surgery:	1						
District of Columbia	. 37	66	21	8	95	59	85
Baltimore, Md	55	74	25	11	110	63	78
Georgia	. 39	87	28	9	124	· 61	82
Obstetrics and gynecology:	1						
District of Columbia	31	75	16	8	99	37	44
Baltimore Md	47	56	22	7	85	. 27	41
Georgia	16	88	21	8	117	40	53
Pediatrics:				~			
District of Columbia	21	02	10	23		32	41
Coorgio	19	51	10	50	110	29	62
Onbthalmalogy and starbinalary galagy.	40	81	12	30	139	69	60
District of Columbia	40	en		9			47
Baltimore Md	40	100	16	3	199	74	\$1
Georgia	49	111	19	0	124	61	80
Neurology and nevehiatry.	10		•	0	124	01	1
District of Columbia	13	20	10	1	21	7	26
Baltimore. Md	12	20	10		31	19	20

The data on the patient load of specialists reveal little regularity of pattern. While the specialists of the District of Columbia and Baltimore, with the exception of the pediatricians and the ophthalmologists and otorhinolaryngologists, carry a somewhat lower patient load on the average than do the general practitioners, specialists in Georgia consistently have a higher patient load. Neither are comparisons of specialists under 45 years of age with those 45 years of age and older very revealing. The only specialties having the same age difference in all areas—a higher patient load among the younger men—are surgery and eye, ear, nose, and throat work.

As is to be expected, the relative number of home visits made by specialists is small. Visits by pediatricians constitute an exception, being even greater in proportion to office visits than is the case for general practitioners. The standard deviation of the patient load of specialists is in general smaller than that of general practitioners. This probably reflects the greater homogeneity of the activities of specialists in comparison with general practitioners.

PATIENT LOAD AND OFFICE WORKING TIME

General practitioners in the larger cities spend an average of 5.2 hours per day in the office seeing patients; in more rural practice, they spend about 6 hours per day in the office. These data are brought out in table 4. On the whole, it would appear that the older physicians hold only slightly shorter office hours than the younger men. Therefore, as table 4 clearly shows, the younger men see more patients per unit of time than do the older physicians. The average number of patients per hour is found to be nearly the same for both Maryland groups and for the practitioners of the Georgia urban counties. Only the practitioners of rural Georgia have an appreciably lower rate.

Judged from the data at hand, the rate of weekly patients per hour for the Maryland practitioners under 45 years of age may be regarded as an optimum rate. It can be calculated, then, that at

TABLE 4.—Average number of hours spent in office seeing patients. White male general practitioners

	Avera (:	ge number ± standard	of hours p deviation	er day s)	Estimat office fice pe	ed avera patients j or day	ge number per hour sp	of weekly ent in of-
Age group		Mary-	Geo	Georgia		Mary-	Geo	rgia
	Balti- more	coun- ties	Urban counties	Rural counties	Balti- land more coun- ties	Urban counties	Rural counties	
Under 35 35-44. 45-64. 65 and over	5.2±1.8 5.8±2.0 4.9±1.8 4.7±1.6	$\begin{array}{c} 6.1 \pm 1.8 \\ 6.5 \pm 1.6 \\ 5.5 \pm 1.8 \\ 5.3 \pm 2.0 \end{array}$		7. 5 ± 2.1 7. 2 ± 1.7 6. 4 ± 2.2 5. 8 ± 2.1	20 19 14 9	20 20 16 8	16 20 15 7	15 16 12 7
All ages	5.2±1.8	5.9±1.8	5.2±1.7	6.5±2.3	16	16	15	12

the rate of 20 patients weekly for each hour spent daily in the office and under conditions which would allow a constant flow of patients at the same rate, the average weekly office patient load would increase from 20 patients for the physicians who spend 1 hour in the office to 160 patients for those who spend 8 hours. In figure 4 this estimate is compared with changes in office patient load with every hour spent in the office as observed in the sample studied.

From the data given in the figure, it appears that the Maryland general practitioners under 45 years of age actually do increase the number of their office patients at a constant rate of approximately 20 patients per week for each additional daily hour spent in the office. A linear trend but of lesser slope is also observed for the Georgia practitioners under 45 years of age for office work up to 7 hours' duration. These physicians add only about 15 weekly patients for each extra hour spent in the office.

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When all ages are combined, the increment in average patient load for each additional hour spent in office is less than that for the men under 45 years of age. The men of this age group see on the average almost 20 more patients per week for each hour spent in the office than do the physicians of all ages. The pattern of differences



FIGURE 4.—Average number of office patients seen in 1 week by Maryland and Georgia white male general practitioners, according to number of daily office hours.

between the patient loads of the Maryland and of the Georgia practitioners of all ages is the same as that between the practitioners under 45 years of age.

ESTIMATE OF OPTIMUM PATIENT LOAD

In the Georgia survey, the physicians were specifically asked to state the number of patients they could see in 1 week and still furnish satisfactory care. Of the urban general practitioners who replied, 60 percent declared that they could increase their present patient load, while the remainder stated that their present patient load was as high as or higher than they could manage. Among the rural general practitioners only 49 percent declared that they could increase their patient load.

If we add to the actual patient load the number of additional patients that the physicians believe they can serve and assume that the physicians who already carry an excessive patient load will continue to do so, then the maximum patient load of the urban physicians will amount to 135 patients weekly, and of the rural general practitioners to 128 patients. At present the patient load equals 112 and 111 patients for urban and rural general practitioners, respectively.

Age group	Number of patients seen in 1 week	Number of patients that could be seen	Percent excess of column 3 over column 2
(1)	(2)	(3)	(4)
Urban counties: Under 35	120 168 108 55	116 181 132 65	(—3) 8 22 18
All ages	112	129	18
Rural counties: Under 35	145 155 113 62	153 159 128 70	6 3 13 13
All ages	111	123	11

 TABLE 5.—Comparison of number of patients physicians stated they could see with number of patients seen. Georgia white male general practitioners

On the other hand, if the actual patient loads are adjusted to the stated capacities of the physicians, i. e., patients are added or subtracted according to the physician's own evaluation of his optimum patient load, the results shown in table 5 are obtained. The younger general practitioners have almost reached the optimum patient load and, as a matter of fact, the urban physicians under 35 years of age believe that they have slightly more patients than they can satisfactorily serve. The older men can increase their patient load relatively more than the younger men, but the average patient load that the men above 45 years of age can carry remains lower than that of the men below this age. For example, the general practitioners between 45 and 64 years of age in the urban counties believe that they can increase their present patient load by 22 percent on the average. This would bring their patient load to 132 patients, which is less than the actual patient load of the men between 35 and 44 years. The general practitioners 65 years of age and older in the urban counties can raise their patient load by 18 percent on the average, but it still would leave their patient load at 65 patients weekly.

Taking all ages together the optimum patient load of the urban general practitioners equals 129, and of the rural men, 123. These averages represent the most patients that physicians believe they can treat under existing conditions of practice and still furnish satisfactory care. From the information obtained, then, it may be concluded that 125 weekly patients constitute the highest average patient load that, under conditions prevailing in Georgia, can be carried by a group of physicians of the observed age distribution. This average of 125 patients weekly does not, however, represent the maximum patient load of physicians. Under other conditions of practice more patients could be seen. For example, if it were possible to limit the practice entirely to the office and to arrange the schedule of visits so that the patients come to the office at a constant rate and without interruptions, then for each 8 hours daily spent in the office, an average of 160 patients weekly could be seen by the general practitioners, as is indicated in figure 4 and discussed above. These considerations lead one to believe that the true maximum patient load, i. e., the maximum working capacity of the average general practitioner following prevailing precepts of practice, lies between 125 and 160 patients weekly.

