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## NOTES ON COMPULSORY SICKNESS INSURANCE LEGISLATION IN THE STATES, 1939-44<sup>1</sup>

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Although popular interest in compulsory sickness insurance<sup>3</sup> legislation was aroused by the introduction into Congress of Senator Wagner's proposal for a national health program (S. 1620) in 1939, State legislatures have enacted few laws of this type. Throughout the course of the 6 years from 1939 through 1944, only 14 States considered legislation relating to some aspect of compulsory sickness insurance. Of the 116 bills introduced in these States, 11 were enacted into law. Twenty-seven bills were introduced in 1939-40, 35 in 1941-42, and 54 in 1943-44. Of the 11 laws passed, 2 were enacted in the first biennium, 2 in the second, and 7 in the third.<sup>4</sup>

That the percentage of bills passed was so small is evidence of indifference or opposition to the subject. However, another factor contributing to the small percentage of enactments in relation to bills introduced is that final action may be taken on but one of two companion bills introduced at the same time in both branches of the legislature or on the last version of a succession of amended drafts, each of which has been assigned a different number.

If any bills have been overlooked inadvertently in this survey, the number would be so small that there would be no distortion of the picture of behavior of State legislatures with respect to compulsory sickness insurance.

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

<sup>2</sup> Now with the Bureau of Labor Statistics, Department of Labor, Washington, D. C.

<sup>3</sup> The term "sickness insurance" is interpreted in this paper to include cash benefits for the loss of income during illness, as well as reimbursement for the cost of medical and surgical aid or the furnishing of such aid in kind.

<sup>4</sup> The period under discussion in this report has been divided into biennia since a majority of the States meet in legislative session only every other year; most of these convene during the odd years.

State proposals for compulsory sickness insurance may be divided into two main categories:

1. Legislation designed to establish a compulsory sickness program within an existing unemployment compensation system.
2. Legislation providing for independent administration of sickness benefits and drawn in conformance with the principles of the model health insurance bill of the American Association for Social Security, commonly known as the "Epstein bill."<sup>5</sup>

#### SICKNESS INSURANCE WITHIN EXISTING UNEMPLOYMENT COMPENSATION SYSTEM

Attempts were made in 11 States<sup>6</sup> to enact legislation embracing the first type of compulsory sickness insurance, which may in turn be divided into two categories according to the manner in which the program is financed: (1) Cash sickness funds collected and maintained apart from the regular unemployment compensation funds; (2) the same funds used to pay both disability benefits and unemployment compensation benefits.

*Program financed from separate cash sickness funds.*—Thirty-seven bills were introduced in 7 States (California, Connecticut, Maine, New Hampshire, New Jersey, Rhode Island, and Washington) during 1939–44 proposing either to establish a system of sickness insurance administered jointly with unemployment compensation and maintaining separate funds, or to amend the one existing State law in this field (table 1, column 8). Bills in the latter classification, of which there were 21, will be discussed in another section of this paper.

Of the 16 remaining bills, 7 were presented to the California legislature. Six of these were identical, companion bills being introduced in both houses during each regular session (S. 1127 and A. 2172 in 1939, S. 645 and A. 1730 in 1941, and S. 885 and A. 1079 in 1943). Assembly bill No. A. 2172 was the only one to receive any legislative action after its initial referral to committee, having been defeated in the 1939 Assembly by a vote of 48 to 20.<sup>7</sup> These measures proposed to amend the California Unemployment Reserves Act of 1935 by changing the title to the Social Insurance Act and providing for a plan of compulsory health insurance to be integrated with the system of unemployment insurance. Medical benefits under the contemplated program were to be administered by a Bureau of Medical Service to be created in the Department of Employment, although the Division of

<sup>5</sup> Epstein, Abraham: The revised model bill for health insurance, Social Security, March 1940, vol. 14, No. 3, pp. 5-7.

<sup>6</sup> California, Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, South Carolina, and Washington.

<sup>7</sup> Shearon, Marjorie: A review of State legislation relating to medical services and to cash payments for disability, proposed during 1939. Soc. Sec. Bull., 3: 34-51 (1940).

Public Employment Offices and Benefit Payments was to be utilized to collect, account for, prepare the records, and do the disbursing for unemployment compensation, as well as for disability benefits and medical benefits. Not only was the health insurance plan to be linked closely with the unemployment compensation system administratively, but it was partly dependent upon the latter program for financial resources, as indicated by the composition of the health insurance fund.

Senate bill No. 879, introduced in California in 1943, differed from the six above-mentioned bills in that medical benefits were excluded from its provisions. The program of disability unemployment insurance which it proposed to establish was to be financed by utilizing that part of the unemployment contributions which employees had been making (1 percent of wages) and such appropriations for disability benefits as might be made from Federal funds. This bill too died in the Senate.

