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LEGISLATION ON HOSPITAL SURVEYS, CONSTRUCTION, AND LICENSING CONSIDERED BY STATE LEGISLATURES IN 1945¹

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OBJECTIVE AND SCOPE OF THIS ANALYSIS

In the fall of 1944, the Council of State Governments sponsored and distributed a model State hospital survey act. This was done in recognition of the widespread public interest in adequate hospital and other health facilities, and with the conviction that after the war there would be extensive hospital and related construction, with or without Federal aid, and that this hospital construction should be scientifically planned. Such planning, with State-wide perspective, would place additional facilities where needed and supplement, rather than duplicate, existing facilities.

For those unfamiliar with the Council of State Governments, the latter is a joint governmental agency of the States maintained by appropriations from State governments. One of its functions is to submit to the States, shortly prior to their legislative sessions, suggested State legislation designed to enable the States to participate in or prepare themselves for Federal benefit programs necessitating State action. These suggested bills are presented to State officials in regional meetings held by the Council throughout the country.

The model hospital survey bill was presented, along with other suggested State legislation, before the Council's regional meetings held in December 1944. This model bill was initiated, not because surveys would be impossible without legislative authority, but rather to call attention to the desirability of doing such surveys on a State-wide basis through a State agency and to point out that sounder planning could be expected of a survey done under legislative mandate with official State sanction.

¹ From Hospital Facilities Section, States Relations Division, Bureau of State Services.

The Council's model "State hospital survey act" was brief, consisting of three sections, reprinted in appendix A.

In order to measure the influence of the Council's model hospital survey act, all legislation touching on hospitals and public health centers which had been introduced into the 1945 State legislative sessions was analyzed. As the analysis progressed, two major fields of interest emerged: (1) Legislation covering State-wide hospital surveys, as well as legislation covering both surveys and State-wide hospital and public health facility construction programs and (2) hospital licensing. These two types are covered in detail in this report.

However, as State legislation was examined, other types of interest pertaining to hospital and public health facility developments came to light. Examples are hospital and related construction legislation of more limited scope and more particularized than the construction legislation of primary interest and, also, special medical or hospital care programs. All of these impinge on hospital facility developments. These other types, therefore, are also covered briefly in this report.²

The history of all 1945 State bills segregated for their effect upon hospital and public health facilities has been followed. Forty-six States have been in session in 1945—that is, all of the States, except Louisiana and Mississippi. With the exception of two States (Georgia and Missouri), all of these State legislative sessions have now adjourned.³ In the State legislatures still in session, Georgia and Missouri, there are only about three bills relating to hospital and related construction and these three are of merely incidental interest.

LEGISLATION COVERING STATE-WIDE HOSPITAL SURVEYS AND STATE-WIDE HOSPITAL AND PUBLIC HEALTH FACILITY CONSTRUCTION PROGRAMS

In this category of legislation, the language used in the bills and laws indicates two major influences: (1) The model bill of the Council of State Governments and (2) the Hill-Burton Hospital Construction Bill, S. 191, introduced in Congress on January 10, 1945. Space will not be taken here to describe this pending Federal legislation, since those interested in hospital facilities are undoubtedly familiar with it.

² This paper deliberately omits legislation providing for medical care or health insurance systems. While legislation of this type was considered by many legislatures this year (and, in certain individual States, a great variety of legislative proposals of this character were introduced) and although health insurance programs would, probably more than any other single development, affect the provision and use of hospital and health facilities, health insurance legislation is too broad a subject to be treated here.

Every effort has been made to effect a complete coverage of the two types of legislation of primary interest in connection with this project: (1) That providing for State-wide hospital surveys and State-wide hospital and related construction programs, and (2) that providing for hospital licensing. Because of the difficulties encountered by legislative reporting agencies and to the links in the chain whereby State legislative developments are pursued, it is recognized that there may be some omissions, although the objective in this area has been complete coverage and every step has been taken to attain the objective.

³ This analysis was made as of Oct. 4, 1945.

Ten States have enacted legislation providing only for a State-wide survey and the programming of necessary hospital and related construction. Three other States introduced, but failed to enact such legislation. The laws enacted in the 10 States and the bills which failed to pass in the 3 States are listed as follows:

1945 State legislation covering State-wide hospital surveys (as of Oct. 4, 1945)

Enacted during the 1945 legislative session	Legislation killed during 1945 session or session closed prior to enactment
Arizona S. 2-X (ch. 19, Laws 1945). Delaware S. 195. Illinois S. 336. Illinois S. 436. Indiana S. 51 (ch. 101, Laws 1945). New Mexico S. 263 (ch. 136, Laws 1945). Oklahoma H. 476. Rhode Island H. 713. Vermont H. 238 (ch. 5, Laws 1945). Virginia S. 27 (ch. 5, Laws 1945). Washington S. 233 (ch. 212, Laws 1945).	Connecticut H. 616. Nevada A. 163. South Carolina S. 124. South Carolina H. 555.

One of the most interesting characteristics of this legislation is the similarity in the organization set up to conduct these surveys and the frequent similarity, from State to State, of the functions delegated to the State survey agency. These similarities are shown in appendix B.

Other States went beyond surveying and construction programming in their legislation and covered not only these phases, but provided also for the administration of a State-wide hospital and public health facility construction program. Nine States enacted such laws. (Only one of these nine, Oklahoma, appears among the States which enacted only survey and programming laws. That is because Oklahoma enacted two laws, one covering the survey and programming, the other, the administration of the State-wide construction program, instead of combining the two functions into one law, as other States have done.) Three other States considered, but failed to enact, legislation providing for both surveys and the administration of a State-wide construction program. In several States which enacted such laws, there were alternate bills considered which failed of passage. All of these bills, both those enacted and those which lapsed or were killed, are listed in the following tabulation:

1945 State legislation covering State-wide hospital survey and construction programs (as of Oct. 4, 1945)

Enacted during the 1945 legislative session	Legislation killed during the 1945 session or session closed prior to enactment
Alabama S. 107 (see remarks on this legislation in appendix C). Florida H. 724. Maine H. 844. North Carolina H. 594. Oklahoma H. 478. Oregon H. 395 (ch. 285, Laws 1945). Texas H. C. R. 34 (see remarks on this legislation in appendix C). Utah S. 234. West Virginia H. 321.	California A. 600. Connecticut H. 617. Florida S. 144. North Carolina H. 572. Ohio S. 317. Texas S. C. R. 16. Texas S. 216.

Here again, there is a large measure of similarity in the State organization designated to carry the program and in the functions consigned to the State agency. Here too is seen some influence of the Council's model bill, but probably a stronger influence from the Federal bill, S. 191. Along with the laws showing similarities, there are also those State laws which are strongly individual—for example, Alabama S. 107, North Carolina H. 594, and Texas H. C. R. 34. The provisions of all this State legislation providing for both surveys and the administration of a State-wide construction program, whether enacted or defunct, are given in appendix C.

In summary, of the 46 States having legislative sessions in 1945, 18 States have enacted and 5 other States have considered, but failed to enact, legislation providing for State-wide hospital surveys or the administration of State-wide hospital and public health facility construction programs or providing for both.

LEGISLATION COVERING HOSPITAL LICENSING

This report is intended to include all licensing legislation enacted or merely considered during the 1945 sessions covering any type of hospital or nursing home, except the type of legislation which undisputably gives the licensing agency authority for sanitary inspection only.

It has been found that during this year 14 States have enacted 17 licensing laws (Illinois enacted 3, Indiana 2). There is considerable variety in the types of hospitals and nursing homes covered by the licensing requirements in these 17 laws. For example, one covers all hospitals in the State except Federal hospitals; another, all hospitals except State and Federal; another, all hospitals except mental institutions; another, all public and private mental institutions; others, all private convalescent homes, etc. The great majority of these 17 laws specify the State health authority as the licensing agency.

The following summary of hospital licensing legislation shows not only for each licensing law enacted, but also for each licensing bill which was considered but not enacted, the State licensing agency and the type of institutions to be licensed.

In addition to the 14 States which enacted licensing laws, there were 5 States in which licensing legislation was considered, but failed of passage.

There were altogether 19 States which either enacted or considered some form of hospital licensing legislation during 1945.

1945 STATE LEGISLATION PROVIDING FOR HOSPITAL LICENSING (AS OF OCTOBER 4, 1945)

Enacted During 1945 Legislative Session:

Alabama S. 107.—Requires State Board of Health to license annually all hospitals established with aid under this act.

California A. 601.—Requires licensing, by the State Department of Public Health, of all types of hospitals except Federal, State, county, and city hospitals, any hospital conducted by the regents of the University of California; hospitals conducted by or for religious groups depending on spiritual means for healing; and mental institutions under the jurisdiction of the State Department of Institutions.

Delaware S. 94.—Requires a license from the State Board of Health of any sanatorium, rest home, nursing home, boarding home, and related institution for care of the "aged, infirm, chronically ill, or convalescent persons," operated by any person, partnership, association, or corporation.

Illinois H. 252.—Gives to the State Department of Public Health the function of licensing private nursing homes for physical illnesses. It specifically excludes institutions for mental illness and all hospitals.

Illinois H. 397.—Requires a license from the State Department of Public Welfare for any private mental institution and any mental unit of a private general hospital.

Illinois S. 141.—Requires a license from the State Department of Public Welfare for all private mental institutions and special mental departments in private general hospitals.

Indiana—Chap. 346, Laws 1945 (H. 390).—The State Board of Health will license all hospitals, excluding mental institutions, through a newly created council, which will have important policy and administrative functions.

Indiana—Chap. 335, Laws 1945 (S. 206).—Creates a new Indiana Council for Mental Health, with various powers, including general supervision of public psychiatric institutions and the power to license private psychiatric institutions.

Maine S. 405.—Requires a license by the State health agency for all public and private hospitals in the State, excluding State and Federal hospitals.

Maryland—Chap. 210, Laws 1945 (S. 66).—The licensing powers given to the State Board of Health by this law apply to all hospitals in the State, except Federal hospitals.