PHYSICIANS REQUIRED FOR PRESENT VOLUME OF SERVICE

The data on patient load offer the possibility of arriving at a measure of the amount of medical services given by the physicians of a community to private patients. The product of the average weekly patient load by the total number of physicians of the community can be assumed to give the number of persons who visited the physician or were visited by him during the week. Assuming also that the physician's year is composed of 50 weeks, then the number of persons seen in 1 week multiplied by 50 will yield an estimate of the total number of calls or services rendered by private practitioners in a year. The results of these computations, expressed in terms of annual services per person, are shown in table 6. The

	Average annual services per person 1							
Type of practice	District of Columbia	Baltimore	Maryland (total)	Georgia (urban)	Georgia (total)			
Male white:								
General practice Limited:	2.13	3. 38	3.07	2. 55	2. 23			
Internal medicine	. 57	. 39	. 21	.41	. 13			
Surgery	. 51	. 49	.29	.32	. 16			
Obstetrics and gynecology	. 39	. 37	. 18	. 15	.05			
Pediatrics	. 23	. 32	.17	. 27	. 11			
Ophthalmology and otorhino-								
laryngology	. 50	. 42	. 26	. 41	. 18			
Neurology and psychiatry	.04	.04	. 02	. 01	(1)			
Other ³	. 25	. 24	. 12	. 24	.08			
All male white practitioners *	4.62	5.65	4.32	4.36	2.94			
Negro male	. 95	. 40	. 26	. 46	.17			
Female	. 29	. 12	.09	. 07	. 03			
All practitioners	5. 86	6.17	4. 67	4.89	3. 14			

TABLE 6.—Estimated annual services per person obtained from private practitioners

¹ The following populations were assumed: District of Columbia, 830,000; Baltimore, 894,100; Maryland, 1,931,200; Georgia (urban) 838,900; Georgia (total), 3,123,700. ² Less than 0.005.

* Exclusive of radiology, industrial medicine and surgery, clinical pathology, and anesthesiology.

table reveals the influence of urbanism and of economic factors on the volume of medical care received by a population. In Maryland, the average annual number of services per person comes to 4.7 as compared with 3.1 in Georgia. In Baltimore City the annual number of services per person amounts to 6.2, in the District of Columbia to 5.9, and in the urban counties of Georgia to 4.9, while in the counties of Maryland and in the rural counties of Georgia it equals 3.4 and 2.5, respectively.⁶ It should be pointed out that the higher rate of services per person calculated in the more urban areas does not simply mean that more care is given to the population of these areas than to the rural population; the higher rate is in part also due to the flow of patients from rural to urban areas, which generally contain medical centers. This is equivalent to increasing the population which is served by physicians in urban areas.

In order to maintain at least the volume of medical care received at present by a population and at the same time to withdraw physicians from that population, it is necessary first to establish what is the smallest number of physicians that can furnish the required services. It is obvious that the number to be determined is a function of the working capacity of the physicians, i. e., of the patient load that they can carry. From the statistics shown in the preceding tables one can estimate what the patient load of the physicians remaining in practice would be in the event that a stated number of physicians were withdrawn from the population. The results of the calculations are shown in table 7 and figure 5, which illustrate for the areas surveyed the relationship of the reduction in the ratio of physicians to population to the patient load of the remaining white male general practitioners. In the last column of table 7 an attempt is made to measure the effects of the age differences in patient load and the age selection of the physicians withdrawn from the popula-Assuming that all the physicians withdrawn from civilian tion. practice are below 45 years of age, the percentage increase that would occur in the patient load of the remaining practitioners has been computed on the basis of the age composition of the remaining men and of the average patient load observed for practitioners of the specified age composition. Thus, an increase in the patient load of the general practitioners of Baltimore City to 180 patients per week due to the postulated withdrawal of 173 physicians under 45 years of age means an increment of 51 percent if the increase is calculated from the all age average patient load of 119, but of 75 percent when it is calculated from the patient load of the men having the age composition of those who would remain in practice.

The most striking aspect of the data shown in the table and figure

[•] These are services received from private practitioners only. The *total* amount of medical services ob tained per capita would include the services received in public clinics.

is the different ratios of persons per physician that will produce the same patient load in each of the samples studied. Thus, a patient load of 125 patients is obtained in Georgia when there are between 1,900 and 2,000 persons per physician; in Maryland when there are 1.190 persons per physician; in the District of Columbia and Baltimore when the number of persons per physician equals less than 900. If it is accepted that an average patient load of 125 patients represents the optimum, then it would appear that the number of persons per physician should not be increased to more than 900 in Baltimore and the District of Columbia, or to more than 1,200 and 1,950 in Maryland and Georgia, respectively.

On the other hand, it has been discussed above that an average of 160 patients weekly represents the maximum patient load that can be expected when the physician sees all patients in the office at

TABLE 7.—Estimated	average	patient	loads fo	r specified	ratios	of	physicians	to
•	-	¯ popi	ılation			•		

	Number of general pr	white male actitioners	A verage weekly	Percentage increase in patient load		
Rates of all active private prac- titioners to population	To be with- drawn ¹	Remaining	load of remaining practi- tioners	Over present average of total ³	Over present average of remaining practitioners	
		Di	strict of Colum	bia	•	
1:838 ^a	0 28 67 98 124	308 280 241 210 184	115 127 147 169 193	0 10 28 47 68	0 12 34 58 87	
			Baltimore			
1:841 ³	0 38 92 136 173	508 470 416 372 335	119 129 145 163 180	0 8 22 37 51	0 11 29 51 75	
		1	Maryland (tota	1)		
1:1190 * 1:1200 1:1300 1:1400 1:1600	0 9 90 160 220 273	948 939 858 788 728 675	125 126 138 150 163 176	0 1 10 20 30 41	0 1 14 27 43 60	
			Georgia (total)			
/ 1:1758 ¹ 1:1800 1:1900 1:2000 1:2200 1:2200	0 32 103 167 225 278	1, 260 1, 228 1, 157 1, 093 1, 035 982	111 114 121 128 135 142	0 3 9 15 22 28	0 4 12 22 82 42	

¹ Assuming proportion of general practitioners to all practicing physicians to be the same as of Oct. 1, 1942 (for Georgia, Dec. 15, 1942). ³ Ratio on Oct. 1, 1942 (for Georgia, Dec. 15, 1942). ⁴ Assuming that all withdrawals are below 45 years of age.

the rate shown by the younger Maryland practitioners. To retain the weekly patient load at 160 patients or less will require that the persons per physician will not exceed 1,100 in Baltimore and Washington, or 1,500 in Maryland, or 2,400 in Georgia. Therefore, it can be inferred that to maintain the volume of medical care given at present and under existing conditions of practice by the physicians of the areas studied, the number of persons per physician must be held at 900 to 1,100 in the Baltimore and Washington areas, at 1,200 to 1,500 in Maryland, and at 2,000 to 2,400 in Georgia.



FIGURE 5.—Estimated change in average patient load of remaining general practitioners as population per physician increases.

SUMMARY AND DISCUSSION

The main findings that emerge from the comparison of the patient loads of Maryland, Georgia, and District of Columbia physicians may be summarized as follows:

The average weekly patient load of white male general practitioners is lowest in Georgia, 111 patients, and highest in Maryland, 126 patients. In the urban counties of Georgia it equals 112 patients, a value only slightly lower than that of 115 patients found in the District of Columbia and 119 in Baltimore City.

In Maryland the average weekly patient load of the general practitioners of the part of the State outside of Baltimore City equals 132 and is higher than that of Baltimore. In Georgia, instead, the

patient load of the physicians of the rural counties equals 111, an average almost identical with that of the physicians of the urban counties.

The distribution of physicians according to size of patient load has very similar characteristics in each of the areas surveyed, but less variation is found among specialists than among general practitioners.

In Maryland and the District of Columbia, the weekly average patient load of most types of specialists is lower than that of the general practitioners. The reverse is found to be true in Georgia.

In all the areas, the general practitioners 35 to 44 years old have the highest average weekly patient load and also see more patients per hour spent in the office than do the practitioners of other age groups. The average patient load decreases regularly with advancing age above 45 years.

The general practitioners of Georgia spend on the average slightly more time in the office than do the Maryland men, but with increasing office hours the number of additional patients seen by Georgia practitioners is less than that for the Maryland practitioners.

From the data on the patient load it is estimated that the population of Georgia receives annually from private practitioners 3.1 services per person, while that of Maryland receives 4.7. If the present volumes of services are to be maintained, it is calculated that the number of persons per physician cannot be increased beyond 1,200– 1,500 in Maryland and 2,000–2,400 in Georgia.

Before discussing the significance of these findings, it is well to emphasize that the data refer to the activities of physicians as they are manifest at present, that is, after the entrance of some 30 percent of the active practitioners into the armed forces. One effect of this withdrawal, the increase in the patient load of the remaining physicians, is immediately recognized. What other effects it has had cannot be so easily surmised and, therefore, any inferences to be drawn from the above findings should be accepted with due caution.