*Rhode Island law.*—Two bills were introduced in Rhode Island in 1942, one of which (S. 171) became the first State compulsory cash sickness compensation law in the Nation. The Rhode Island law (Ch. 1200, Laws 1942) became effective May 10, 1942; taxes under the act were levied starting June 1, 1942; and benefits were payable on and after April 1, 1943. The cash sickness benefits program is administered jointly with the unemployment insurance system in that the same personnel and machinery are utilized and the same benefit formula and coverage apply. However, a separate fund is maintained for the payment of sickness benefits and, aside from interest on investments, it has been built up entirely by contributions of covered employees—1 percent of their earnings up to \$3,000.

This method of financing did not impose any additional hardship on covered employees in Rhode Island since they had been contributing 1.5 percent of their wages for unemployment benefits, and with the passage of the sickness compensation law the unemployment contributions were reduced to 0.5 percent. Thus, an employee now pays no more for a combination of unemployment insurance and sickness benefits than he previously paid for the former alone.

The Rhode Island law, as originally enacted, limited the amount which could be used for administering the cash sickness program to 1 percent of the contributions collected. Later this was increased to 3 percent (Ch. 1481, Laws 1944).

As a means of preventing malingering, the law specified that a claimant must see a doctor within 5 days after the start of an illness and, in most instances, at least once a week thereafter until he can return to work. In addition, a medical panel was added to the administrative staff of the Rhode Island Unemployment Compensation Board to review the certifications of doctors and to examine question-

able claims. In spite of these control measures, cash sickness benefit payments have been considerably in excess of expectations. During the first full year of operations, 32,624 claimants, or more than 1 out of every 8 wage earners covered, received \$3,881,162.07 in benefits.<sup>8</sup> Undoubtedly the development of this situation may be attributed in part to the liberal definition of "sickness" under the act. The Rhode Island law was enacted without precedents upon which to work, and it is to be expected that experience under its provisions would expose defects in this legislation.

*Amendments to Rhode Island Cash Sickness Compensation Act.*—The fact that Rhode Island is the only State to have enacted legislation providing cash benefits for unemployment due to illness lends particular significance to the bills which have been introduced in amendment of the act. Three amendments proposed in 1943 were all enacted. The first (S. 120, Ch. 1369) permitted the Unemployment Compensation Board, on the Governor's authorization, to modify the scale of sickness benefits, to increase the waiting period, or to make any other changes in the regulations covering eligibility for payment of benefits which the board found necessary to keep the cash sickness fund solvent. The second (S. 177, Ch. 1368) exempted Christian Scientists from the provisions of the act. And the third (H. 786, Ch. 1367) provided that employees should be entitled to cash benefits even though they continued to receive wages during periods of illness because of a previous agreement with the employer or if they received Workmen's Compensation or primary insurance benefits under Title II of the Social Security Act (Old-Age and Survivor's Insurance). This provision has been criticized<sup>9</sup> as unsound because through it a worker would receive more compensation while he is sick than when he is at work. It is feared that malingering would be fostered, thus nullifying the intent of social insurance.

In 1944, there were 18 proposed amendments to the Rhode Island act, but only 2 of these became laws. The first of the enactments (S. 96, Ch. 1412) provided that the term "contributions"—the payments made into the fund—be construed to mean "taxes." Thus, such contributions would be no longer taxable.<sup>10</sup> The second (H. 524, Ch. 1481) increased from 1 to 3 percent the portion of the sickness fund to be made available to the unemployment compensation board for administrative purposes.

Only the more important of the 16 bills which failed of enactment during 1944 need be mentioned here. Three of these (H. 520, H. 523, and H. 526) sought to repeal H. 786, Ch. 1367, the third 1943 amend-

<sup>8</sup> Rhode Island Unemployment Compensation Board: Summary of the cash sickness insurance program in Rhode Island for the benefit year 1943-44 (Dec. 1, 1944).

<sup>9</sup> State Advisory Council, Division of Employment Security, the Commonwealth of Massachusetts: Report on sickness benefits (Nov. 1, 1944).

<sup>10</sup> Letter from John H. Nolan, Attorney General of Rhode Island, to Deputy Collector in Charge, Treasury Department, Internal Revenue Service, Providence, R. I.

ment described above. Two bills (H. 787 and H. 891) sought to increase the coverage of the act by placing under it social agency workers and employers with two or three employees.