Nebraska H. 284.—Requires a license from the State health agency for any maternity hospital.

Nevada A. 62.—Requires a license from the State health agency for any maternity hospital. This licensing requirement is apparently restricted to private hospitals.

Oklahoma H. 468.—Gives to the State health agency the power to license all non-Federal hospitals in the State, except State mental hospitals.

Pennsylvania Act 68, Acts 1945 (S. 243).—Provides for licensing, by the State Department of Welfare, of mental hospitals operated by any person, copartnership, association, or corporation other than State hospitals.

South Dakota S. 62.—Requires a license from the State Board of Health for every hospital and nursing home except duly incorporated children's institutions. The regulations of the State Board of Health, however, are restricted to the sanitary and safe condition of the premises, cleanliness of operation, and the physical equipment of the institution. It has been reported that a referendum has recently been filed on this act.

Texas H. 127.—Requires a license from the State Department of Public Health for all private convalescent homes. This law defines a convalescent home as "any place or establishment where three or more pension or old age assistance recipients are housed for hire or profit," and specifically excludes hospitals.

Utah S. 26.—Requires a license from the State health agency for any maternity hospital.

Considered, but Not Enacted, During 1945 Legislative Session

Colorado H. 563.—This was essentially a public health reorganization bill. It would have given to the Division of Public Health various powers, including the power to establish and enforce minimum standards for construction and operation of hospitals and the power to license, inspect, regulate, and exercise sanitary control over hospitals and to fix minimum standards of operation and equipment for hospitals.

Illinois H. 103.—Would have required a license from the State Department of Public Health for all "private hospitals" (proprietary and voluntary nonprofit), except those in cities having at least the minimum regulatory requirements of this bill.

Illinois H. 763.—Would have required a license from the State health agency for any maternity hospital.

Illinois S. 373.—Would have required a license from the State health agency for all public and private hospitals in the State, excluding State and Federal hospitals.

Kansas H. 267 and Kansas S. 248.—Would have required a license from the State Board of Health for all public and private hospitals and nursing homes in the State, except Federal hospitals.

Massachusetts H. 2029.—Would require a license from the State Department of Public Health for all hospitals, sanatoria, and convalescent or nursing homes operated "for charity or profit," excluding the following: (1) Mental institutions licensed by or under the general supervision of the Department of Mental Health, (2) institutions caring exclusively for the aged not requiring medical or nursing care and licensed by the Department of Public Welfare, and (3) any nursing or convalescent home conducted in accordance with Christian Scientist principles. This bill, although not enacted, is not dead, but is being held over for consideration at the next annual session.

Michigan H. 182.—Would have given to the State health agency

the power to license all non-Federal hospitals in the State, except State mental hospitals.'

Michigan S. 118.—Would have required a license from the State health agency for any maternity hospital.

Michigan S. 335.—Would have required a license from the State health agency for all public and private hospitals in the State, excluding State and Federal hospitals.

North Dakota H. 90.—This bill, requiring a license from the State Department of Health, would have applied to all hospitals, both public and private, in the State, except Federal hospitals. In addition to the licensing provisions, it would have authorized the State Health Department to accept any Federal, county, or other funds and any supplies or equipment available to the State for hospital facilities, goods, and services.

OTHER LEGISLATION

Special State commissions to study medical and hospital care problems.—State legislation this year has reflected a tendency to set up special commissions to study medical care or hospital problems in the State. (The commissions referred to here have been given responsibilities differing from those of a State agency assigned a State-wide hospital survey to determine construction needs.) Such laws were enacted this year in Hawaii, Illinois, New York, Virginia, and West Virginia. Ohio considered, but did not enact, such legislation.

Through the enactment of Senate Joint Resolution 10, Hawaii created a Territorial Hospital Service Study Commission to study "hospital and burial services and costs in the Territory" and make recommendations to the next legislature.

The two new commissions in Illinois, the one created by Illinois Senate bill 336 to study the hospitalization and medical care needs of the State, the other, the Commission on the Care of Chronically Ill Persons, set up by Illinois Senate bill 436, to study the adequacy of hospitalization and other treatment facilities for the chronically ill, have been treated in appendix B. They are mentioned here again, because their assignments are somewhat different from those of the usual State hospital facility survey agency.

In New York, under Act 66, approved in January 1945, the temporary State commission previously established to study medical care and to make recommendations to the legislature will be continued through February 15, 1946. Under New York Act 1916 (ch. 255, Laws 1945), the temporary State commission established in 1938 to formulate a long-range State health program will be continued to March 31, 1946. Chapter 255 also provides for cooperation between these two temporary State commissions.

Virginia, in adopting Senate Joint Resolution 8-XX, has established a new commission to study the facilities now offered by the State for hospitalizing indigents, to determine whether more efficient service could be rendered by making funds for hospital care of indigents available to the political subdivisions, and to make recommendations to the governor and assembly.

West Virginia House Concurrent Resolution 4, adopted February 15, 1945, creates an interim committee to study a number of matters of medical, hospital, and public health interest, including the "availability of hospital facilities in all areas of the State, compared with the need therefor," and to report to the legislature by January 10, 1947.

The Ohio bill (S. 19) which died in the legislature would have created a new commission to study the causes and effect of tuberculosis and collect data on the tuberculosis hospitals of Ohio and other leading States so as to recommend the means of bringing the Ohio tuberculosis hospitals into conformity with the best standards in other leading States.

Miscellaneous hospital and related construction legislation.—The legislation referred to here is not as broad in coverage as that reviewed under the topic "Legislation Covering State-wide Hospital Surveys and State-wide Hospital and Public Health Facility Construction Programs."

Georgia has enacted a resolution and has two bills still pending which touch in a very general way on hospital and public health facilities. Under House resolution 113, approved March 8, 1945, the legislature resolved, among other things, that the State Department of Health and the State Board of Health should "cooperate with all health agencies, hospitals, medical centers, maternity homes, nursing homes, and other such institutions in the advancement of health work in Georgia;" that they should give special attention to the possibility of constructing additional tuberculosis hospitals and to tuberculosis control and treatment; and should cooperate with private hospitals and agencies engaged in health improvement. House bills 155 and 156, still pending, would authorize the State Board of Health to build and operate, or to assist political subdivisions in the building and maintenance of, hospitals and other health facilities. The circumstances under which this aid would be given are unspecified.

There was an interesting bill (S. 68) introduced in North Carolina but not enacted which would authorize the State Board of Health to contribute, on an equalization basis, to the construction of necessary public or voluntary nonprofit hospitals and health centers. The State contribution would have varied, up to a maximum of 50 percent of construction costs, in accordance with the economic ability of the area served or of the nonprofit hospital sponsor and the availability of funds from other sources.

North Dakota and Wisconsin have enacted laws establishing different types of State medical centers and there are still pending in Congress two bills (S. 223 and S. 879) providing for a "hospital center" in the District of Columbia.

Under the North Dakota law, Senate bill 115, a North Dakota State Medical Center is to be established at the University of North Dakota for the coordination of health and welfare activities of the State, its political subdivisions, and private doctors. The center will be operated by the university and its medical school under the supervision of the State Board of Higher Education, with advisory assistance from the Medical Center Advisory Council, to be established under this law. This Council is directed to formulate plans for implementing, through the State Medical Center, a unified program for the improvement of the health of the people of the State. Such a plan would include: Ways and means of training an adequate number of doctors, nurses, sanitary engineers, public health administrators, and other personnel; the establishment and maintenance of facilities for hospitalization and care of indigent and such other patients as should be treated for full use of the State Medical Center; and plans for full use of the center by private doctors and public health and welfare administrators. The law permits admission of pay patients if this is found necessary for clinical experience in the medical school.

The Wisconsin Diagnostic Center, to be set up under chapter 501, Laws 1945 (S. 110), will be administered by the State Department of Public Welfare and staffed by professionally qualified persons from the teaching staff of the University Medical School. This center is to provide complete physical and mental diagnostic service to all persons committed to the care of the State Department of Public Welfare, except those patients committed to the State insane hospitals at Mendota and Winnebago. For coordination between the Department of Public Welfare and the University Medical School, the law creates an "administrative committee," composed of the president of the university, the chairman of the State Board of Public Welfare, the dean of the University Medical School, and the director of the Department of Public Welfare.

There were several bills introduced in the New Mexico legislature proposing the establishment and operation of State-owned general hospitals. The bill which was enacted, Senate bill 35 (ch. 56, Laws 1945), provides for the establishment of a State General Hospital, to be managed and controlled by a State General Hospital Board, which is to be appointed by the Governor with the advice and consent of the Senate. This hospital is intended for the care of the indigent sick who are residents of New Mexico. Persons able to pay and nonresidents of the State are to be admitted under regulations to be adopted by the State General Hospital Board.

Several States this year have included in their appropriations to the State health agency moneys for the construction of public health facilities. Illinois has appropriated over two million dollars for construction of a new State public health building in Springfield (Ill. S. 417). Pennsylvania has appropriated funds for construction of a State health laboratory (ch. 82A, Laws 1945).

State legislation has demonstrated a considerable interest in the construction of tuberculosis hospitals. Five States this year enacted laws providing for programs or funds or both for the construction of State or other public tuberculosis hospitals: Alabama (Governor's Act 287, Acts of 1945); Florida (H. 373); Illinois (S. 417); Tennessee (ch. 54, Public Acts 1945); and Washington (ch. 220, Laws 1945). The Tennessee and Washington laws set up special State commissions to see that such construction is carried out.

There was introduced in the Ohio legislature a bill (S. 3) to create a "public institutional building commission" for the purpose of constructing buildings for the hospitalization and care of the feeble-minded, insane, psychopathic, and epileptic. Senate bill 3, however, died in the legislature.