It is not possible to determine to what extent the recent withdrawal of younger practitioners, through selective redistribution of their patients, may account for the wide variation found in patient load of individual physicians, or in the differences in patient load found in the several age groups. Both phenomena are observed to a very similar degree in all of the areas surveyed. It seems probable that the wide variation in patient load reflects differences in type of practice as well as differences in habits of working among individual physicians. Since the general practitioner group includes those with special interests, there will be some among these whose services usually require a high expenditure, and others whose services commonly require a low expenditure of time per patient. This explanation is consistent with the finding that among the practitioners of each type of specialty the variation in patient load, measured by the standard deviation, is smaller than among general practitioners.

The differences in the patient load carried by the physicians of the several age groups are of particular significance in considering the problem of satisfying the demands of a population for medical care. The data clearly show that the younger physicians not only see a greater number of patients per week but also see more patients per unit of work time than do the older men. While it is possible that these findings may be explained in part by a greater amount of time lost by the older men between patients' visits, it is evident from the physicians' own estimates of their maximum capacities that the physicians over 45 years of age cannot carry, on the average, as large a patient load as can the younger men.

The resemblances and differences in patient load of physicians among the areas surveyed also furnish a clearer perspective of other aspects of the problem of satisfying the medical demands of populations. The patient load is a measure of the work accomplished; it is a function of both the supply of physicians and the demand made upon them. Thus, one finds that the patient load of the physicians practicing in the counties of Maryland is high and in fact falls within the limits of estimated maximum patient load-between 125 and 160 patients weekly. It seems safe to conclude that in the counties of Maryland the demand for medical care is such as to require the maximum amount of work which, on the average, can be given by the existing number of physicians. Similarly, when it is found that the specialists of Georgia. in contrast to the specialists of other areas, have a higher patient load than the general practitioners of the same State, it can be taken to mean that in relation to demand there are fewer specialists in Georgia than in other areas.

It is particularly to be noted that although Georgia possesses, relative to population, only about two-thirds of the number of physicians practicing in Maryland, the average patient load per practitioner in Georgia is not higher but instead is lower than that in Maryland. The rate of provision of medical services is therefore much lower in Georgia than in Maryland. Most of the Georgia physicians stated, moreover, that they could carry heavier patient loads, so that it is quite evident that the demand for services is lower in Georgia than in Maryland. Since the demand for medical services,⁷ like the demand for any other economic commodity, is closely related to the economic status of the purchasers, this finding is not surprising in view of the socio-economic differences between Georgia and Maryland. Long ago it was shown that there is positive correlation between the

⁷ "Demand," used here in the economic sense, is not to be confused with "need" for medical services. The number of persons actually seen by physicians will not, except under ideal conditions, equal the number of persons needing medical care.

economic situation of a State and the number of physicians therein.⁸ As Pearl so aptly stated it, "The physicians behave, in the conduct of life, about as any group of sensible people would be expected to. They do business where business is good, and avoid places where it is bad."

The findings in Georgia and Maryland emphasize that it is a fallacy to assume that a large number of physicians per unit of population indicates an oversupply (in the strict economic sense of the term) of physicians, or a small number an undersupply. The ratio of physicians to population constitutes nothing more than an index of the maximum amount of services that can be provided, but whether or not the physicians' potential services are fully utilized will depend not on their number but on the effective demand for services. The ratio is, moreover, only a crude index and does not furnish pertinent information regarding the main problem of determining the smallest number of physicians sufficient to satisfy present civilian demand. As stated above, assuming the same maximum patient load for the physicians of both Maryland and Georgia, it is estimated that in Maryland the number of persons per physician could be increased to 1,200 to 1,500, but in Georgia, because the demand for services is much lower, it could reach 2.000 to 2.400. Although these numerical results are to be accepted with caution, it seems safe to generalize that in different populations utilization of the full working capacities of physicians may be achieved at different levels of ratio of physicians to population. If this is true, a significant corollary is that any plan aimed at utilizing fully the medical resources of a population must be founded on accurate knowledge of the demand for physicians' services and of the amount of work physicians are able to do. Such knowledge can only be gained from data on the patient load or its equivalent.

Appendix

1.—District of Columbia questionnaire

(The physicians were asked to state:)

1. N	umber of patients (different individuals) seen, and to or by residents of the District of Columbia last	visits made week (Aug.	
	80-Sept. 5):	Patients	Visita
	In office		
	In hospital		
	At patient's home		
2. Nu	mber of patients (different individuals) seen, and to or by persons living outside the District of Colu	visits made mbia (Aug.	
	30-Sept. 5):	Patients	Visits
	In office		
	In hospital		
	At patient's home	x	

⁸ Pearl, R.: Distribution of physicians in the United States. J. Am. Med. Assoc., 84:1024-1028 (April 4, 1925).

Appendix—Continued

1.—District of Columbia questionnaire—Continued

8. What is your daily routine by the clock in seeing patients in:

~ m	Week days	Sundays
Office		
Hospitals		
Home visits		
Hospital or public clinics		

2.—Maryland questionnaire

- (The physicians were asked to state:)
 - 1. Number of patients (different individuals) seen last week (Oct. 5-Oct. 10):
 - A. Patients living in the county (or Baltimore City) where you practice:

In	office		
In	hosnital		
	nooprodi	1	
At	patient's	nome	

B. Patients living in Maryland outside the county (or Baltimore City) where you practice:

In office			
In hospital		•	
At patient's	home		

C. Patients living outside Maryland:

In	office	_	-	-	-	_	-	_	_
In	hospital	_	-	-	_	_	_	_	_
At	patient's home	_	-	-	-	_	_	-	_

2. How many hours a day do you routinely spend in your office seeing patients? _____

3.—Georgia questionnaire

(The physicians were asked to state:)

1. Number of patients (different individuals) seen last week (Dec. 13-Dec. 19):

In office______ In hospital______ At patient's home______

- 2. What is the maximum number of patients that you think you can see in 1 week and still furnish satisfactory care?
- 3. How many hours a day do you routinely spend in your office seeing patients?

.

	Number							
Age group	of physi- cians giving		Ave	rages		Standard deviations		
:	informa- tion	Office	Hospital	Home of patients	Total	Office	Total	
District of Columbia:								
Under 35	26	96	8	23	127	49	66	
50-44	43	80		23	130	88	8/	
65 and over	29	40	3	15	58	40	52	
All ages	156	86	8	21	115	68	84	
Baltimore:								
Under 35	51	102	7	27	136	62	77	
35-44	.77	113	9	38	160	67	92	
40-04	123	67	0	30	103	08	82	
os and over								
All ages	288	82	6	31	119	64	88	
Maryland, exclusive of Balti- more City:	•							
Under 35	35	122	. 8	33	163	78	. 90	
35-44	79	132	10	38	180	73	89	
45-64	97	86	6	27	119	60	72	
60 and over		43	3	14	60	37	46	
All ages	262	96	7	29	132	71	88	
Marvland, total:								
Under 35	86	110	7	30	147	70	84	
35-44	156	123	9	38	170	71	91	
45-64	220	75	6	29	110	59	78	
65 8DG OVER	88	43	2			37	57	
All ages	550	89	7	30	126	68	88	
Georgia, urban:								
Under 35	19	82	17	21	120	48	79	
35-44	100	118	23	27	168	53	71	
65 and over	24	37	8	15	55	29	08 44	
All ages	170	78	11	23	112	53	73	
Jinder 35	40	100	9	292	145	59	69	
35-44	76	113	13	29	155	62	75	
45-64	219	79	Ğ	28	113	55	70	
65 and over	101	41	2	• 19	62	42	67	
All ages	436	79	6	26	111	• 59	77	
Georgia, total:				· · · ·				
Under 35	59	100	11	26	137	53	69	
85-44	103	114	16	28	158	60	74	
45-64	319	78	6	27	111	53	70	
65 and over	125	40	2	18	60	40	64	
All ages	606	79	7	25	111	57	76	

TABLE 1.—Average weekly patient load of white male general practitioners, by place of practice and age of physicians

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TABLE 2.—Average weekly patient load of Negro male and of female physicians, by place of practice and age of physicians

	Number		atient load	ı .			
Place of practice and age	of physi- cians giving		Ave		Standard deviations		
	informa- tion	Office	Hospital	Home of patients	Total	Office	Total
NEGRO MALES							
District of Columbia: Under 45 45 and over	24 24	110 46	9	82 14	151 63	84 40	96 50
· All ages	48	78	6	23	107	73	88
Baltimore: Under 45 45 and over	13 16	106 75	10 6	26 82	142 113	60 56	68 76
All ages	29	88	8	80	126	60	74
Georgia, urban: Under 45 45 and over	7 17	110 49	8 2	60 30	1 78 81	71 46	96 61
All ages	24	67	4	39	110	61	84
Georgia, rural: Under 45 45 and over	7 16	60 45	⁽¹⁾ 1	24 23	84 69	28 53	36 69
All ages	23	50	1	24	. 75	47	60
Georgia, total: Under 45 45 and over	14 33	85 47	42	42 27	131 76	60 50	86 64
All ages	47	59	2	31	92	• 55	76
FEMALES							
District of Columbia: Under 45 45 and over	13 6	65 54	13 8	13 16	91 73	41 26	60 29
All ages	19	62	10	14	86	37	53
Baltimore: Under 45 45 and over	6 10	62 31	16 14	9 5	87 50	86 32	91 44
All ages	· 16	43	15	6	64	60	68

¹ Less than 0.5.