The provisions of the Rhode Island act are very generous with regard to maternity benefits, inasmuch as no distinction is made between pregnancy and other forms of "sickness." It is possible, under this law, for an expectant mother to receive the maximum total amount of benefits payable under the act. In an effort to tighten the provisions with respect to benefits during pregnancy, a proposal was made to limit the period for which such benefits would be payable to "a period of 10 weeks following completion of the required waiting period, or for such number of weeks as said claimant may have benefit credits available, whichever period is shorter" (H. 521).

Two other bills (S. 72 and H. 684) proposed to reduce the waiting period in Rhode Island from 1 week to 3 consecutive days; to eliminate the provision for an additional waiting period for each succeeding period of illness; and not to count any week in which he received unemployment compensation benefits toward an individual's required waiting period. Amendments were also proposed to increase the employee contribution to the cash sickness fund from 1 to 1.5 percent, and at the same time to repeal the 0.5 percent unemployment compensation tax now paid by employers, the intent being to transfer unemployment funds to help finance the cash sickness benefits program (H. 525 and H. 610).

Of the 16 proposals to amend the Rhode Island Cash Sickness Compensation Act which failed of enactment during 1944, not one received any legislative action after it was referred to committee.

Representatives from other States have gone to Rhode Island from time to time to study the cash sickness law and the operation of its sickness benefits program, and as a result similar enactments have been attempted elsewhere. Connecticut, Maine, and Washington introduced during the 1943 session bills (H. 591, H. 1211, and H. 245, respectively) which were closely patterned after the Rhode Island law. All three proposals died in the lower house. The New Hampshire Commission on Disability Benefits prepared a draft bill embodying many of its provisions, and a bill (H. 341) based on this draft was introduced during 1943 by the House Committee on Rules; but it too failed of enactment.

In 1944 the New Hampshire Legislature used a somewhat different approach toward solving the problem of providing benefits for sick employees in a bill (H. 352-x) reported to have been sponsored by the Manufacturers' Association of that State. This measure provided

that the Commissioner of Labor set up minimum standards applying to sickness and disability insurance, and then required every employer covered by the unemployment compensation law either to purchase a policy conforming to the minimum standards from a private insurance company or to arrange for a similar insurance plan of his own. Thus, it would appear that employers in New Hampshire were endeavoring to keep health insurance in the hands of private carriers rather than to have government enter the business. This bill also was allowed to die in the House.

The only other State in which legislation was proposed to combine unemployment compensation and cash sickness benefits while maintaining separate funds for their operation was New Jersey. Two such bills (S. 100 and A. 61) were defeated in that State in 1944. The Senate bill was the more interesting of the two in that it sought to recover from the Federal Government all unemployment contributions paid up to that time by employees and divert them to the cash sickness compensation fund.

*Program financed from unemployment compensation funds.*—In 6 States (California, Massachusetts, New York, Pennsylvania, Rhode Island, and South Carolina) 41 bills were introduced during the years 1939–44 to expand the provisions of their respective unemployment compensation laws to include benefits for employees unable to work because of illness or other physical disability (see table 1, column 9). In most instances it was proposed to accomplish this by the simple device of changing the definition of “unemployment” in the existing unemployment insurance laws; some bills would have amended the qualifying provisions of the law in regard to “benefit eligibility conditions;” and others merely stated that “any person absent from work on account of sickness shall not therefor be debarred from receiving benefits under the law providing unemployment compensation.”

Massachusetts and New York were the two most active States with respect to the volume of bills presented to their legislatures. In the former State, bills to provide “unemployment benefits to persons leaving employment because of injury, sickness, or accident” were introduced as follows: 6 in 1939, 11 in 1941, and 5 in 1943. All of the 1939 bills were killed in both houses of the legislature, the 1941 bills were withdrawn from both houses, and the 1943 bills were reported by a substitute bill which requested that a study be made of the questions involved. Bills in this category were presented to the New York legislature in each session after 1939. The 1941 bill (A. 121) was passed by both houses, but it was vetoed by the Governor. Eleven other bills introduced in subsequent years were allowed to die in the branch of the legislature where they originated.

There were six bills introduced in the four remaining States, one in California, two in Pennsylvania, two in Rhode Island, and one in South Carolina. These measures also failed of enactment.

**SICKNESS INSURANCE WITH ADMINISTRATION INDEPENDENT OF  
OTHER INSURANCE SYSTEMS**

The second type of proposal for compulsory sickness insurance (i. e., a sickness benefits program separate from any other insurance system) appeared in 28 bills introduced by 10 States during the years 1939-44 (table 1, column 10). Proposals made in 1941 in Connecticut (S. 529 and H. 1979), Oregon (H. 203), and Washington (S. 247) followed exactly the 1940 revised version of the model health insurance bill of the American Association for Social Security (the "Epstein bill").