There have been several bills providing for the construction of State chronic hospitals. Chapter 421, Laws of Maryland, 1945, authorizes the State Board of Health to establish three institutions in different sections of the State for needy chronic patients. There are to be two sections in each institution: a chronic hospital and an infirmary. Massachusetts has had several such bills under consideration: House bill 150, which died this session, provided for the construction by the State Department of Public Health of a cancer hospital of not more than 200 beds in conjunction with a chronic disease hospital of not more than 600 beds. Massachusetts House bill 1304, which provided for construction by the State Department of Public Welfare of a new chronic hospital and infirmary to replace the existing one at Tewksbury, was superseded by other legislation to be held over for the next legislative session.

No attempt has been made to trace all of the State legislation authorizing no State action, but empowering political subdivisions to take steps to provide hospital and related facilities. However, several bills of this character are of sufficient interest to mention. These are not referred to as all-inclusive of their kind, but rather as interesting individual pieces of legislation. The following are in that category: Kansas Senate bill 92; chapter 416, Laws of Minnesota 1945; chapter 289, Laws of Indiana 1945; and Missouri House bill 280. All have been enacted, except Missouri House bill 280, which is still pending.

Kansas Senate bill 92 and chapter 416 of the Laws of Minnesota 1945 both authorize certain types of cities to contribute to nonprofit hospital organizations part of the cost of erecting a needed hospital.

Chapter 289, Laws of Indiana 1945, permits counties and cities to accept gifts for the purpose of erecting suitable buildings for the county and city health departments.

Missouri House bill 280 would authorize any county or group of counties to levy taxes and to establish an organization for the building, maintenance, and operation of "public county health centers" for the health improvement of all inhabitants of such counties. The unusual feature of this bill is the type of organization to which the building and operation of the center would be entrusted—"a bona fide organization of at least 250 resident members, paying annual dues each of at least one dollar, be a corporate body, constitution and by-laws legally adopted and its officers legally elected and qualified, and when so formed, shall be the legal and official body in the county or counties for the promotion of health activities in said county or counties. It shall cooperate with the Missouri State Board of Health or its successors and shall be empowered to enter into contracts and agreements with State and federal health authorities for the furtherance of all health activities." The director of the public health center is to be appointed by the county court or courts.

Special medical or hospital care programs.—Maryland is now initiating a program of medical care for indigent and medically indigent persons. This program, created by chapter 91, Laws 1945, is to be administered by the State Board of Health. Under this law, the newly created Bureau of Medical Services within the State Board of Health may make contracts with physicians, dentists, and hospitals for the care of eligible individuals.

Several States have enacted legislation providing for mental health programs.

Chapter 971, Laws of California 1945, permits the State Department of Public Health to maintain a mental health service to assist local departments of health and education in the establishment of mental health services, and requires the Public Health Department to coordinate this service with the program of the State Department of Mental Hygiene.

Public Act 288, Acts of Connecticut 1945, requires each State mental hospital to establish psychiatric clinics for adults and empowers the State Department of Health to make grants for establishment of psychiatric services to general hospitals whose plans for such services are approved by that department.

Public Act 271, Acts of Michigan 1945, creates a new State Department of Mental Health which is to have three divisions: Business administration, hospitals, and mental hygiene. The powers and duties of the State Hospital Commission are transferred by this law to the new Department of Mental Health.

West Virginia House bill 12, approved March 15, 1945, not only gives the State Health Department advisory medical supervision over State mental hospitals and emergency hospitals as well as over State tuberculosis hospitals, but also provides for stimulus of the tuberculosis control program and initiation of a mental health program. To effect the last provision, the Commissioner of Health is authorized to establish a Bureau of Mental Hygiene, conduct mental hygiene clinics, utilize the professional services of the State mental hospitals, cooperate with school authorities in making the services of psychologists and psychiatrists available to schools, conduct educational programs, and take other action approved by the Public Health Council.

Florida considered, but did not enact, a bill requiring the State Board of Health to formulate a plan for the care and treatment of indigent persons suffering from cancer and to establish standard requirements for the organization, equipment, and conduct of "cancer units or departments in general or private hospitals or private clinics." This bill was House bill 154.

Alabama, California, and Washington enacted, and Idaho considered, but defeated, legislation providing for the establishment of local public hospital districts. Under California chapter 932, Laws 1945, and Washington chapter 264, Laws 1945, the public hospital districts are to own and operate public hospitals. The provisions of Idaho House bill 129 were similar. Under Alabama Senate bill 107, the district or regional hospital association may cooperate with, or act as agent for, the State Board of Health for the purpose of constructing and operating a public hospital.

SUMMARY

The experience this year with State legislation demonstrates an extensive public consciousness of the importance of adequate hospital and related facilities. It illustrates the value of concentrating State interest in a new function by bringing before State officials, and through the mechanism of their own national organization—the Council of State Governments—a suggested or model bill aimed at a specific purpose, but adaptable to various State needs. It shows a desire to ascertain, on an objective and scientific basis, hospital and related facility needs, and also manifests a widespread desire to establish and maintain professional standards for hospital operation through State licensing. After study of the various legislative measures enacted into law this year, there is no doubt of the trend to extend and enrich hospital and related health services provided by both public and voluntary agencies.

APPENDIX A

(Suggested Bill of the Council of State Governments)

THE STATE HOSPITAL SURVEY ACT

(Title: It should conform to State requirements. The following is a suggestion; a more complete title should be used where necessary: "An Act to provide for the making of a survey of all hospital and health center facilities in the State.")

(*Be it enacted*, etc.)

SEC. 1. *Hospital survey*.—The State (Health) Department shall (a) make a survey of the location, size, and character of all existing public and private (proprietary as well as nonprofit) hospitals and health centers in the State;

(b) Evaluate the sufficiency of such hospitals and health centers to supply the necessary physical facilities for furnishing adequate hospital, clinic, and similar services to all the people of the State; and

(c) Compile such data and conclusions, together with a statement of the additional facilities necessary, in conjunction with existing structures, to supply such services.

The (Health) Department shall utilize, so far as practicable, any appropriate reports, surveys, and plans prepared by other State agencies.

(SEC. 2. *Acceptance of Federal grants*.¹—The (Health) Department is authorized to apply for and to accept on behalf of the State, to deposit with the State (Treasurer), and to expend for the purposes for which granted or advanced, any grant or advance made by the United States or by any agency or officer thereof to assist in meeting the cost of carrying out the purposes of sec. 1.)

SEC. 3. This act shall take effect immediately (include emergency statement where necessary).

¹ This section need not be used where authority to accept grants, etc., already exists.

Consideration might also be given to the legislative policy of some States coupling authorization to accept grants and advances from outside sources "with the consent of the Governor."

APPENDIX B

Provisions of 1945 State Legislation Covering State-wide Hospital Surveys (as of Oct. 4, 1945)

1. ENACTED LEGISLATION

Legislation	Agency administratively responsible for survey	Advisory Council	Extent of administrative agency's authority	Remarks
Arizona S. 2-X (ch. 10, Laws 1945).	State Health Department.	A committee of 6 members, to be appointed by the Governor—1 representative of each of the following: Hospitals, medicine, nursing, agriculture, labor, business.	Substantially same as under Delaware S. 195.	Somewhat similar to the model of the Council of State Governments. (The foregoing is a summary of the bill as introduced. Copies of the law are not yet available.)
Delaware S. 195.	State Board of Health.	None.	Required to survey all hospitals and health centers in State and to compile conclusions as to additional hospital and health center facilities needed, in conjunction with existing facilities, to serve all the people of the State. Authorized to apply for and receive Federal funds for survey and planning purposes.	Very similar to model of Council of State Governments.
Illinois S. 336.	A new commission of 9 members set up under this act: 3 Senate members, 3 House members, and 3 to be appointed by Governor.	None.	Required to study hospitalization and medical care needs of State and report to next Assembly.	State-wide hospital facility survey will probably be based <u>not</u> on this law, but on an executive designation.
Illinois S. 436.	A new Commission on the Care of Chronically Ill Persons—9 members: 3 Senate members, 3 House members, Director of Public Welfare, Director of Public Health, and Director of Illinois Public Aid Commission.	None.	Required to study adequacy of hospitalization and other treatment facilities for chronically ill and to report to next Assembly.	
Indiana S. 51 (ch. 101, Laws 1945).	State Board of Health.	None.	Same as under Delaware S. 195.	Similar to model of Council of State Governments.
New Mexico S. 263 (ch. 136, Law 1945).	State Public Health Department	12 members to be appointed by Governor and to include representatives of nongovernment groups, and of State agencies, concerned with the operation, construction, or utilization of hospitals.	Required to carry on all hospital surveys and planning programs and to report on same to Surgeon General, U. S. Public Health Service.	Similar to survey segment of Federal bill, S. 191.

Oklahoma H. 476.....	State Commissioner of Health.....	6 members: Chairman, State Board of Public Affairs; Dean, Oklahoma School of Medicine, University of Oklahoma; and 1 named by each of the following 4 organizations: State Medical Assn., State Osteopathic Assn., State Hospital Assn., State Nurses Assn.	Directed to survey need for hospital and health center facilities, develop programs for their construction; to carry out standards of the Surgeon General, U. S. Public Health Service, for developing such programs, and to make reports required by Surgeon General. Authorized to apply for and accept Federal funds for survey and program planning.	Similar in some respects to S. 191. Note that after a survey of all existing hospitals and health centers in State, their usefulness to serve "all the feeblest people of the State" is to be evaluated accordingly. Note, however, that Oklahoma H. 476, the 1944 hospital construction bill (see appendix, C) provides for a State-wide hospital construction program to serve "all the people of the State."
Rhode Island H. 713.....	State Department of Health.....	None.....	Same as under Delaware S. 195.....	Very similar to model of the Council of State Governments.
Vermont H. 233 (ch. 5, Laws 1945).	A new commission of 5 members to be appointed by Governor under this act.	None.....	Substantially same as under Delaware S. 195.	Similar in some respects to model of the Council of State Governments.
Virginia S. 27 (ch. 5, Laws 1945).	State Department of Health.....	None.....	Same as under Delaware S. 195.....	Very similar to model of the Council of State Governments.
Washington S. 233 (ch. 212, Laws 1945).	State Department of Health.....	A council of representatives of non-government groups, and of State agencies, concerned with the operation, construction, and use of hospitals—to be appointed by State Director of Health.	Substantially same as under Delaware S. 195.	Shows influence of both the model of the Council of State Governments and of the Federal bill, S. 191.