TABLE 3.—Average weekly patient load of white male physicians engaged in practice limited to special fields, by place of practice and age group of physicians

		Weekly patient load								
Specialty, place of practice, and age group	Number of physi- cians giv		Ave	rages		Standard	deviations			
	mation	Office	Hospital	Home of patients	Total	Office	Total			
INTEBNAL MEDICINE										
District of Columbia: Under 45 45 and over	. 82 18	73	11	15 12	96 92	48 63	46 81			
All ages	. 50	71	10	14	95	54	• 61			
Baltimore: Under 45 45 and over	83 48	51 48	8 11	12 90	71 79	39 41	40 62			
All ages	81	49	10	17	76	40	54			
Georgia: Under 45 45 and over	20 22	98 72	23 16	18 16	139 104	62 37	87 61			
All ages	42	84	19	17	120	- 53	77			
SURGERY										
District of Columbia: Under 45 45 and over	23 14	72 56	24 15	8	105 76	70 33	101 42			
All ages	87	66	21	8	95	59	85			
Baltimore: Under 45 45 and over	16 89	80 71	20 26	14 9	114	68 61	86 75			
All ages	55	74	25	11	110	63	78			
Georgia: Under 45 45 and over	6 33	118 81	18 29	16 8	152 118	64 60	61 85			
All ages	39	87	28	9	124	61	82			
OBSTETRICS AND GYNECOLOGY										
District of Columbia: Under 45 45 and over	22 9	86 50	19 8	7 1 2	11 2 70	36 24	44 27			
All ages	31	75	16	8	99	37	44			
Baltimore: Under 45 45 and over	17 30	63 ,52	14 27	5 9	82 88	25 28	. 28 . 47			
All ages	47	56	22	7	85	27	41			
Georgia: Under 45 45 and over	5 11	77 93	8 27	8 8	93 128	21 45	28 57			
All ages	16	88	21	8	117	40	53			
PEDIATRIÇS										
District of Columbia: Under 45 45 and over	18 9	62 63	10 10	25 19	. 97 . 92	81 34	45 40			
All ages	27	62	10	23	95	32	44			
Baitimore: Under 45 45 and over	7 12	67 42	15 14	47 52	129 108	23 28	87 72			
All ages	19	51	15	50	116	29	62			

				Weekly p	atient load			
Specialty, place of practice, and age group	Number of physi- cians giv-		Ave	rages		Standard deviations		
	mation	Office	Hospital	Home of patients	Total	Office	Total	
PEDIATRICS-continued								
Georgia: Under 45 45 and over	11 17	94 90	10 13	32 38	136 141	49 28	72 51	
All ages	28	91	12	36	139	39	60	
OPHTHALMOLOGY AND OTO- BHINOLABYNGOLOGY								
District of Columbia: Under 45 45 and over	23 17	10 2 71	8 4	43	114 78	45 37	46 41	
All ages	40	89	7	3	99	44	47	
Baltimore: Under 45 45 and over	17 34	103 99	21 18	23	126 120	69 77	71 84	
All ages	51	100	19	3	122	74	80	
Georgia: Under 45 45 and over	11 37	1 24 107	14 6	9 4	147 117	26 68	39 74	
All ages	48	111	8	5	124	61	71	
NEUROLOGY AND PSYCHIATRY								
District of Columbia: Under 45 45 and over	5 8	18 21	1 15	(¹⁾ 2	19 38	7 6	6 31	
All ages	13	20	10	1	31	7	26	
Baltimore: Under 45 45 and over	6 6	20 19	4 11	5 4	29 34	14 9	12 18	
All ages	12	20	7	4	31	12	15	

TABLE 3.—Average weekly patient load of white male physicians engaged in practice limited to special fields, by place of practice and age group of physicians—Con.

1 Less than 0.5.

PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES

July 18-August 14, 1943

The accompanying table summarizes the prevalence of nine important communicable diseases, based on weekly telegraphic reports from State health departments. The reports from each State are published in the PUBLIC HEALTH REPORTS under the section "Prevalence of disease." The table gives the number of cases of these diseases for the 4-week period ended August 14, 1943, the number reported for the corresponding period in 1942, and the median number for the years 1938-42.

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DISEASES ABOVE MEDIAN PREVALENCE

Poliomyelitis.—The number of cases of poliomyelitis rose from 867 during the preceding 4-week period to 1,686 for the 4 weeks ended August 14. For the country as a whole the incidence was almost 3 times that reported for the corresponding period in 1942 and about 2.3 times the 1938–42 median for this period. While the normal seasonal increase of this disease was apparent in many States, more than 75 percent of the total cases were reported from 7 States, viz., California 420 cases, Texas 330, Oklahoma 164, Kansas 169, Illinois 117, New York 68, and Connecticut 60 cases. The excesses in these States affected each geographic region except the South Atlantic and East South Central; in those regions the incidence was below normal.

Meningococcus meningitis.—The number of cases of meningococcus meningitis dropped from 1,111 during the preceding 4 weeks to 826 during the current 4-week period. The number of cases was almost 4 times that for the corresponding period in 1942 and almost 8 times the 1938–42 median and was the highest incidence recorded for this period in the 15 years for which these data are available. Each region of the country reported a relatively high incidence, the excesses ranging from 2 times the median in the East South Central region to almost 15 times the median in the Pacific region.

Measles.—The incidence of measles during the current period was the highest reported for the corresponding 4-week period in any year on record. The number of cases (11,896) was more than 1.7 times that reported for the corresponding period in 1942 and about 1.4 times the 1938–42 median. Each region except the East South Central reported an excess over the median. The greatest excesses occurred in the North Central and South Atlantic regions, with minor excesses in the other regions; in the Pacific region the incidence was about normal.

Influenza.—For the 4 weeks ended August 14 there were 2,268 cases of influenza reported, as compared with 1,396 during the corresponding period in 1942, which figure also represents the 1938–42 median for this period. In the New England and North Central regions the incidence was below the seasonal expectancy, but in all other regions the numbers of cases were above the median, the greatest excesses being reported from the South Atlantic and West South Central regions.

Whooping cough.—The number of cases (14,975) of this disease was about 10 percent above the number reported in 1942, but it was only slightly above the normal seasonal expectancy. In five of the nine geographic regions the incidence was relatively high, but in the other four regions the numbers of cases either closely approximated the median or fell considerably below it.

DISEASES BELOW MEDIAN PREVALENCE

Diphtheria.—The number of cases (606) of diphtheria reported for the 4 weeks ended August 14 closely approximated the number reported for this period in 1942 and was about 95 percent of the 1938-42 median incidence. In the West South Central and Pacific regions the incidence was somewhat above the seasonal expectancy, while in the West North Central region the number of cases was about normal; all other regions reported a relatively low incidence.