In New York identical bills were introduced in 1939 (A. 2241), 1940 (S. 1445, A. 1812, and A. 1842), 1941 (S. 313 and A. 371), 1942 (A. 905), and 1943 (S. 34 and A. 58) which were almost the same as the Epstein bill, the only change being that administrative authority was to be placed in a health insurance board which was to be created in the State Department of Health instead of being established as an independent body. Five other proposals in New York were based upon the model bill. One of these (A. 1710) differed only in that non-manual workers earning \$30 a week or more were not excluded from benefits, and maternity benefits were increased from \$15 to \$25. Assembly bill 28, introduced in 1943, and two 1944 bills (A. 197 and S. 409) varied from the model bill on several other counts.

Proposals made in Missouri in 1941 (H. 617) and in Rhode Island in 1940 (H. 658) were based on the model bill originally sponsored by the American Association for Social Security in 1934, rather than on the 1940 version. Some of the changes made by the later Association draft were not included in the Missouri and Rhode Island bills, thus distinguishing them from those introduced in previously mentioned States. The changes are outlined as follows: (1) The waiting period was increased from 5 to 7 days; (2) nonmanual workers earning over \$1,500 instead of \$3,000 were excluded from benefits; (3) the method of paying cash benefits was changed from that of a percentage of wages for each day of loss to that of flat benefits, in accordance with the size of family, for each week of loss.

Since 1939 at each of the regular sessions of the Wisconsin legislature there was introduced a compulsory health insurance bill (A. 807 in 1939, A. 586 in 1941, and A. 327 in 1943) differing from both the model bill and other bills in this field. Contributions to the health insurance fund were to be paid only by employers and employees (there being no provision for State participation) on a flat 2-percent basis for each group instead of being graduated. Like A. 1452 in New York, the Wisconsin measure provided for "health benefits" (i. e., medical services) but not for cash benefits.

None of the bills proposing the establishment of an independent system of compulsory sickness insurance was enacted, and few received any legislative action after first referral to committee.

TABLE 1.—Classification of State compulsory sickness insurance bills: 1939-44

State	Year						Classification of bills by type of administration and types of sickness fund			Final disposition
	1939	1940	1941	1942	1943	1944	Administration linked to unemployment compensation		Administration and sickness fund independent of unemployment compensation	
							Financed from separate cash sickness funds	Financed from unemployment compensation funds		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
California.....	x		x				S. 645		S. 551	Died in Senate.
							S. 879			Do.
							S. 885			Do.
	x						S. 1128			Do.
			x					A. 2		Died in Assembly.
					x		A. 1079			Do.
			x				A. 1730			Do.
Connecticut.....	x						A. 2172		S. 529	Killed in Assembly.
			x				H. 591			Died in Senate.
Maine.....					x				H. 1979	Do.
Massachusetts.....					x		H. 1211			Died in House.
								S. 229		Do.
			x					S. 248		Reported by substitute
			x					S. 256		S. 443. <sup>1</sup>
	x							H. 234		Killed in Senate.
					x			H. 387		Withdrawn from both
								H. 450		Houses.
								H. 458		Do.
			x					H. 571		Killed in both Houses.
										Reported by substitute
			x							H. 698. <sup>2</sup>
										Reported by substitute
					x					S. 443. <sup>1</sup>
										Withdrawn from both
										Houses.
			x							Do.
			x							Do.
	x									Killed in both Houses.
										Do.
	x									Withdrawn from both
										Houses.
										Do.
			x							Reported by substitute
					x					S. 443. <sup>1</sup>
										Withdrawn from both
										Houses. <sup>1</sup>
										Reported by substitute
					x					S. 443. <sup>1</sup>
	x									Killed in both Houses.
			x							Withdrawn from both
										Houses.
										Do.
	x									Killed in both Houses.
	x									Do.
	x									Do.
Missouri.....									H. 1898	
New Hampshire.....			x						H. 617	Died in House.
					x		H. 341			Do.
						x	H. 352-x			Do.
New Jersey.....						x	S. 100			Died in Senate.
						x	A. 61			Died in Assembly.
New York.....									S. 34	Died in Senate.
			x						S. 313	Do.
					x				S. 377	Do.
									S. 409	Do.
									S. 740	Do.
			x						S. 1445	Do.
										Do.
									S. 1536	Do.
									S. 1881	Do.
										Do.
									A. 28	Died in Assembly.
									A. 58	Do.
	x								A. 121	Vetoed Apr. 13, 1940.

See footnotes at end of table.