2. LEGISLATION INTRODUCED, BUT KILLED OR LAPSED WITH END OF 1945 SESSION

Connecticut H. 616.....	State Department of Health.....	None.....	Same as under Delaware S. 195.....	Very similar to model of the Council of State Governments.
Nevada A. 163.....	State Board of Health.....	A council of not more than 20 members, to be appointed by the State Board of Health and to include State officials and private citizens interested in the operation, construction, or utilization of hospitals.	Substantially same as under Delaware S. 195. State Board of Health also authorized to cooperate with the Surgeon General of the U. S. Public Health Service in the making of the survey.	Somewhat similar to model of the Council of State Governments. Also some similarity to survey segment of S. 191. After passing both Houses, Nevada A. 163 was vetoed.
South Carolina S. 124 (a) as introduced.	State Board of Health.....	A council to be appointed by State Board of Health, and to include 3 medical management representatives; an unspecified number of representatives of the nursing, dental, pharmaceutical, labor, agricultural, and industrial interests; and also the Dean of the Medical College of South Carolina.	Substantially same as under Delaware S. 195.	Somewhat similar to model of the Council of State Governments.

APPENDIX B—Continued

Provisions of 1945 State Legislation Covering State-wide Hospital Surveys (as of Oct. 4, 1945)—Continued

2. LEGISLATION INTRODUCED, BUT KILLED OR LAPSED WITH END OF 1945 SESSION—continued

Legislation	Agency administratively responsible for survey	Advisory Council	Extent of administrative agency's authority	Remarks
South Carolina S. 124 (b) as amended.	A new South Carolina Hospital Commission of 15 members appointed by the governor, with representation as follows: 4 hospitals; 3 medicine; 1 public welfare; 1 agriculture; 1 organized labor; 1 business; 1 education; 1 dentistry; 1 optometry; and 1 nursing.	None	Required to survey all hospitals and health centers in State, compile conclusions as to additional hospital and health center facilities needed, in conjunction with existing facilities, to serve all the people of the State; to determine State aid necessary to supplement local funds to construct needed hospitals and health centers; to study all plans operating in State for hospital care of indigent; to recommend to next Assembly, through the Governor, an adequate State-wide hospital program; to receive Federal funds and services from Federal Government. The National Hospital Association and its affiliates.	Note points of similarity to North Carolina H. 594, summarized in appendix C.
South Carolina H. 555	A new South Carolina Hospital Commission of 15 members appointed by Governor. Representation same as on South Carolina S. 124 as amended, except that under H. 555 there could be 2 representatives of public health, none of optometry, and 3 instead of 4 representatives of hospitals.	None	Same as under South Carolina S. 124 as amended.	H. 555 is very similar to South Carolina S. 124 as amended, and both of these South Carolina bills show marked resemblances to North Carolina H. 594. (See appendix C.)

APPENDIX C

Provisions of 1945 State Legislation Covering State-wide Hospital Survey and Construction Programs (as of Oct. 4, 1945)

1. ENACTED LEGISLATION

Legislation	Agency administratively responsible for State program	Advisory Council	Extent of administrative agency's authority	Remarks
Alabama 8. 107.....	State Board of Health.....	Council of 13: 3 hospital administrators to be appointed by State Hospital Association or by Governor, if the association fails to appoint; 1 member of State Board of Censors to be appointed by that Board; 4 members of the lay public, to be appointed by the Governor; State Health Officer; State Director of Public Welfare; Director of State Planning Board; Director of Finance; and Attorney General. State Health Officer to be chairman.	Authorized to acquire, construct, maintain, and operate public hospitals, health centers, and related facilities; to administer Federal, State, and other funds for this purpose; to contract with any political subdivision or nonprofit association, for same purpose. Required to set up a master hospital plan, dividing State into regions, districts, and zones. Authorized to establish regulations providing standards for construction and operation of hospitals established under this act and providing for their annual licensing.	No specific provision is made for nonprofit voluntary hospitals to benefit from construction funds either State or Federal. Although establishment of a master hospital plan for the State is required of the State agency, this act does not mention a survey of existing facilities; it does, on the other hand, provide for purely local determination of hospital needs (which seems to be contrary to a State-established master plan). Alabama 8. 107 appears to depend upon the constitutional amendment proposed in S. 106, filed with the Secretary of State July 9, 1945, which, if voted favorably at the next general elections, will empower the State to acquire, own, and operate hospitals, health centers, and other health facilities, appropriate funds therefor, and to authorize political subdivisions to appropriate funds for such purposes. Shows influence of the Federal bill, S. 191.
Florida H. 724.....	Authorizes the Governor to designate the agency.	Authorizes the Governor to appoint a council "to conform with the terms of Federal legislation."	With specific reference to Federal legislation designed to assist States to survey the need for hospital facilities, which in conjunction with existing facilities, will be sufficient to serve all the people of the State, to develop construction programs, and to construct public and other nonprofit hospitals in accord with such programs. H. 724 authorizes the Governor to provide for carrying out such purposes in accordance with standards of the Surgeon General.	

Provisions of 1945 State Legislation Covering State-wide Hospital Survey and Construction Programs (as of Oct. 4, 1945)—Continued

I. ENACTED LEGISLATION—continued

Legislation	Agency administratively responsible for State programs	Advisory Council	Extent of administrative agency's authority	Remarks
Maine H. 844.....	State Department of Health and Welfare.	None.....	Required to survey the need for additional hospital and health center facilities, which, together with existing facilities, will be sufficient to serve all the people of the State. Authorized to accept the provisions of any present or future Federal law making funds available for public health services of all kinds, including hospital and health center construction, and to meet requirements in connection with such funds.	Similar to, but goes further than the model hospital survey bill of the Council of State Governments.
North Carolina H. 594.....	The newly created North Carolina Medical Care Commission of 20 members, of whom 18 appointed by Governor and 2 ex-officio. Last 2 without vote. Of the 20, 3 representatives of the State Medical Society; 1 of the State Hospital Association; 1 of the State Dental Association; 1 of the State Nurses' Association; 1 of the State Pharmaceutical Association; 1 of Duke Foundation; 10 of agriculture, labor, industry, and other interests, and, ex-officio, Commissioner of Public Welfare and Secretary State Board of Health.	5-member council, to be appointed by Governor and to include representatives of nongovernment groups, and of State agencies, concerned with the operation, construction, or utilization of hospitals and allied facilities.	Authorized to administer State fund aid for hospitalization of indigent; to survey needs for hospital and health center facilities and the need for State aid to furnish them, and to make recommendations and report on these needs to the next Assembly; to set up and administer any State-wide plan for construction and maintenance of hospitals and health centers; to administer loans to medical students; and to expand the Medical School of the University of North Carolina.	
Oklahoma H. 478.....	State Commissioner of Health.....	H. 478 provides for no council, but refers to the State Advisory Council, presumably the one set up in Oklahoma H. 476. (See Appendix B.)	Directed to formulate, and submit to the Surgeon General of the U. S. Public Health Service for approval, a State plan setting forth a hospital and health center construction program sufficient, in conjunction with existing facilities, to serve all the people of the State. Authorized to carry out approved State plan; to make reports required by the Surgeon General. Required to review the State plan from time to time and submit necessary modifications to Surgeon General and Federal Advisory Council. Authorized to accept Federal funds for construction and for	Shows influence of the Federal bill, S. 191.

Oregon H. 395 (ch. 285,
Laws 1945).

State Board of Health.....

Council of 8 members, to appointed by Governor and to represent nongovernmental groups and State agencies, concerned with the operation, construction, or utilization of hospitals. Chairman of Council: Secretary of State Board of Health.

Texas H. C. R. 34.....

A new Hospital Survey Commission of 15 members, to be appointed by the Governor: 2 members from each of the 4 sections of the State, East, West, North, and South, with the remaining 7 from the State at large. Further, 6 members to be actively engaged in hospital work, 2 to be representatives of the press, 2 to be Senate members, 2 to be House members, 1 an architect, 1 an attorney, and 1 the President of the Texas County Judges Association.

Utah S. 234.....

State Department of Health.....

Authorized to receive Federal funds which may be made available for surveying, planning, constructing, and operating hospitals, public health centers, and related facilities, and for other health purposes. Authorized to cooperate with the Federal Government in a hospital construction program; to inventory existing hospitals and public health centers, to adopt and supervise the administration of such a State-wide plan for the construction of additional hospitals and public health centers as may be necessary under Federal law making Federal aid available for such purposes.

West Virginia H. 321.....

State Department of Health.....

Authority conferred by this act on State Department of Health may be exercised only with joint approval of Commissioner of Health and the existing Public Health Council. (Also authorizes the Governor to appoint such an advisory council as may be necessary under Federal law.)

Shows influence of S. 191.

A very confused bill. Although "said commission is hereby authorized and requested to make a comprehensive survey," it is also resolved in this measure "that the State Department of Public Health of Texas be designated as the agency to make necessary surveys." H. C. R. 34 was ruled invalid by the State's Attorney General within a month after its approval on June 6, 1945. On September 18, 1945, the Governor designated the State Board of Health "to carry out the purposes" of S. 191, with the aid of an advisory council named by the Governor at the same time. This law is very brief, providing little other than what is given in the foregoing column.