Scarlet fever. - The incidence of scarlet fever was also relatively low, 2,888 cases being reported for the current period, as compared with 2.582 in 1942 and a 1938-42 median of 2,985 cases. Five of the geographic regions reported excesses over the median and in four regions the incidence was below normal. In New England the number of cases (382) represented an increase of more than 50 percent

Number of reported cases of 9 communicable diseases in the United States during the 4-week period July 18-August 14, 1943, the number for the corresponding period in 1942, and the median number of cases reported for the corresponding period. 1938-42

									_		
Division	Cur- rent period	1942	5-year me- dian	Cur- rent period	1942	5-year me- dian	Cur- rent period	1942	5-year me- dian		
	1	Dipththe	ria	I	nfluenza	1		Measles	2		
United States New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific	606 13 47 83 50 132 50 126 28 77	600 21 52 90 30 145 .85 119 14 44	640 17 74 110 51 145 85 107 56 61	2, 268 1 22 81 13 887 108 842 192 122	1, 396 5 18 106 31 517 85 392 159 83	1, 396 3 13 91 26 526 85 492 86 82	11, 916 1, 305 3, 245 3, 972 666 741 153 341 492 1, 001	6, 928 877 1, 181 1, 246 387 374 89 297 693 1, 784	8, 591 899 2, 480 2, 328 387 409 210 297 407 977		
	Meningococcus meningitis Poliomyelitis		Scarlet fever								
United States New England East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific	826 82 214 148 52 129 41 38 19 103	210 28 67 15 8 35 13 14 3 27	122 6 31 13 8 22 20 14 4 7	1, 686 82 83 158 230 30 30 536 67 470	570 28 81 135 40 63 131 63 14 15	716 16 71 146 40 65 42 42 14 30	2, 888 382 485 586 234 313 139 120 207 422	2, 582 300 493 656 307 268 172 135 78 173	2, 985 252 613 921 307 249 169 112 100 243		
		Smallpor	:	Typh ty	Typhoid and para- typhoid fever			Whooping cough ²			
United States New England. Middle Atlantic. East North Central West North Central East South Central West South Central Mountain Pacific	23 0 9 3 0 1 3 7 0	16 0 5 6 0 2 0 3 0	108 0 20 45 1 2 6 12 8	929 26 82 197 47 185 154 171 44 *23	995 24 87 95 52 222 185 241 64 25	1, 481 32 140 136 113 284 187 513 513 513 51	14, 975 735 2, 614 4, 167 1, 195 2, 583 547 1, 214 693 1, 227	13, 584 1, 414 3, 505 4, 311 682 1, 238 539 625 431 839	14, 614 945 3, 505 4, 311 760 1, 891 562 1, 016 582 1, 168		

¹ Mississippi, New York, and Pennsylvania excluded; New York City included. ² Mississippi excluded.

over the median, while in the Pacific region the number of cases (422) was almost 75 percent above the seasonal expectancy.

Smallpox.—Smallpox remained at a comparatively low level. While the number of cases (23) was slightly higher than that reported during the same weeks in 1942, it was only about 20 percent of the 1938-42 median. No cases of smallpox were reported from States along the Atlantic Coast, 6 of the total cases were reported from Illinois, and the remaining cases were widely distributed over the country.

Typhoid and paratyphoid fever.—For the current period there were 929 cases of typhoid fever reported, as compared with 995, 1,199, and 1,481 for the corresponding period in 1942, 1941, and 1940, respectively. The East North Central region alone reported an excess of cases over the 1938–42 median. For the country as a whole the current incidence is the lowest on record for this period.

MORTALITY, ALL CAUSES

A total of approximately 32,000 deaths from all causes was reported by the group of large cities in the United States to the Bureau of the Census for the 4 weeks ended August 14. The number reported for the corresponding period in the 3 preceding years was approximately 30,000 deaths—about 95 percent of the current figure. Due to the internal migration that has taken place since 1940 no accurate population estimates have been made by the Bureau of the Census, so it is uncertain as to how much of the current increase is due to increased population and how much represents an increased death rate.

The monthly death rate from all causes among persons insured in the industrial department of the Metropolitan Life Insurance Co. has been above the corresponding month of the preceding year for every month from October 1942 to June 1943, the latest available date. The average of the excesses in the rates for these 9 months over the corresponding month of the preceding year was about 9 percent.

DEATHS DURING WEEK ENDED AUGUST 21, 1943

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

	Week ended Aug. 21, 1943	Correspond- ing week, 1942
Data from 88 large cities of the United States:		
Total deaths	7, 543	7, 424
Average for 3 prior years	7, 141	
Total deaths, first 33 weeks of year	302, 827	276, 643
Deaths under 1 year of age	642	580
A verage for 3 prior years	507	
Deaths under 1 year of age, first 33 weeks of year	21, 517	18, 421
Data from industrial insurance companies:		
Policies in force	65, 741, 955	64, 962, 563
Number of death claims	10, 573	9,750
Death claims per 1,000 policies in force, annual rate	8.4	7.8
Death claims per 1,000 policies, first 33 weeks of year, annual rate	10.0	9.4

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

REPORTS FROM STATES FOR WEEK ENDED AUGUST 28, 1943 Summary

A further increase occurred in the incidence of poliomyelitis during the week. A total of 872 cases was reported for the week, as compared with 747 for the preceding week and a 5-year (1938–42) median of 391. The largest comparable weekly total of the past 5 years was 623 cases, reported for the corresponding week of 1940. Considerable increases occurred in Illinois (117 to 194 cases), Texas (52 to 75), Indiana (1 to 19), Oregon (11 to 24), Nebraska (5 to 17), Missouri (14 to 24), and Rhode Island (8 to 12). A decrease was shown in California, from 163 to 138 cases. The cumulative total for the first 34 weeks of the year is 4,931 cases, as compared with 1,707 for the same period last year and a 5-year median of 2,530.

A total of 166 cases of meningococcus meningitis was reported, as compared with 160 last week and a 5-year median of 25. The largest numbers reported (figures for last week in parentheses) were as follows: New York, 25 (32); Pennsylvania, 18 (6); California, 15 (10); Massachusetts, 13 (6). The cumulative total for the first 34 weeks of the year is 13,694, as compared with a 5-year median of 1,441 and 2,454 last year, the largest number reported for the corresponding period in the past 5 years.

Totals slightly in excess of those for the preceding week were reported for diphtheria, influenza, and typhoid fever, while those of measles, scarlet fever, and whooping cough were slightly lower. No case of smallpox was reported. The current reports of all of these diseases except smallpox and typhoid fever are slightly above the respective 5-year medians, but cumulative figures for the first 34 weeks of the year for all except measles and whooping cough are below the comparable medians.

One case of human plague was reported in Siskiyou County, California.

Deaths recorded in 90 large cities of the United States for the current week totaled 7,784, as compared with 7,676 for the preceding week, and a 3-year (1940-42) average of 7,287. The cumulative total for the first 34 weeks of the year is 315,665, as compared with 288,331 for the same period in 1942.

Telegraphic morbidity reports from State health officers for the week ended August 28, 1943, and comparison with corresponding week of 1942 and 5-year median

In these tables a zero indicates a definite report, while leaders imply that, although none were reported, cases may have occurred.