TABLE 1.—Classification of State compulsory sickness insurance bills: 1939-44—Continued

State	Year						Classification of bills by type of administration and types of sickness fund			Final disposition
	1939	1940	1941	1942	1943	1944	Administration linked to unemployment compensation		Administration and sickness fund independent of unemployment compensation	
							Financed from separate cash sickness funds	Financed from unemployment compensation funds		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
New York			x			x		A. 316	A. 197	Died in Assembly.
			x					A. 371		Do.
				x			A. 493			Do.
					x		A. 530			Do.
				x			A. 638			Do.
				x			A. 895			Do.
						x		A. 905	A. 1452	Do.
				x			A. 1642			Do.
				x			A. 1673			Do.
		x			x			A. 1710		Do.
		x						A. 1812		Do.
								A. 1842		Do.
								A. 2241		Do.
								A. 2252		Do.
Oregon			x						H. 203	Died in House.
Pennsylvania	x							H. 27-x		Do.
	x							H. 450		Do.
Rhode Island						x	S. 72		H. 671	Do.
						x	S. 96			Died in Senate.
						x	S. 110			Approved, Mar. 7, 1944.
					x		S. 120			Died in Senate.
				x			S. 171			Approved Apr. 28, 1943.
					x		S. 177			Approved Apr. 29, 1942.
						x	H. 518			Approved Apr. 28, 1943.
						x	H. 519			Died in House.
						x	H. 520			Do.
						x	H. 521			Do.
						x	H. 522			Do.
						x	H. 523			Do.
						x	H. 524			Approved Apr. 24, 1944.
						x	H. 525			Died in House.
						x	H. 526			Do.
						x	H. 591			Do.
			x					H. 610		Do.
		x							H. 858	Do.
						x	H. 684			Do.
						x	H. 753			Died in Senate.
					x		H. 786			Approved Apr. 28, 1943.
						x	H. 787			Died in Senate.
	x								H. 809	Died in House.
		x								Do.
						x	H. 891		H. 835	Died in Senate.
									H. 902	Died in House.
										Died in Senate.
South Carolina		x							H. 2088	Died in House.
Washington			x							S. 247
Wisconsin					x		H. 245			Killed in Senate.
					x					Died in House.
	x		x							Killed in House.
										A. 586
										A. 807
Total	16	8	24	10	23	25	37	41	28	

<sup>1</sup> S. 443 was a resolution substitute for S. 229, H. 458, H. 1124, and H. 1130, which provided for an investigation by a special commission relative to the payment of unemployment compensation benefits to employees absent from work on account of sickness. It was reported, in turn, by substitute H. 1852 which became Ch. Res. 54, Laws 1943.

<sup>2</sup> H. 668, substituted for H. 450, became Ch. 534, Laws 1943. The law as finally enacted did not relate to compulsory sickness insurance.

## LEGISLATION PROPOSING STUDY OF SICKNESS INSURANCE

Aside from the "Rhode Island Cash Sickness Compensation Act" and amendments thereto, no other State legislation relating to compulsory sickness insurance was passed during the 6-year period 1939-44 with the exception of a few laws authorizing the appointment of commissions to study and report on the problems involved (see table 2). Connecticut twice, once in 1939 (H. 1495) and again in 1943 (S. 635), failed to pass bills providing for the study and investigation of the "subject of a system of health insurance for the people of the State."

TABLE 2.—*Scope and final disposition of State bills proposing study of sickness insurance, 1939-44*

State	Bill No.	Year	Scope	Final disposition
Connecticut.....	H. 1495.....	1939	Provides appointment of commission to study health insurance.	Killed in House.
	S. 635.....	1943	do.....	Killed in Senate.
Maryland.....	H. J. Res. 32.....	1939	Requests Governor to appoint commission to study compulsory hospital insurance.	Approved Apr. 26.
Massachusetts.....	S. 443.....	1943	Establishes commission to study payment of unemployment compensation benefits to workers absent because of sickness.	Reported by substitute H. 1852.
	H. 1852.....	1943	do.....	Approved June 11.
New Hampshire.....	H. 327.....	1939	Establishes commission to study protection of persons unemployed because of sickness.	Approved June 16.
	S. 82.....	1941	Extends Commission on Disability Benefits.	Approved May 20.
	S. 93.....	1943	do.....	Do.
New York.....	A. Res. (CCH 44).....	1944	Provides industrial commissioner have study made re: extension of unemployment insurance law to cover those unemployed because of illness.	Died in Assembly.

NOTE.—In 1943, Rhode Island introduced a bill (S. 60) to create a special commission to study the advisability of postponing for one full year the provisions of its cash sickness compensation act.