Provisions of 1945 State Legislation Covering State-wide Hospital Survey and Construction Programs (as of Oct. 4, 1945)—Continued

2. LEGISLATION INTRODUCED, BUT KILLED OR LAPSED WITH END OF 1945 SESSION

Legislation	Agency administratively responsible for State programs	Advisory Council	Extent of administrative agency's authority	Remarks
California A. 600 (as amended in Assembly May 26, 1945).	State Department of Public Health.	Council of 7 to be appointed by the Governor. Members to be outstanding in fields pertaining to hospital and health activities. A majority to be authorities on hospital operation. Chairman of Council: State Director of Public Health.	Required to survey need and adopt programs for construction of such hospitals and health centers as will, in conjunction with existing facilities, serve all the people of the State; to adopt and effectuate a State-wide construction plan meeting standards of the Surgeon General, U. S. Public Health Service, and from time to time make necessary plan revisions. Authorized to apply for, receive, and provide for expenditure of Federal funds in accordance with Federal law, provided that construction of any facility for use by any State agency shall be performed by State Department of Public Health through the Department of Public Works and in accordance with State Contract Act. Authorized to make reports required by Surgeon General.	Language very similar to that of the Federal bill, S. 191.
Connecticut H. 617 (House substitute bill of Apr. 12, 1945).	State Department of Health-----	None-----	Required to survey all existing hospitals and health centers in State and develop programs for construction of such additional facilities as necessary, in conjunction with existing facilities, to serve all the people of the State; and to supervise construction in accordance with such programs. Authorized to apply for and receive Federal funds for such purposes. Also authorized to study present basis of State appropriations to private and quasi-public hospitals.	Similar, in some respects, to model of the Council of State Governments.
Florida S. 144-----	State Board of Health-----	5 members appointed by Governor, with representation as follows: 1, hospitals; 1, medicine; 1, tuberculosis control; 1, engineering; and 1, public health.	Required to survey existing hospitals and related facilities and compile conclusions as to additional facilities necessary, in conjunction with existing facilities, to supply the needs of the people. Authorized to cooperate with Federal agencies, political subdivisions, associations, and individuals in carrying out intent of any contribution in supplying facilities found necessary; and to apply for and accept Federal funds.	This bill as introduced shows some similarities to model of the Council of State Governments, as well as some influence of the Federal bill, S. 191. S. 144 was reported by substitute in the Senate, May 14, 1946, but the substitute bill, which died in the Senate, is not available.

North Carolina H. 572.....	State Board of Health.....	Authorizes Governor to set up a council, to include representatives of nongovernment groups, and of State agencies concerned with the operation, construction, or utilization of hospitals and allied facilities.	Authorized to set up and administer any State-wide plan for construction and operation of hospitals and related facilities with approval of State Advisory Council, authorized to promulgate such State-wide plans. Authorized to receive and administer Federal funds for construction which may become available.	Shows influence of the Federal bill, S. 191.
Ohio S. 317.....	State Department of Health.....	Not more than 8 members to be appointed by Governor and to include representatives of nongovernment groups, and of State agencies, concerned with the operation, construction, or utilization of hospitals. Chairman: State Director of Health.	Authorized to carry out the purposes of the Public Health Service Act of July 1, 1944, as amended by the Hospital Construction Act (S. 191), and to make such reports as required by the Surgeon General.	Shows influence of the Federal bill, S. 191.
Texas S. C. R. 16.....	State Department of Health.....	None.....	Authorized to survey existing hospital facilities and the need for additional hospitals, clinics, and health centers; to recommend improvement of inadequate conditions; to execute the hospital program in conjunction with Federal agencies; and to accept and distribute Federal grants in accordance with regulations approved by the Conference of State and Territorial Health Officers.	Shows influence of the Federal bill, S. 191.
Texas S. 216.....	State Department of Health.....	Authorizes State Board of Health to appoint a State Advisory Council in accord with S. 191, or any similar enacted legislation, or requirement by any Federal agency.	Authorized to survey existing hospitals and health centers, as provided for in S. 191 or similar enacted Federal legislation, and to determine need for additional hospital and health center facilities; to make and/or approve applications and plans for Federal funds, as provided for in aforesaid legislation.	Specifically mentions provisions of the Federal bill, S. 191.

DEATHS DURING WEEK ENDED NOVEMBER 24, 1945

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

	Week ended Nov. 24, 1945	Correspond- ing week, 1944
Data for 92 large cities of the United States:		
Total deaths.....	8,503	8,446
Average for 3 prior years.....	8,590	
Total deaths, first 47 weeks of year.....	418,477	419,687
Deaths under 1 year of age.....	500	565
Average for 3 prior years.....	597	
Deaths under 1 year of age, first 47 weeks of year.....	28,300	29,001
Data from industrial insurance companies:		
Policies in force.....	67,290,418	66,911,354
Number of death claims.....	10,053	11,202
Death claims per 1,000 policies in force, annual rate.....	7.8	8.8
Death claims per 1,000 policies, first 47 weeks of year, annual rate.....	10.0	10.0

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 DECEMBER 1, 1945

Summary

A total of 13,220 cases of influenza was reported, as compared with 5,240 last week and a 5-year (1940-44) median of 2,478. The largest number reported for a corresponding week in the past 10 years was 4,489, in 1943. The sharp rise was due to increases in several widely scattered States. Eleven States reporting an aggregate of 12,320 cases, or 93 percent of the total and 95 percent of the increase are as follows (last week's figures in parentheses): Indiana 1,253 (284), North Dakota 647 (48), Kansas 782 (1), Virginia 1,438 (607), West Virginia 1,276 (150), South Carolina 1,117 (820), Texas 4,436 (2,056), Alabama 346 (150), Colorado 447 (303), Arizona 195 (49), Utah 383 (225). The first 7 of the above listed States reported 10,949 cases, or about 83 percent of the total and 50 percent of the increase. The total of cases reported to date for the country as a whole is 111,040, as compared with 356,312 for the same period last year and a 5-year median of 182,210.

A total of 173 cases of poliomyelitis was reported, as compared with 174 last week and a 5-year median of 130. Slight increases occurred in a few States. The largest numbers were reported in California (31), New York (21), Wisconsin (12), Missouri (11), and Illinois and Texas (10 each). The total to date is 13,275, as compared with 18,888 and 12,134 for the same periods of 1944 and 1943, respectively, and a 5-year median of 9,509.

A total of 105 cases of meningococcus meningitis was reported, as compared with 81 last week, 172 and 274 for the corresponding weeks of 1944 and 1943, respectively, and a 5-year median of 88. The largest numbers were reported in Pennsylvania (15), Illinois (14), New York (7), and Texas (6). The cumulative total is 7,500, as compared with 15,298 last year, 16,530 in 1943, and a 5-year median of 3,284 for the same period.

The incidence of diphtheria continued the seasonal downward trend of the past 4 weeks. A total of 581 cases was reported, as compared with 653 last week and a 5-year median of 439. The cumulative total, however, is above that for any prior year since 1939—16,744 cases, as compared with 12,603 for the same period last year and a 5-year median of 14,312.

A total of 9,462 deaths was recorded for the week in 93 large cities of the United States, as compared with 8,537 last week, 9,406 for the corresponding week last year, and a 3-year (1942-44) average of 9,728. The cumulative total is 429,699, as compared with 430,826 for the same period last year.

Telegraphic morbidity reports from State health officers for the week ended Dec. 1, 1945, and comparison with corresponding week of 1944 and 5-year median

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

Division and State	Diphtheria			Influenza			Measles			Meningitis, meningococcus		
	Week ended—		Median 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44
	Dec. 1, 1945	Dec. 2, 1944		Dec. 1, 1945	Dec. 2, 1944		Dec. 1, 1945	Dec. 2, 1944		Dec. 1, 1945	Dec. 2, 1944	
NEW ENGLAND												
Maine.....	12	0	0	1	-----	-----	1	14	125	0	1	1
New Hampshire.....	3	0	0	-----	-----	-----	21	12	11	0	1	0
Vermont.....	0	0	0	-----	-----	-----	2	-----	-----	1	0	0
Massachusetts.....	3	9	4	-----	-----	-----	113	75	226	3	9	5
Rhode Island.....	0	0	1	27	1	1	-----	-----	-----	1	1	1
Connecticut.....	5	0	0	-----	1	3	4	11	11	1	6	2
MIDDLE ATLANTIC												
New York.....	10	12	12	14	11	14	114	83	263	7	21	15
New Jersey.....	5	10	5	41	1	14	13	18	31	5	9	5
Pennsylvania.....	8	18	12	-----	2	2	528	35	289	15	11	7
EAST NORTH CENTRAL												
Ohio.....	37	12	17	51	7	9	19	16	25	4	3	3
Indiana.....	12	16	16	1,253	16	16	5	11	21	2	2	1
Illinois.....	8	6	24	10	8	8	208	28	31	14	20	3
Michigan.....	21	14	12	14	1	1	155	8	63	4	6	2
Wisconsin.....	4	0	0	32	11	17	20	20	128	4	2	1
WEST NORTH CENTRAL												
Minnesota.....	16	9	9	3	1	1	5	2	53	4	0	0
Iowa.....	5	1	2	-----	-----	-----	1	10	21	3	0	0
Missouri.....	5	3	4	13	2	2	27	1	9	0	7	3
North Dakota.....	3	24	2	647	20	16	-----	1	1	0	0	0
South Dakota.....	1	0	3	14	-----	-----	2	7	7	1	0	0
Nebraska.....	0	2	4	112	5	5	4	4	4	0	0	0
Kansas.....	5	1	7	782	4	5	28	7	17	2	1	1
SOUTH ATLANTIC												
Delaware.....	2	0	0	13	-----	-----	1	2	3	0	0	0
Maryland.....	16	9	7	26	1	5	1	2	8	0	4	4
District of Columbia.....	1	0	0	2	-----	-----	1	2	1	4	3	2
Virginia.....	27	9	23	1,438	133	184	44	6	20	0	2	2
West Virginia.....	5	4	7	1,276	71	13	1	5	5	0	1	1
North Carolina.....	55	33	33	-----	1	24	8	25	1	5	1	1
South Carolina.....	20	5	9	1,117	297	322	20	1	12	0	2	1
Georgia.....	11	9	10	81	12	24	9	-----	7	0	1	1
Florida.....	10	11	5	-----	2	6	2	2	2	1	3	2
EAST SOUTH CENTRAL												
Kentucky.....	13	4	10	14	2	3	121	3	37	1	4	3
Tennessee.....	19	13	11	131	26	29	7	21	21	5	8	1
Alabama.....	12	18	18	346	56	58	5	3	31	2	5	2
Mississippi.....	35	6	8	-----	-----	-----	-----	-----	-----	4	2	1
WEST SOUTH CENTRAL												
Arkansas.....	30	17	14	61	75	75	11	3	9	0	0	0
Louisiana.....	14	20	10	14	30	16	3	4	2	1	3	1
Oklahoma.....	10	15	17	54	67	67	6	4	3	1	1	1
Texas.....	68	58	50	4,436	1,138	1,088	45	33	33	6	6	3
MOUNTAIN												
Montana.....	2	6	2	80	18	8	2	2	15	0	1	0
Idaho.....	1	0	0	24	1	1	91	1	8	0	0	0
Wyoming.....	0	0	0	52	10	4	2	2	2	0	0	0
Colorado.....	9	2	6	447	20	33	8	9	60	2	1	1
New Mexico.....	6	3	2	4	-----	-----	2	-----	4	0	1	1
Arizona.....	3	1	4	195	83	143	2	4	11	0	2	0
Utah.....	0	0	0	383	20	3	29	8	8	0	1	0
Nevada.....	0	0	0	-----	-----	-----	-----	-----	-----	0	0	0
PACIFIC												
Washington.....	6	13	2	-----	-----	-----	367	38	38	1	4	2
Oregon.....	2	2	3	15	9	23	20	22	58	1	0	1
California.....	41	44	29	34	24	51	345	363	101	5	13	4
Total.....	581	439	439	13,220	2,200	2,478	2,452	910	3,717	105	172	88
48 weeks.....	16,744	12,603	14,312	111,040	356,312	182,210	118,302	599,273	572,427	7,500	15,298	3,284