	D	iphthe	ria		Influer	128	Measles			Meningitis, meningococcus					
Division and State	Week	ended	Me-	Week	ended	Me-	Week	ended	Me-	Week	ended	Me-			
	Aug. 28, 1943	Aug. 29, 1942	dian 1938- 42	Aug. 28, 1943	Aug. 29, 1942	dian 1938– 42	Aug. 28, 1943	Aug. 29, 1942	dian 1938- 42	Aug. 28, 1943	Aug. 29, 1942	dian 1938- 42			
NEW ENGLAND									·						
Maine. New Hampshire Vermont. Massachusetts. Rhode Island. Connecticut.	0 0 2 0 2	0 0 1 2 0 0	1 0 2 0 0	1	 		55 10 11	24 24 44 8	6 0 12 44 4	2 0 0 13 2 8	0 0 6 0 0	0 0 0 0 0			
MIDDLE ATLANTIC New York New Jersey	8 0	9 1	8	i	11	1 2 2	137	52 36	90 31	25 6	65	2			
Pennsylvania	6	2	8	2			24	20	35	18	6	2			
EAST NORTH CENTRAL Ohio Indiana Illinois Michiean ¹ Wisconsin	6 8 5 5 2	6 4 9 3 6	8 4 9 5 1	3 5 13	3 4 8 3	2 4 3 1 11	50 7 28 232 114	18 4 13 35 44	18 3 24 35 44	8 5 8 7 5	1 1 1 2 1	1 0 2 1 1			
WEST NORTH CENTRAL															
Minnesota Iowa Missouri North Dakota South Dakota Nebraska Kansas	9 4 1 2 4 9	1 5 0 4 0 1	3 2 5 2 4 1 2	1 1 2 3	5 5 7 2	2 1 1 1	26 5 9 6 11 7 19	0 4 8 1 2 10 9	6 7 3 1 1 1 9	0 3 5 0 0 1	0 2 0 0 0 0	0 0 1 0 0 1			
SOUTH ATLANTIC												•			
Delaware. Maryland ² District of Columbia Virginia West Virginia North Carolina South Carolina Georgia Florida	0 3 0 10 2 18 11 16 1	0 1 2 9 5 26 16 8 0	0 1 16 3 26 16 11 3	1 59 129 9 11	3 58 1 117 117 1	3 40 8 117 1 2	0 6 23 8 17 14 7 2	0 11 3 . 0 2 0 2	4 2 15 1 6 16 0 2	1 2 0 6 2 7 1 1 1	1 7 1 1 0 0 0 0	1 0 1 0 0 0 0			
EAST SOUTH CENTRAL															
Kentucky Tennessee Alabama Mississippi ²	4 3 16 2	6 8 14 5	7 8 14 14	8 4	1 8 12	1 9 7 	14 5 16	0 3 6 	3 15 17 	1 1 0	1 1 3 3	0 1 1 0			
WEST SOUTH CENTRAL	_				10	10						•			
Arkansas Louisiana Oklahoma Texas	1 6 21	10 2 1 11	10 5 3 18	2 1 5 250	12 8 6 128	12 7 10 98	3 5 41	1 4 33	1 4 24	0 1 2	0 0 3	0 0 1			
MOUNTAIN	,	,						0	e			•			
Voltana Idaho Wyoming Colo:ado New Mexico Arizona Utab 3 Nevada	1 0 2 0 0 0 0	3 5 2 1 0 0 0	1 0 7 1 1 0	5 39	8 13 26	2	0 2 9 2 11 5 3	17 6 8 3 6 21 0	1 3 5 3 6 6	1 0 1 0 1 1	0 0 0 0 1 0	0 0 0 0 0 0			
PACIFIC							20	40	_		_ ا	0			
Oregon California	9 3 22	1 0 7	1 1 8	1 23	3 13	4 12	32 7 103	42 53 101	9 9 74	9 0 15	1 3	0 6			
Total	233	197	218	581	472	415	1, 207	689	745	166	58	25			
34 weeks	7, 498	7,623	9, 046	82, 248	81, 2 70	152,006	538, 338	467, 273	467, 273	3, 694	2, 454	1, 441			

See footnotes at end of table.

Telegraphic	morbidity repo	rts from Sta	te health off	icers for the u	veek ended August 28,
1943, and	comparison wit	h correspon	ding week o	f 1942 and 5-	year median-Con.

	Poliomyelitis			Sc	arlet fe	ver	s	mallpo	X	Typhoid and para- typhoid fever 3		
Division and State	Week	ended	Me-	Week	ended	Me-	Week ended		Me-	Week ended		Me-
	Aug. 28, 1943	Aug. 29, 1942	dian 1938- 42	Aug. 28, 1943	Aug. 29, 1942	dian 1938- 42	Aug. 28, 1943	Aug. 29, 1942	dian 1938- 42	Aug. 28, 1943	Aug. 29, 1942	dian 1938- 42
NEW ENCLAND Maine New Hampshire Vermont. Massachusetts Rhode Island Connecticut.	2 0 1 8 12 39	1 0 1 2 0 . 3	0 0 4 1 0	6 8 1 66 2 5	6 0 1 35 3 4	2 0 2 25 0 5	0 0 0 0 0	0000000	0 0 0 0 0	0 0 2 6 3	2 0 0 5 0	1 0 4 1 3
MIDDLE ATLANTIC New York New Jersey Pennsylvania	42 6 9	19 26 3	19 20 7	54 14 32	46 15 23	46 15 30	0 0 0	0000	0 0 0	9 2 11	7 4 18	18 7 18
EAST NORTH CENTRAL Ohio Indiana Illinois. Michigan ?. Wisconsin.	11 19 194 9 8	9 5 23 11 4	9 5 21 11 6	66 9 25 24 20	67 11 37 23 32	43 17 43 30 32	0 0 0 0	0 0 0 0	0 0 0 1 0	10 2 4 4	5 2 9 3 0	15 2 23 7 0
WEST NORTH CENTRAL Minnesota. Lowa Missouri North Dakota South Dakota Nebraska Kansas	10 13 24 1 0 17 66	3 7 5 2 0 7 2	8 4 2 2 2 1	14 4 17 2 3 6 21	9 9 8 1 2 5 13	14 10 14 2 3	0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 1 0 0	0 0 13 6 0 0 5	1 2 10 1 2 3	1 3 20 0 1 5
SOUTH ATLANTIC Delaware. Maryland [†] District of Columbia. Virrinia. West Virginia. North Carolina. South Carolina. Georria. Florida.	0 1 1 4 1 2 1 0	1 3 1 2 4 4 1 0	0 1 1 4 2 4 4 2 2	2 12 3 19 19 30 10 15 5	3 6 5 9 15 22 2 7 5	1 6 5 11 20 21 5 8 3	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	0 2 8 12 10 4 15 3	0 6 12 6 15 5 15 6	0 7 2 12 6 14 7 28 6
EAST SOUTH CENTRAL Kentucky. Tennessee. Alabama. Mississippi ²	16 0 3 1	9 10 5 2	9 2 1 2	21 17 18 8	17 14 26 9	17 13 14 5	0 0 0 0	0 0 0 0	000000000000000000000000000000000000000	8 6 4 6	11 5 13 5	16 15 13 11
WEST SOUTH CENTBAL Arkansas Louisiana Oklahoma Texas	4 2 36 75	5 2 0 2	1 2 1 5	3 3 3 19	1 2 4 18	4 3 5 18	000000000000000000000000000000000000000	1 0 0 0	0 0 0 0	5 5 12 14	12 6 10 19	22 14 24 31
Montana Idaho	0 0 1 21 4 8 13 0	0 1 1 0 1 1 3 0	0 0 1 1 1 2	8 53 2 18 0 4 2 1	9 0 2 6 2 0 2 0 2 0	7 1 2 7 2 1 4		0 1 0 0 0 0 0 0	0 1 0 1 0 0 0	0 0 0 0 2 0 0	1 1 0 4 8 1 2 0	1 1 0 3 4 1 2
PACIFIC Washington Oregon California	25 24 138	1 0 9	1 1 13	10 11 52	4 5 41	7 5 44	0 0 0	0 0 0	000	0 0 6	0 1 3	4 4 6
Total	872	202	391	767	586	588	0	2	13	200	. 242	412
34 weeks'	4, 931	1, 707,	2, 530	98, 496	89, 759	117, 179	609	614	1, 971	3, 486	4, 267	5, 405

See frotnotes at end of table.