Maryland, on the other hand, passed a law in 1939 (Joint Resolution 12), the purpose of which was "to explore the possibility of transforming voluntary hospital insurance into compulsory hospital insurance" (see footnote 7, page 1552). Under this law the Governor was requested to appoint a commission to study the subject and to report to the General Assembly on or before January 15, 1941. However, insofar as this author has been able to ascertain, nothing came of this law; the commission apparently was never designated.

Two bills (S. 443 and H. 1852) were introduced in Massachusetts in 1943 providing for an investigation relative to the payment of unemployment compensation benefits to employees absent from work on account of sickness. The house bill, which became law (Ch. Res. 54, Laws 1943), directed the State Advisory Council in the Division of Employment Security to make the investigation and to report its findings by November 1944.

In connection with the preparation of its report (see footnote 9, page 1554), the Council conducted a series of informal hearings with representatives of various interested groups to ascertain their attitude toward a State compulsory program of sickness benefits. As a result it was determined that: (1) The greatest fear of manufacturers was that the additional tax burden would place them at a competitive disadvantage with employers in other States; (2) insurance companies questioned the advisability of beginning such a program during the present period of emergency and unsettled conditions, particularly since the influx of women into industry in wartime would create an extra drain on the funds of the system; (3) the medical group was apprehensive that medical care would eventually be regimented in the hands of a bureaucracy; and (4) the two largest groups of organized labor in the State appeared to be divided: Of these two groups, one favored very definitely a State compulsory plan of sickness benefits, even if the workers must finance the program; in the other group, the officials of the State headquarters objected to any program which the employees would have to carry alone. The "rank and file of labor who attended hearings throughout the State" approved the plan even to the extent of employee participation.

One of the major issues which confronted the Advisory Council was the method of administering a program of disability benefits. It was pointed out that the objectives of the proposed plan were similar to those of unemployment compensation and that the same machinery and procedures could be utilized for the collection of contributions, the filing of wage record data, and the payment of claims. However, existing legislation would necessitate establishing separate funds for the two programs, both for the payment of benefits and for administrative purposes. Employer contributions under the Massachusetts Employment Security Law may be used only for the payment of benefits to those unemployed because of lack of work, and the Federal Social Security Board has ruled that no funds under Title III of the Social Security Act will be furnished to a State to be used in the administration of a sickness benefits plan. "The only solution to their use for both programs would be an amendment to the Social Security Act eliminating the qualifying provision of 'availability for work,' thus permitting benefits for unemployment caused by either lack of work or by sickness" (see footnote 9, p. 1554).

Linking sickness benefits with Workmen's Compensation was suggested as another device for administering a system of cash sickness compensation. It was noted that a disability benefits program could be regarded as bearing a greater resemblance to Workmen's Compensation than to Unemployment Compensation for the reason that when a person is unemployed due to illness or accident he is retained on the

payroll even though he is unable to work; whereas under Unemployment Compensation, to be eligible for benefits, the individual must be unemployed because of lack of work and he must be available to take another job. It is to be presumed that under such an arrangement the employer would be compelled to insure his employees against the perils of nonoccupational accidents and illness in the same manner that he now is required to provide for their insurance against occupational accidents or illness.

Still another observation was offered to the effect that it might be desirable to extend the coverage of the sickness insurance system to the entire working population and not restrict it to those employees covered by either Workmen's Compensation or Unemployment Compensation. In that event persons whose income is not subject to payroll accounting would undoubtedly be included under the plan, thus making it impracticable to base benefit payments on earnings and to collect wage record data and contributions at the source, in accordance with "the accepted insurance principle." "Coverage of the entire working population would presuppose the imposition of a flat premium, with perhaps a flat amount as a benefit, based on salary ranges rather than specific earnings, similar to private insurance methods."

In concluding its report, the Massachusetts State Advisory Council recommended further study of the subject after conditions become more normal and better judgment on some of the unknown factors may be forthcoming.

The New Hampshire Commission on Disability Benefits, established by law in 1939 (H. 327, Ch. 206) and continued by two successive acts (Ch. 117, Laws 1941, and Ch. 211, Laws 1943), submitted two reports on its findings.<sup>11</sup>

The first of these affirmed the need for a program of disability insurance in the State; it estimated the cost of such a program, recommending that it be financed by a tax not to exceed 1 percent of payroll; and it outlined a tentative plan for administering a cash sickness compensation system in conjunction with unemployment insurance.