¹ New York City only.

² Period ended earlier than Saturday.

³ Delayed report for New Mexico for the week ended Nov. 17, 1945: Diphtheria 3, dysentery, unspecified, 5, influenza 2, measles 3, poliomyelitis 1, scarlet fever 28, whooping cough 1.

Telegraphic morbidity reports from State health officers for the week ended Dec. 1, 1945, and comparison with corresponding week of 1944 and 5-year median—Con.

Division and State	Poliomyelitis			Scarlet fever			Smallpox			Typhoid and paratyphoid fever ¹		
	Week ended—		Median, 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44
	Dec. 1, 1945	Dec. 2, 1944		Dec. 1, 1945	Oct. 2, 1944		Dec. 1, 1945	Dec. 2, 1944		Dec. 1, 1945	Dec. 2, 1944	
NEW ENGLAND												
Maine.....	2	0	0	37	31	13	0	0	0	1	1	1
New Hampshire.....	1	0	0	1	15	8	0	0	0	0	0	0
Vermont.....	2	0	0	6	17	2	0	0	0	0	0	0
Massachusetts.....	9	5	1	124	218	203	0	0	0	4	4	1
Rhode Island.....	0	0	0	10	13	6	0	0	0	1	0	0
Connecticut.....	2	1	1	24	50	39	0	0	0	2	1	0
MIDDLE ATLANTIC												
New York.....	21	66	11	251	290	230	0	0	0	4	6	10
New Jersey.....	1	10	3	64	104	101	0	0	0	0	2	1
Pennsylvania.....	4	9	4	170	287	196	0	0	0	2	6	6
EAST NORTH CENTRAL												
Ohio.....	2	6	5	251	301	240	0	0	0	0	1	3
Indiana.....	3	0	1	67	93	93	2	0	0	1	0	1
Illinois.....	10	4	6	149	215	215	1	0	1	0	1	2
Michigan ²	3	7	5	140	146	146	0	0	0	3	3	2
Wisconsin.....	12	2	2	83	118	135	0	0	1	2	0	0
WEST NORTH CENTRAL												
Minnesota.....	3	1	1	46	72	72	0	0	0	0	0	0
Iowa.....	4	4	1	36	48	48	0	0	0	0	0	0
Missouri.....	11	3	3	53	55	54	0	0	1	0	1	3
North Dakota.....	0	2	0	5	20	11	0	0	0	0	0	0
South Dakota.....	1	0	0	8	9	29	0	0	0	0	0	0
Nebraska.....	1	3	3	47	32	27	0	0	0	0	0	0
Kansas.....	1	1	2	64	78	76	0	0	1	1	0	1
SOUTH ATLANTIC												
Delaware.....	0	0	0	7	10	14	0	0	0	0	0	0
Maryland ²	1	2	0	51	66	51	0	0	0	0	1	3
District of Columbia.....	5	2	1	7	18	19	0	0	0	2	0	0
Virginia.....	0	4	4	135	56	56	0	0	0	5	2	3
West Virginia.....	1	1	1	85	91	72	0	0	0	2	3	1
North Carolina.....	2	4	1	89	90	108	0	0	0	1	2	1
South Carolina.....	1	1	0	13	10	11	0	0	0	0	1	0
Georgia.....	1	1	1	22	27	29	0	1	0	2	0	3
Florida.....	4	0	0	7	12	7	0	0	0	3	1	1
EAST SOUTH CENTRAL												
Kentucky.....	0	4	3	62	49	62	0	0	0	0	1	1
Tennessee.....	5	1	1	39	53	58	0	0	0	3	3	3
Alabama.....	0	1	1	35	30	30	0	0	0	1	0	1
Mississippi ²	1	2	2	22	8	14	0	0	0	0	2	3
WEST SOUTH CENTRAL												
Arkansas.....	1	2	0	10	31	18	0	0	2	1	1	3
Louisiana.....	4	0	1	14	14	15	0	1	0	3	4	4
Oklahoma.....	0	0	0	13	28	22	0	0	0	2	1	4
Texas.....	10	7	0	136	82	54	0	0	0	8	6	6
MOUNTAIN												
Montana.....	3	1	0	16	20	20	2	0	0	0	1	1
Idaho.....	0	0	0	46	19	19	1	0	0	0	0	0
Wyoming.....	0	0	0	5	9	5	0	0	0	1	0	0
Colorado.....	3	0	0	35	76	25	0	0	0	6	4	3
New Mexico ²	0	0	0	9	18	11	0	0	0	1	0	2
Arizona.....	0	0	1	4	15	6	0	0	0	1	0	0
Utah ²	2	1	1	30	13	20	0	0	0	1	0	1
Nevada.....	0	1	0	0	0	0	0	0	0	0	10	0
PACIFIC												
Washington.....	3	6	3	36	44	39	0	0	0	2	0	1
Oregon.....	2	2	1	24	17	17	0	0	0	1	1	1
California.....	31	9	9	283	317	153	0	0	0	4	5	3
Total.....	173	176	130	2,831	3,462	2,903	6	2	13	71	75	78
48 weeks ²	13,275	18,888	9,509	161,908*	175,567	128,170	326	360	737	4,668	5,175	6,452

¹ Period ended earlier than Saturday.

² Delayed report for New Mexico for the week ended Nov. 17, 1945: poliomyelitis 1, scarlet fever 28.

³ Including paratyphoid fever reported separately, as follows: Massachusetts 2; Rhode Island 1; Connecticut 2; Michigan 1; Virginia 1; North Carolina 1; Georgia 2; Florida 1; Tennessee 1; Texas 2.

*Cumulative total changed in accordance with corrected reports.

Telegraphic morbidity reports from State health officers for the week ended Dec. 1, 1945, and comparison with corresponding week of 1944 and 5-year median—Con.

Division and State	Whooping cough			Week ended Dec. 1, 1945							
	Week ended—		Median 1940-44	Dysentery			Encephalitis, infectious	Rocky Mt. spotted fever	Tularemia	Typhus fever, endemic	Undulant fever
	Dec. 1, 1945	Dec. 2, 1944		Ame- bic	Bacil- lary	Un- spec- ified					
NEW ENGLAND											
Maine.....	67	80	24	0	0	0	0	0	0	0	0
New Hampshire.....	15	4	4	0	0	0	0	0	0	0	0
Vermont.....	72	29	34	0	0	0	0	0	0	0	2
Massachusetts.....	165	114	207	0	1	0	1	0	0	0	2
Rhode Island.....	31	19	19	0	2	0	0	0	0	0	0
Connecticut.....	65	76	76	0	6	0	0	0	0	0	1
MIDDLE ATLANTIC											
New York.....	301	259	436	4	15	0	3	0	0	0	12
New Jersey.....	273	94	187	0	0	2	0	0	1	0	2
Pennsylvania.....	239	153	183	0	0	0	0	0	0	0	1
EAST NORTH CENTRAL											
Ohio.....	153	96	159	0	0	0	0	0	0	0	0
Indiana.....	18	17	19	1	1	0	0	0	0	0	1
Illinois.....	126	62	195	7	17	0	1	0	7	0	9
Michigan ¹	141	62	250	0	2	0	0	0	0	0	7
Wisconsin.....	48	92	117	0	0	0	0	0	0	0	4
WEST NORTH CENTRAL											
Minnesota.....	15	31	69	1	0	0	0	0	0	0	4
Iowa.....	10	5	21	0	0	0	0	0	0	0	0
Missouri.....	6	17	17	0	0	1	0	0	3	0	1
North Dakota.....	4	10	10	0	0	0	1	0	0	0	1
South Dakota.....	6	2	2	0	0	0	0	0	0	0	0
Nebraska.....	10	2	6	0	0	0	0	0	0	0	0
Kansas.....	22	32	32	0	0	0	0	0	0	0	3
SOUTH ATLANTIC											
Delaware.....	2	3	3	0	0	0	0	0	0	0	0
Maryland ¹	33	55	55	0	0	0	0	0	0	0	1
District of Columbia.....	4	4	10	0	0	0	0	0	0	0	0
Virginia.....	23	64	64	0	0	21	0	0	0	1	0
West Virginia.....	8	19	19	0	0	0	0	0	0	0	0
North Carolina.....	90	80	136	1	4	0	0	0	0	2	0
South Carolina.....	65	42	28	2	19	0	0	0	1	4	0
Georgia.....	24	13	16	0	1	1	0	0	1	31	1
Florida.....	5	5	9	0	0	0	0	0	0	6	1
EAST SOUTH CENTRAL											
Kentucky.....	39	5	57	0	0	1	0	0	13	0	0
Tennessee.....	30	7	42	0	0	1	1	0	1	4	0
Alabama.....	38	31	13	0	0	0	0	0	1	16	2
Mississippi ¹				0	0	0	0	0	0	4	3
WEST SOUTH CENTRAL											
Arkansas.....	8	28	20	0	0	0	0	0	1	1	0
Louisiana.....	1	4	4	0	0	0	0	0	0	4	0
Oklahoma.....	10	1	5	2	2	0	0	0	0	0	0
Texas.....	115	174	156	7	372	61	0	0	0	22	25
MOUNTAIN											
Montana.....	1	19	15	0	0	0	0	0	0	0	1
Idaho.....	65	3	5	0	0	0	0	0	0	0	0
Wyoming.....		13	4	0	0	0	0	0	0	0	0
Colorado.....	31	15	17	0	1	0	0	0	0	0	0
New Mexico ¹	12	16	0	6	4	0	0	0	0	0	0
Arizona.....	9	11	11	0	0	35	0	0	0	0	0
Utah ¹	8	18	18	0	0	0	0	0	0	0	2
Nevada.....				0	0	0	0	0	0	0	0
PACIFIC											
Washington.....	30	14	48	0	0	0	0	0	0	0	0
Oregon.....	8	13	15	0	0	0	0	0	0	0	0
California.....	120	134	182	3	8	0	3	0	1	2	2
Total.....	2,566	2,022	3,525	28	457	127	10	0	30	97	88
Same week, 1944.....	2,022			36	517	190	9	0	36	80	67
Average, 1942-44.....	2,674			27	401	124	10	0	21	78	
48 weeks: 1945 ¹	116,104			1,805	23,325	10,108	597	464	694	4,858	4,601
1944.....	88,610			1,721	22,868	8,505	607	453	542	4,885	3,557
Average, 1942-44.....	141,229		165,897	1,610	16,959	7,317	598	451	694	3,419	