September 3, 1948

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	Wh	ooping	cough	Week ended August 28, 1943									
Division and State	Week	c ended	Me-	Me- dian An- 1938- 42	Dysentery			En-		Rocky		T 1	
	Aug. 28, 1943	Aug. 29, 1942	dian 1938- 42		Ame bic	Bacil- lary	Un- speci- fied	alitis, infec- tious	Lep- rosy	spot- ted fever	Tula- remia	phus fever	
NEW ENGLAND													
Maine New Hampshire Vermont. Massachusetts Rhode Island Connecticut	3 3 13 94 11 17	22 (57 133 21 51	23 0 29 116 15 52	0 0 1 0		000000000000000000000000000000000000000	0 0 0 0 0	1 0 0 0 1	000000000000000000000000000000000000000	0 1 0 0 0	0 0 0 0	0 0 0 0 0	
MIDDLE ATLANTIC		1.											
New York New Jersey Pennsylvania	247 129 200	303 240 199	305 116 212	0 0 0	2 0 0	31 3 1	0000	0 0 0	000	0 1 0	0 0 1	0 0 0	
EAST NORTH CENTRAL													
Onio Indiana Illinois Michigan ³ Wisconsin	192 36 123 245 232	179 30 261 231 228	214 18 213 215 208	0000	0 0 1 0	0 3 5 0	00000	0 3 0 0	0000	0000	0000	000000000000000000000000000000000000000	
WEST NORTH CENTRAL			47									•	
Minesota Iowa Missouri North Dakota South Dakota Nebraska. Kansas.	41 47 20 27 6 24 47	61 13 7 6 0 7 45	22 20 21 3 4 45	000000	2 0 0 0 0 0 0	000000000000000000000000000000000000000	0 1 0 0 0	0 0 0 2 1	000000000000000000000000000000000000000	1 0 0 0 0	000000000000000000000000000000000000000	000000000000000000000000000000000000000	
SOUTH ATLANTIC													
Delaware. Maryland ³ . District of Columbia. Virginia. West Virginia. North Carolina. South Carolina. Georgia. Florida.	5 82 26 82 37 111 101 27 21	0 48 11 17 13 41 25 19 4	1 48 11 57 13 107 25 19 6	000000000000000000000000000000000000000	0 0 2 0 0 0 0 3	0 0 0 0 0 6 6 7 0	0 24 0 299 0 0 0 2 1	1 0 0 0 0 0 0 0	000000000000000000000000000000000000000	0 4 0 3 1 2 0 0 0	0 0 1 0 0 2 0	0 0 2 0 4 7 42 3	
EAST SOUTH CENTRAL													
Kentucky Tennessee Alabama Mississippi ³	82 35 14	35 37 21 	51 37 45	0 0 0	0 0 0 0	0 0 0 0	0 7 0 0	0 0 1 0	0 0 0	0 1 0 0	0 2 0 0	0 1 10 0	
WEST SOUTH CENTRAL Arkansas Louisiana Oklahoma Texas	35 8 2 133	4 5 4 11	7 12 6 111	0000	2 0 0 39	16 13 0 261	0 0 0	0 0 0 1	00000	0 0 1 0	2 0 0 2	0 4 0 64	
MOUNTAIN													
Montana Idaho Wyoming Colorado New Mexico Arizona Utah ² Nevada	13 5 4 34 14 13 61 2	30 0 1 29 17 12 26 0	21 7 1 29 12 17 26	000000000000000000000000000000000000000	0 0 0 1 0 0	0 0 15 2 0 0	0 0 0 2 16 0 0	000000000000000000000000000000000000000	000000000000000000000000000000000000000	1 0 0 0 0 0 0	1 0 8 0 0 0 2 1	0 0 0 0 0 0 0	
PACIFIC												_	
Washington Oregon California	64 41 165	12 16 129	23 16 129	0 0 0	0 0 1	0 0 7	0 0 0	0 0 11	0 0 6	0 0 0	0 0 0	0 0 2	
Total	2, 977	2, 767	2, 965	1	54	394	352	22	0	16	19	139	
34 weeks	34, 893	125, 149	129, 238	42 58	1, 405 1 720	0, 649 5, 839	4, 968 4. 524	450 340	18 35	366 389	605 668	2, 341 1, 972	

Telegraphic morbidity reports from State health officers for the week ended August 28, 1943, and comparison with corresponding week of 1942 and 5-year median—Con.

¹ New York City only. ² Period ended earlier than Saturday. ³ Including paratyphoid fever cases reported separately as follows: Massachusetts, 6; New York, 1; New Jersey, 1; Ohio, 1; Illinois, 1; Michigan, 2; North Dakota, 5; Virginia, 2; South Carolina, 3; Georgia, 3; Tennessee, 1; Texas, 1,

WEEKLY REPORTS FROM CITIES

City reports for week ended August 14, 1943

This table lists the reports from 83 cities of more than 10,000 population distributed throughout the United States, and represents a cross section of the current urban incidence of the diseases included in the table.

	Diphtheria cases	je Je	Influ	lenza		- Sulla Solution		8	*		Baes	qgu
		Encephalitis, in tious, cases	Cases	Deaths	Measles cases	Meningitis, meni coccus, case	Pneumonia deat	Poliomyelitis cas	Scarlet fever case	Smallpor cases	Typhoid and p typhoid fever c	Whooping co
NEW ENGLAND Maine:												
Portland New Hampshire:	0	0		0	2	0	0	0	0	0	0	3
Concord	0	0		0	0	0	0	0	1	0	0	0
Boston.	0	0		0	8	8	3	0	16	0	0	28
Springfield	Ő	Ŏ		Ö	2	ŏ	ō	Ő	i	ŏ	ŏ	1
Worcester Rhode Island:	0	0		0	0	U	6	0	3	0	0	
Providence Connecticut:	0	0		0	11	0	0	6	0	0	0	10
Bridgeport	0	0		0	0	02	0	0 18	0	0		05
MIDDLE ATLANTIC	Ű			Ŭ					-			
Buffalo	2	0.		0		2	9	1	1	0	0	6
Syracuse	Ō	ŏ		ŏ	1	6	1	10	10	ŏ	ŏ	ió
New Jersey: Camden	1	0		1	0	0	0	0	0	Q	1	2
Trenton Pennsylvania:	0	0		0	0	0	1	0	0	0	0	1
Philadelphia Pittsburgh	0	0		0	'1 4	4	17 7	1	• 6	0	20	79 15
Reading	Ō	Ó		Ö	1	0	1	0	0	· 0	0	8
Ohio:	•				,		9	0	8	0	6	12
Cleveland	1	ŏ		ŏ	3	2	6	1	15	ŏ	Ŏ	44
Indiana:	U	0		U	•		1	0	0	0		
Fort Wayne Indianapolis	2	0		0	27	02	23	0	0	0	1	15
South Bend	02	0		0	1	0	0	0	01	0		0
Illinois:	5	0		0	22	5	12	51	10	0	0	118
Springfield	ŏ	Ŏ		Ŏ	Ō	Ō	2	0	Ó	0	0	0
Detroit	1	0		0	24	4	10	4	11	0	5	63
Grand Rapids	ŏ	Ŭ		ŏ	11	ŏ	ŏ	ŏ	ŏ	ŏ	Ĭ	23
Wisconsin: Kenosha	0	0		0	0	Q	Q	0	2	0	0	5
Milwaukee Racine	0	0		0	27 1	1	0	0	11 2	0	0	79 15
Superior	0	0		0	20	0	0	Ģ	0	0	0	1
Minnesota:	0	0		0	11	0	2	0	2	0	0	11
Minneapolis	ŏ	Ŏ	· • • • • • •	ŏ	37	, İ	Ō	3	62	Ö	Ô	5 28
Missouri:	v	0					-		-	0	ů	10
St. Joseph	Ö	0		ŏ	Ő	1	ő	õ	Ő	ŏ	Ŏ	2
St. Louis North Dakota:	0	0		0	10	5	1	U	3	0	0	00
Fargo	0	0		0	8	0	0	0	0	0	0	6
Omaha	1	0		0	1	0	1	2	3	0	9	0
Topeka	0	0		0	0	0	2	17	0	0	0	19 4
BOUTH ATLANTIC	v	, v		v	Ň	Ň	•	•	Ť			
Wilmington	0	0		0	1	0	2	0	0	0	0	1
Maryland: Baltimore	1	1	1	1	17	2	6	Q	3	Q	Q	103
Cumberland	0	0		0	0	0	0	0	0	0	0	0
545234°43	-5											

City reports for	• w eek en ded	August 14,	1943—Continued
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	368	4	Infl	uenza		men-	eaths	Cases	cases		Dera-	ough
	Diphtheria ca	Encephalitis, fectious, ca	Cases	Deaths	Measles cases	Meningitis, 1 ingococcus, c	Pneumonia de	Poliomyelitis	Scarlet fever	Smallpox case	Typhoid and typhoid fever	Whooping cases
SOUTH ATLANTIC-con.												
District of Columbia: Washington	0	0		0	7	3	8	1	1	0	1	27
Virginia: Lynchburg Richmond Roanoke	0	0 0 0		0	8 2 0	0000	1 1 0	0000	0000	0000	000000000000000000000000000000000000000	18 4 16
West Virginia: Wheeling	0	0		0	0	0	0	0	0	0	0	5
North Carolina: Raleigh Winston-Salem	0	0		0	0	0	0	0	0	0	0	4
Charleston	0	0	4	1	0	0	0	0	0	0	0	0
AtlantaBrunswick	1 0 0	0 0 0	7	0 0 0	0 0 0	0 0 0	3 1 0	0 0 0	0 0 0	0 0 0	0 0 1	000000000000000000000000000000000000000
Florida: Tampa	0	0	1	1	0	0	4	1	0	0	1	0
EAST SOUTH CENTRAL												
Memphis Nashville	C O	0 0	1	1 0	10	0	3 4	0	2 0	0	0	7 17
Birmingham Mobile	0	0 0		000	0	02	42	10		0	1 0	0
WEST SOUTH CENTRAL												
Arkansas: Little Rock	0	0		0	0	0	3	0	1	0	0	υ
New Orleans	0 0	0 0	1	1 0	5 0	0 0	5 3	01	2 0	0 0	0 0	7 0
Dallas. Galveston. Houston. San Antonio.	0 1 2 0	0 0 1 0	 	0 0 0 0	1 0 0 0	0 0 0 0	2 2 4 10	10 0 9 0	1 1 1 1	0 0 0 0	1 0 0 1	1 1 5 2
MOUNTAIN Montene:												
Billings Helena Missoula	1 0 0	0 0 0		0 0 0	3 0 1	0 0 0	1 0 0	0 0 0	1 1 0	0	0 0 0	1 0 0
Idaho: Boise	0	0		0	0	0	0	0	0	0	0	0
Colorado: Denver Pueblo	1	0		0	6	0	2	6	32	0	1	25
Utah: Salt Lake City	0	0		0	1	0	0	0	2	0	0	24
PACIFIC												
Washington: Seattle Spokane Tacoma	1 0 0	0 0 0		0 0 0	6 3 0	2 0 0	0 1 0	4 0 0	1 3 2	0 0 0	0 0 0	12 14 4
Los Angeles Sacramento San Francisco	5 0 1	0 0 1	1	000	29 0 19	0 0 2	3 1 5	0 4 3	8 1 5	0	000	24 5 13
Total	34	3	17	6	428	58	237	164	172	0	29	1,160
Corresponding week, 1942. Average, 1938-42.	38 54	6	36 28	1 16	192 2 275	16	191 1 222	46	162 191	02	34 50	948 1, 281