The second report presented the opinion that complete coverage of the working population could be achieved only through a compulsory system of disability insurance. Summarized also in the supplementary report were the results of the Commission's efforts to determine the attitude of the Federal Social Security Board with regard to utilization by the State of unemployment compensation facilities for the administration of a cash sickness benefits program.

<sup>11</sup> The New Hampshire Commission on Disability Benefits: Report to His Excellency Robert O. Blood, Governor of New Hampshire (1941).

The New Hampshire Commission on Disability Benefits: Supplemental Report to His Excellency Robert O. Blood, Governor of New Hampshire (1943).

The Commission recommended (1943 report) that "operation of such a system in New Hampshire be deferred until doubts relative to the possibility of joint administration are dispelled."

New York was the only State in which a bill was introduced in 1944 (CCH Assembly Bill No. 44) requesting that a study be made of both the need for, and the estimated cost of, liberalizing the unemployment insurance law so as to extend benefits to persons who become unemployed because of sickness. This bill was allowed to die in assembly.

#### LEGISLATIVE TRENDS

During the period 1939-44, 44 State legislatures held 3 regular biennial meetings and 4 legislatures held 6 annual meetings. In this time 116 bills dealing with some phase of compulsory sickness insurance were introduced in 14 States. Twenty-eight bills proposed State-wide systems of compulsory health insurance; 37 bills provided for plans of sickness benefits to be administered in conjunction with unemployment insurance but financed from separate funds; 41 bills called for the extension of unemployment compensation benefits to persons absent from work on account of illness; and 10 bills authorized or requested that studies be made of the various problems connected with compulsory sickness insurance.

The only legislation enacted was the Rhode Island Sickness Compensation Act of 1940, several amendments thereto, and laws providing for the study of health insurance in Maryland, Massachusetts, and New Hampshire. Although the volume of legislation concerned with compulsory sickness insurance introduced in the biennium 1943-44 was double that of 1939-40, the number of States considering such legislation was the same in both periods. Thus it would appear that a few industrial States in the East and the far West are becoming more interested in the subject, but that by far the greater part of the country has not been concerned with the development of State sickness insurance programs.

Indications are that this latter tendency is undergoing somewhat of a change. During the first 3 months of 1945, legislation in this field was introduced for the first time in six widely dispersed and mainly nonindustrial States (Colorado, Minnesota, Montana, Nevada, New Mexico, and North Carolina). Through March 1945, 50 bills were presented to the legislatures of 13 States,<sup>12</sup> while in 1941, the year of greatest activity during the 6 years covered in this paper, only 27 bills were introduced in 10 States. Not only are there signs of increasing interest in the States in the whole subject of compulsory sickness insurance, but the most noticeable trend in this field is the favor shown toward legislation which adds cash or cash and medical

<sup>12</sup> The 7 other States are California, Connecticut, Massachusetts, New Jersey, New York, Rhode Island, and Washington.

benefits to existing unemployment insurance programs. Already 39 bills of this type have been introduced, 9 providing for the extension of unemployment compensation funds for this purpose, 22 for separate funds, and 8 proposing amendments to the Rhode Island Cash Sickness Compensation Act. Only 5 bills call for the setting up of new systems for compulsory sickness insurance, while 6 bills request that studies be made concerning the subject.

Even though the volume of legislation introduced has increased considerably, up to the present Rhode Island is the only State to have enacted a law establishing a compulsory sickness insurance program. Few bills have been reported out of committee, and where passage was affected, the bill was radically changed. For example, the State of Washington introduced a bill (S. 193) calling for a system of disability benefits to be administered jointly with its unemployment compensation program, but the law as approved on March 13, 1945, provided only that the Commissioner of Unemployment Compensation and Placement "make a study to determine the practicability and necessity of meeting the problems of unemployment in the State due to sickness, accident or injury, by the enactment of legislation which would alleviate the hardships caused by such unemployment."

Undoubtedly there are many and varied reasons for enactment of so little compulsory sickness legislation in the States. It is often difficult to ascertain why certain bills are treated with either open opposition or complete indifference, but some of the reasons for the lack of enthusiasm displayed in the States for legislation of this type are revealed in the several reports mentioned earlier in this paper. A brief summary follows:

1. The passage of compulsory sickness insurance legislation would be an entering wedge into the field of compulsory budgeting of personal expenditures and would amount to "an infringement on an individual's liberty."
2. During the present emergency people have been encouraged to buy war bonds, thus building up cash reserves, and there should be relatively few who will be unable to care for themselves for some time to come after the war.
3. In spite of much employment and higher incomes, the burden of taxation is already so great that both workers and employers can ill afford to pay for additional insurance.
4. Group insurance plans between employers and employees and private hospitalization plans especially designed for the low- and middle-income groups have developed at a phenomenal rate, thus lessening the need for compulsory insurance.
5. State legislation may be retarded in some States because of uncertainty concerning possible Government centralization of all types of social insurance, including a new Federal program of permanent and temporary disability.