¹ Period ended earlier than Saturday.

² Delayed report for New Mexico for the week ended Nov. 17, 1945: dysentery, unspecified, 5, whooping cough 1.

³ 5-year median, 1940-44.

WEEKLY REPORTS FROM CITIES

City reports for week ended Nov. 24, 1945

This table lists the reports from 85 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	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, me- ningococcus, cases	Pneumonia deaths	Pollomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
NEW ENGLAND												
Maine:												
Portland	2	0		0		0	1	0	3	0	0	11
New Hampshire:												
Concord	0	0		0		0	0	0	3	0	0	
Massachusetts:												
Boston	3	0			1	1	10	6	26	0	1	17
Fall River	0	0		0		0	0	7	0	0	0	2
Springfield	0	0		0	1	0	1	0	6	0	0	
Worcester	0	0		0	9	0	10	0	11	0	0	7
Rhode Island:												
Providence	0	0		0	1	0	1	0	3	0	0	28
Connecticut:												
Bridgeport	0	0		0		0	0	1	3	0	0	3
Hartford	0	0	1	0		0	1	0	0	0	0	6
New Haven	0	0		0		0		0	0	0	0	3
MIDDLE ATLANTIC												
New York:												
Buffalo	1	0		1		0	2	0	15	0	0	11
New York	11	1	5	0	44	7	56	2	64	0	0	45
Rochester	0	0		0	3	0	0	2	5	0	1	17
Syracuse	0	0		1	24	0	5	0	12	0	0	4
New Jersey:												
Camden	0	0		0	1	0	2	0	3	0	0	1
Newark	0	0		0	3	0	2	0	6	0	0	22
Trenton	0	0		0		0	1	0	0	0	0	7
Pennsylvania:												
Philadelphia	1	0	2	1	22	0	17	0	35	0	0	40
Pittsburgh	2	0	2	2	1	1	7	1	5	0	0	3
Reading	0	0		0		0	1	0	0	0	0	16
EAST NORTH CENTRAL												
Ohio:												
Cincinnati	3	0		0		0	8	0	21	0	0	9
Cleveland	0	0	17	1	4	1	3	2	22	0	0	41
Columbus	6	0		0	1	0	4	0	10	0	0	
Indiana:												
Fort Wayne	0	0		0		0	1	0	0	0	0	
Indianapolis	5	0		0	2	0	7	3	10	0	0	6
South Bend	0	0		0	1	0	0	0	2	0	0	
Terre Haute	0	0		0		0	0	0	0	0	1	
Illinois:												
Chicago	0	0	2	0	147	2	25	1	46	0	0	64
Springfield	0	0		0	1	0	0	0	2	0	0	10
Michigan:												
Detroit	6	0	3	1	19	1	3	1	33	0	0	74
Flint	0	0		0	27	0	2	0	6	0	0	
Grand Rapids	1	0		0	2	0	0	0	4	0	0	3
Wisconsin:												
Milwaukee	0	0		0		0	0	3	14	0	0	17
Racine	0	0		0		0	0	0	3	0	0	
Superior	0	0		0		0	0	0	0	0	0	
WEST NORTH CENTRAL												
Minnesota:												
Duluth	0	0		0		0	2	1	2	0	0	
Minneapolis	2	0		0	2	0	4	0	17	0	0	8
St. Paul	0	0		0	1	1	4	0	3	0	0	6
Missouri:												
Kansas City	2	0		1	5	0	5	0	9	0	0	
St. Joseph	0	0		0	24	0	0	0	2	0	0	
St. Louis	1	0	4	0	1	3	5	10	13	0	1	2

City reports for week ended Nov. 24, 1945—Continued

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, men- ingococcus, cases	Pneumonia deaths	Polymyositis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
WEST NORTH CENTRAL— continued												
North Dakota:												
Fargo.....	0	0	—	0	—	0	0	1	0	0	0	—
Nebraska:												
Omaha.....	0	0	—	0	2	0	3	0	11	0	0	4
Kansas:												
Topeka.....	0	0	—	0	—	0	3	0	4	0	0	1
Wichita.....	0	0	1	1	—	0	4	0	10	0	0	2
SOUTH ATLANTIC												
Delaware:												
Wilmington.....	0	0	—	0	—	0	1	0	0	0	0	—
Maryland:												
Baltimore.....	18	0	2	1	1	0	6	0	9	0	0	20
Cumberland.....	0	0	4	0	—	0	1	0	0	0	0	—
Frederick.....	0	0	—	0	—	0	0	0	0	0	0	—
District of Columbia:												
Washington.....	0	0	—	0	1	0	8	1	12	0	0	5
Virginia:												
Lynchburg.....	1	0	—	0	—	0	1	0	4	0	0	3
Richmond.....	1	0	—	0	—	0	3	0	6	0	0	—
Roanoke.....	0	0	—	0	—	0	0	0	1	0	0	—
West Virginia:												
Wheeling.....	0	0	—	0	—	0	1	0	1	0	0	—
North Carolina:												
Raleigh.....	0	0	—	0	—	0	2	0	1	0	0	—
Wilmington.....	0	0	—	0	—	0	0	0	4	0	0	1
Winston-Salem.....	2	0	—	0	—	0	1	0	6	0	0	10
South Carolina:												
Charleston.....	0	0	18	0	—	0	1	1	1	0	0	—
Georgia:												
Atlanta.....	1	0	16	1	1	0	2	0	2	0	0	—
Brunswick.....	0	0	—	0	—	0	1	0	2	0	0	—
Savannah.....	0	0	—	0	—	0	1	0	0	0	0	—
Florida:												
Tampa.....	1	0	—	0	—	0	2	0	0	0	1	—
EAST SOUTH CENTRAL												
Tennessee:												
Memphis.....	1	0	5	1	1	1	12	2	4	0	0	4
Nashville.....	1	0	—	1	—	1	3	1	1	0	0	2
Alabama:												
Birmingham.....	1	0	4	0	—	0	2	0	3	0	0	1
Mobile.....	2	0	—	1	—	0	1	0	2	0	0	—
WEST SOUTH CENTRAL												
Arkansas:												
Little Rock.....	1	0	—	0	—	0	2	0	1	0	0	—
Louisiana:												
New Orleans.....	3	0	1	1	2	1	6	0	4	0	0	—
Shreveport.....	0	0	—	0	—	0	2	0	2	0	0	—
Texas:												
Dallas.....	4	0	—	0	4	0	3	0	12	0	0	1
Galveston.....	0	0	—	0	—	0	0	0	0	0	0	—
Houston.....	5	0	—	0	—	0	3	0	12	0	0	—
San Antonio.....	1	0	—	0	1	0	2	0	0	0	0	—
MOUNTAIN												
Montana:												
Billings.....	0	0	—	0	—	0	0	0	0	0	0	—
Great Falls.....	0	0	—	0	—	0	2	0	0	0	0	—
Helena.....	0	0	—	0	—	0	0	0	1	0	0	—
Missoula.....	0	0	—	0	—	0	2	0	0	0	0	—
Idaho:												
Boise.....	0	0	—	0	—	0	0	0	0	0	0	—
Colorado:												
Pueblo.....	0	0	—	0	—	0	2	0	5	0	0	—
Utah:												
Salt Lake City.....	0	0	—	0	—	0	0	0	3	0	0	2

City reports for week ended Nov. 24, 1945—Continued

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, me- ningococcus, cases	Pneumonia deaths	Poliomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
PACIFIC												
Washington:	0	0	0	0	3	0	1	0	0	0	0	11
Spokane.....	0	0	0	0	36	0	0	0	1	0	0	3
Tacoma.....												
California:												
Los Angeles.....	3	0	9	1	8	0	4	7	29	0	0	11
Sacramento.....	2	1	0	0	3	0	0	0	2	0	0	2
San Francisco.....	1	0	0	0	55	3	8	5	13	0	0	2
Total.....	95	2	96	16	465	23	292	51	595	0	5	568
Corresponding week, 1944.....	83		46	29	170		350		844	0	8	440
Average, 1940-44.....	87		252	133	805		393		792	1	17	933

¹ 3-year average, 1942-44.