Anthraz.—Cases: Camden, 1. Dysentery, amebic.—Cases: New York, 1; Chicago, 1; San Francisco, 2. Dysentery, bacillary.—Cases: Worcester, 1; New York, 4; Chicago, 1; Minneapolis, 1; St. Louis, 3; Baltimore, 5; Richmond, 1; Nashville, 2; Los Angeles, 5; Sacramento, 1. Dysentery, unspecified.—Cases: Baltimore, 3; San Antonio, 5. Rocky Mountain spotted feer.—Cases: St. Louis, 2; Nashville, 1. Typhus fetr.—Cases: Charleston, 8. C. (delayed reports), 6; Atlanta, 2; Brunswick, 1; Savannah, 1; Tampa, 2; Nashville, 1; Mobile, 1; Dallas, 3; Galveston, 2; Houston, 3; San Antonio, 1.

1 3-year average, 1940-42.

* 5-year median.

	ates	8.	Infi	ienza	8	\$	ath	888	stes	ates	-8.78	8
	Diphtheria case r	Encephalitis, infe tious, case rates	Case rates	Death rates	Measles case rate	Meningitis, menin coccus, case rate	Pneumonia det rates	Poliomyelitis c rates	Scarlet fever case r	Smallpox case r	Typhoid and pe typhoid fever c rates	Whooping cough c rates
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific	0 3.8 6.4 2.0 3.5 0 8.8 16.8 12.2	0 0 0 1.7 0 2.9 0 1.7	0 0.6 0 22.7 5.9 2.9 0 1.7	0 0.5 0 5.2 5.9 2.9 0 0	79.3 56.1 74.7 78.2 61.1 5.9 17.6 117.7 99.6	13.7 9.5 8.2 15.6 8.7 11.9 0 7.0	35.6 36.6 25.7 43.0 45.4 77.2 85.1 25.2 17.5	65. 7 9. 5 33. 3 43. 0 3. 5 5. 9 58. 7 58. 9 19. 2	62. 9 12. 4 35. 6 35. 2 7. 0 23. 8 20. 5 75. 7 35. 0	0 0 0 0 0 0 0 0 0	0.0 4.3 4.1 11.7 5.2 5.9 5.9 8.4 0	145 94 229 313 334 143 47 454 126
Total	5.3	0. 5	2.6	0.9	66. 2	9.0	36.7	25.4	26.6	0	4.5	179

Rates (annual basis) per 100,000 population, by geographic groups, for the 83 cities in the preceding table (estimated population, 1942, 33,711,500)

HUMAN CASE OF PLAGUE IN SISKIYOU COUNTY, CALIF.

A human case of plague was reported in Siskiyou County, California, during the week ended August 28. The case occurred in a boy 11 years of age residing on an Indian reservation in Quartz Valley. The infection was believed to have been contracted on a hunting trip in the mountains near Fort Jones.

One human case of plague was reported in Siskiyou County in November 1942 (terminating fatally on January 10, 1943),¹ and two fatal cases were reported in the county in 1941.

PLAGUE INFECTION IN CALIFORNIA AND MONTANA

Plague infection has been reported proved in pools of fleas and tissue from rodents collected in California and Montana as follows:

CALIFORNIA

Monterey County.—April 9, at Fort Ord, Area D, in a pool of 54 fleas from 23 mice (*Peromyscus* sp.); April 22, in a pool of 35 fleas from 2 ground squirrels (*C. beecheyi*), 1 shot and 1 found dead; August 3 and 4, in a pool of 236 fleas from 46 wood rats (*Neotoma* sp.), at Camp Hunter Liggett Military Reservation, San Antonio River; July 9, 12, 14, and 22, in pools of tissue from ground squirrels (*C. beecheyi*) taken at points distant from Monterey, as follows: 1 ground squirrel, and, proved separately, 10 ground squirrels, 12 miles east and 12 miles south; 10 ground squirrels, 20 miles east and 13 miles south; 9 ground squirrels, 18 miles east and 12 miles south.

¹ Public Health Reports, Dec. 4, 1941, p. 1879, and May 28, 1943, p. 850.

MONTANA

Garfield County.—April 4, in a pool of 173 fleas from 80 prairie dogs (Cynomys ludovicianus) taken on a ranch approximately 12 miles northwest of Jordan; April 5, in a pool of 79 fleas from 83 prairie dogs, same species, taken on a school section approximately 17 miles northwest of Jordan.

FOREIGN REPORTS

BRAZIL

Para State—Belém—Poliomyelitis.—For the period March 1 to July 31, 1943, a total of 47 confirmed cases of poliomyelitis was reported in Belém, Para State, Brazil, by months as follows: March, 1 case; April, 8 cases; May, 18 cases; June, 15 cases; July, 5 cases.

CANADA

Provinces —Communicable diseases — Week ended July 31, 1943. — During the week ended July 31, 1943, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Bruns- wick	Que- bec	On- tario	Mani- toba	Sas- katch- ewan	Al- berta	British Colum- bia	Total
Chickenpox Diphtheria	1	32 11	2	27 15	63 1	13 3	34	10 3	31	211 38 5
German measles Influenza				7	14 9	12		6	6 4	34 15
Measles. Meningitis, meningococ-	8	5		89	458	26	45	119	86	836
Mumps Poliomyelitis		7		21	74	26 1	9	32	28	197 1
Scarlet fever	7	3 4	· 6	37 146	36 53	6 19	11 	15 1	25 27	137 263
phoid fever				17 2	5 1	1				23 3
Whooping cough		27		99	191	22	46	40	70	495

REPORTS OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER RECEIVED DURING THE CURRENT WEEK

Note.-Except in cases of unusual prevalence, only those places are included which had not previously reported any of the above-mentioned diseases, except yellow fever, during the current year. All reports of yellow fever are published currently.

A cumulative table showing the reported prevalence of these diseases for the year to date is published in the PUBLIC HEALTH REPORTS for the last Friday in each month.

(Few reports are available from the invaded countries of Europe and other nations in war zones.)

Plague

French West Africa—Dakar.—For the period July 21-31, 1943, 1 case of plague with 1 death was reported in Dakar, French West Africa.

Smallpox

Brazil—Bahia—Salvador.—For the week ended April 10, 1943, 2 cases of smallpox were reported in the port of Salvador, Bahia State, Brazil.

Turkey.—During the month of June 1943, 719 cases of smallpox (28 cases in Istanbul) were reported in Turkey.

Typhus Fever

Hungary.—For the week ended August 7, 1943, 6 cases of typhus fever were reported in Hungary.

Slovakia.—For the week ended July 31, 1943, 7 cases of typhus fever were reported in Slovakia.

Turkey.—For the month of June 1943, 785 cases of typhus fever were reported in Turkey.

Yellow Fever

Nigeria—Makurdi.—On July 22, 1943, 1 suspected case of yellow fever was reported in Makurdi, Nigeria.

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