² 5-year median, 1940-44.

Dysentery, amebic.—Cases: New York, 3; Chicago, 1; San Francisco, 1.

Dysentery, bacillary.—Cases: Boston, 2; Providence, 1; New York, 14; Philadelphia, 2; Detroit, 1; Los Angeles, 5.

Dysentery, unspecified.—Cases: Richmond, 1; San Antonio, 10.

Typhoid fever.—Cases: Reading, 1; Indianapolis, 1.

Typhus fever, endemic.—Cases: New York, 3; Atlanta, 9; Savannah, 1; Tampa, 1; Mobile, 1; New Orleans, 4; Houston, 2; San Antonio, 1; Los Angeles, 1.

Rates (annual basis) per 100,000 population, by geographic groups, for the 85 cities in the preceding table (estimated population, 1943, 33,489,100)

	Diphtheria case rates	Encephalitis, infectious, case rates	Influenza		Measles case rates	Meningitis, meningococcus, case rates	Pneumonia death rates	Pollomyelitis case rates	Scarlet fever case rates	Smallpox case rates	Typhoid and paratyphoid fever case rates	Whooping cough case rates
			Case rates	Death rates								
New England.....	13.1	0.0	2.6	0.0	32	2.6	78.8	18.4	163	0.0	2.6	202
Middle Atlantic.....	6.9	0.5	4.2	2.3	45	3.7	43.0	2.3	67	0.0	0.5	77
East North Central.....	12.8	0.0	13.5	1.2	125	2.4	32.4	6.1	106	0.0	0.6	137
West North Central.....	9.9	0.0	9.9	4.0	70	8.0	59.7	23.9	141	0.0	2.0	46
South Atlantic.....	40.2	0.0	67.0	3.3	5	0.0	51.9	3.3	82	0.0	1.7	65
East South Central.....	29.5	0.0	53.1	17.7	6	11.8	106.2	17.7	59	0.0	0.0	41
West South Central.....	40.2	0.0	2.9	2.9	20	2.9	51.7	0.0	89	0.0	0.0	3
Mountain.....	0.0	0.0	0.0	0.0	0	0.0	97.7	0.0	147	0.0	0.0	33
Pacific.....	10.9	1.8	16.4	1.8	191	5.5	23.7	21.9	82	0.0	0.0	53
Total.....	14.8	0.3	15.0	2.5	73	3.6	45.6	8.0	93	0.0	0.8	89

FOREIGN REPORTS

ANGOLA

Notifiable diseases—April and May 1945.—During the months of April and May 1945, certain notifiable diseases were reported in Angola (Portuguese West Africa) as follows:

Disease	April		May	
	Cases	Deaths	Cases	Deaths
Beriberi	11	-----	17	1
Bilharziasis	263	-----	369	-----
Cerebrospinal meningitis	11	1	10	1
Chickenpox	2	-----	3	-----
Dengue	5	-----	1	-----
Diphtheria	1	-----	3	1
Dysentery:				
Amebic	111	1	173	9
Bacillary	1	1	3	-----
Erysipelas	-----	-----	1	-----
Gonorrhea	577	-----	213	-----
Hookworm disease	513	7	714	16
Influenza	1,104	6	1,326	21
Leprosy	13	1	5	1
Lethargic encephalitis	-----	-----	-----	-----
Measles	60	1	46	-----
Mumps	19	-----	12	-----
Pneumonia (all forms)	249	24	231	31
Polio-myelitis	3	-----	3	-----
Relapsing fever	43	1	47	-----
Scurvy	-----	-----	1	-----
Septicemia	1	-----	4	1
Smallpox (including alastrim)	10	-----	20	-----
Syphilis	393	-----	577	-----
Tetanus	4	2	8	3
Trypanosomiasis	242	12	149	15
Tuberculosis (pulmonary)	53	7	44	5
Typhoid and paratyphoid fever	13	-----	4	1
Whooping cough	26	-----	41	1
Yaws	830	-----	961	1

NOTE.—Report for June has not been received.

BRITISH EAST AFRICA

Kenya—Relapsing fever.—Up to November 28, 1945, 315 cases of relapsing fever had been reported in Kenya, with mortality high in untreated cases. The disease, which is believed to be louse-borne, was originally centered in Mariakani but has spread from Mombasa to 50 miles inland in Kilifi and Digo coastal districts.

CHINA

Notifiable diseases—July 1945.—During the month of July 1945, certain notifiable diseases were reported by the Army Medical Administration, Health Department of the Board of Supplies and Transport, the Chinese Red Cross Medical Corps, and the National Health Administration of China, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Cerebrospinal meningitis	15	2	Relapsing fever	765	10
Cholera	4,522	1,578	Scarlet fever	11	1
Diphtheria	29	3	Smallpox	25	-----
Dysentery	4,407	142	Typhoid fever	444	13
Plague	17	10	Typhus fever	214	3

CUBA

Habana—Communicable diseases—4 weeks ended November 10, 1945.—During the 4 weeks ended November 10, 1945, certain communicable diseases were reported in Habana, Cuba, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Diphtheria.....	25	-----	Tuberculosis.....	13	10
Malaria.....	2	-----	Typhoid fever.....	15	3

Provinces—Notifiable diseases—4 weeks ended November 3, 1945.—During the 4 weeks ended November 3, 1945, cases of certain notifiable diseases were reported in the Provinces of Cuba, as follows:

Disease	Pinar del Rio	Habana ¹	Matanzas	Santa Clara	Camaguey	Oriente	Total
Cancer.....	-----	-----	6	6	-----	21	33
Diphtheria.....	4	21	2	3	1	2	33
Hookworm disease.....	-----	13	-----	-----	-----	-----	13
Leprosy.....	-----	14	1	-----	-----	8	23
Malaria.....	20	4	3	2	12	259	300
Measles.....	-----	1	-----	-----	-----	-----	1
Polioimyelitis.....	-----	1	-----	-----	-----	-----	1
Trachoma.....	-----	-----	-----	1	-----	-----	1
Tuberculosis.....	4	43	21	21	39	40	168
Typhoid fever.....	46	29	10	99	24	111	319
Typhus fever.....	-----	1	-----	-----	-----	-----	1
Whooping cough.....	-----	1	-----	-----	-----	-----	1
Yaws.....	-----	-----	-----	-----	-----	2	2

¹ Includes the city of Habana.

NEW ZEALAND

Notifiable diseases—4 weeks ended November 3, 1945.—During the 4 weeks ended November 3, 1945, certain notifiable diseases were reported in New Zealand as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Beriberi.....	52	-----	Lethargic encephalitis.....	1	-----
Cerebrospinal meningitis.....	12	2	Malaria.....	8	-----
Diphtheria.....	79	5	Polioimyelitis.....	2	-----
Dysentery:	-----	-----	Puerperal fever.....	5	-----
Amebic.....	3	1	Scarlet fever.....	207	1
Bacillary.....	15	-----	Tuberculosis (all forms).....	214	45
Erysipelas.....	18	-----	Typhoid fever.....	10	-----
Food poisoning.....	2	-----	Undulant fever.....	2	-----
Lead poisoning.....	1	-----			

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

NOTE.—Except in cases of unusual incidence, 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 table showing the accumulated figures for these diseases for the year to date is published in the PUBLIC HEALTH REPORTS for the last Friday in each month.

Plague

Argentina—Tucuman Province—Las Canitas.—For the month of October 1945, 1 case of plague with 1 death was reported in Las Canitas, Tucuman Province, Argentina.

New Caledonia—Loyalty Islands—Mare Island.—A report dated September 1945, stated that during the past few months an outbreak of pneumonic plague had occurred on the island of Mare, Loyalty Islands, New Caledonia, where 60 cases and 30 deaths were reported.

Smallpox

British East Africa—Tanganyika.—For the week ended November 3, 1945, 583 cases of smallpox with 51 deaths were reported in Tanganyika, British East Africa.

Morocco (French).—Smallpox has been reported in French Morocco as follows: November 1–10, 1945, 148 cases; November 11–20, 1945, 112 cases.

Rhodesia, Northern.—For the week ended November 3, 1945, 507 cases of smallpox were reported in Northern Rhodesia.

Union of South Africa.—For the month of September 1945, 223 cases of smallpox with 10 deaths were reported in the Union of South Africa.

Typhus Fever

Chile.—For the period September 9 to October 6, 1945, 54 cases of typhus fever with 4 deaths were reported in Chile. Provinces reporting the highest incidence are as follows: Nuble, 17 cases; Concepcion, 7 cases, 1 death; Valdivia, 6 cases.

Great Britain—England.—For the week ended November 10, 1945, 2 cases of typhus fever were reported in Canterbury and 1 case of typhus fever was reported in Hampstead, London, England.

Hungary.—For the period January 1 to September 1, 1945, it is reported that from 8,000 to 10,000 cases of typhus fever had occurred in Hungary.

Morocco (French).—Typhus fever has been reported in French Morocco as follows: November 1–10, 1945, 90 cases; November 11–20, 1945, 57 cases.

Turkey.—For the week ended November 17, 1945, 32 cases of typhus fever were reported in Turkey, including 3 cases in Erzurum, 4 cases in Istanbul, 1 case in Izmir, 1 case in Kocaeli, 3 cases in Seyhan, and 2 cases in Zonguldak. For the week ended November 24, 1945, typhus fever was reported as follows: All of Turkey, 18 cases, including 1 case in Ankara, 1 case in Canakkale, and 5 cases in Istanbul.

Union of South Africa.—For the month of September 1945, 101 cases of typhus fever were reported in the Union of South Africa.