On the whole, it appears that, although more and more States are becoming cognizant of the possibilities of compulsory sickness insurance as a means of protecting individuals who become ill or temporarily disabled, most State legislatures have as yet been hesitant to take positive action.

## PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES

November 4–December 1, 1945

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 for each week 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 weeks ended December 1, 1945, the number reported for the corresponding period in 1944, and the median number for the years 1940–44.

*Number of reported cases of 9 communicable diseases in the United States during the 4-week period November 4–December 1, 1945, the number for the corresponding period in 1944, and the median number of cases reported for the corresponding period, 1940–44*

Division	Current period	1944	5-year median	Current period	1944	5-year median	Current period	1944	5-year median
	Diphtheria			Influenza <sup>1</sup>			Measles <sup>2</sup>		
United States.....	2,624	1,828	1,828	25,381	7,133	7,147	8,146	2,715	10,851
New England.....	67	30	27	10	99	36	644	500	1,457
Middle Atlantic.....	77	119	125	76	19	52	1,992	398	2,743
East North Central.....	378	181	242	2,102	127	247	1,446	261	1,064
West North Central.....	207	158	158	1,701	70	77	222	142	570
South Atlantic.....	714	365	492	7,647	2,103	2,121	434	150	367
East South Central.....	412	276	222	1,114	200	296	340	65	310
West South Central.....	514	450	347	10,403	3,933	3,933	245	130	131
Mountain.....	83	54	70	2,219	454	659	683	92	738
Pacific.....	172	195	122	109	128	229	2,140	977	977
	Meningococcus meningitis			Poliomyelitis			Scarlet fever		
United States.....	397	670	314	932	997	755	10,714	12,577	10,464
New England.....	19	54	49	72	52	26	701	1,172	977
Middle Atlantic.....	98	179	91	158	435	65	1,765	2,016	1,814
East North Central.....	96	152	33	220	147	127	2,562	3,249	2,970
West North Central.....	35	37	8	116	73	60	961	1,185	1,185
South Atlantic.....	25	68	53	56	114	75	1,657	1,655	1,446
East South Central.....	40	64	20	39	40	35	734	707	785
West South Central.....	32	39	18	55	35	35	681	622	413
Mountain.....	8	12	11	30	15	20	409	669	405
Pacific.....	44	65	31	186	86	82	1,224	1,302	749
	Smallpox			Typhoid and paratyphoid fever			Whooping cough <sup>2</sup>		
United States.....	24	17	46	304	295	341	9,377	7,482	13,366
New England.....	0	0	0	23	15	14	1,317	1,162	1,287
Middle Atlantic.....	0	0	0	38	38	64	2,974	1,797	3,711
East North Central.....	8	6	21	31	31	37	2,027	1,305	2,863
West North Central.....	0	6	10	17	9	30	255	433	665
South Atlantic.....	2	2	1	49	43	75	949	983	1,420
East South Central.....	5	0	1	24	32	45	458	250	527
West South Central.....	4	1	6	74	70	76	494	717	526
Mountain.....	5	2	2	26	32	32	316	308	322
Pacific.....	0	0	3	22	25	17	587	527	1,018

<sup>1</sup> Mississippi and New York excluded; New York City included.

<sup>2</sup> Mississippi excluded.

## DISEASES ABOVE MEDIAN PREVALENCE

*Diphtheria*.—During the 4 weeks ended December 1 there were 2,624 cases of diphtheria reported, as compared with 1,828, 1,528, and 1,904 during the corresponding period in the years 1944, 1943, and 1942, respectively. The 1940–44 median for this period was represented by the 1944 incidence (1,828 cases). Each section of the country except the Middle Atlantic reported an excess over the preceding 5-year median. While the largest numbers of cases were reported from the South Atlantic and South Central sections, the greatest relative excess over the normal seasonal expectancy was reported from the New England section where the number of cases (67) was 2.5 times the 1940–44 median. For the country as a whole the current incidence is the highest since 1939 when approximately 3,000 cases were reported during this period.

*Influenza*.—The number of cases of influenza rose from 8,390 during the 4 weeks ended November 3 to 25,381 during the 4 weeks ended December 1. Sharp increases were reported from some States in all sections except the North Atlantic and Pacific. Half of the cases were reported from 2 States which consistently report more cases than other States, whether the disease is epidemic or normal. Ninety percent of the cases were reported from 10 States, viz, Texas (9,736 cases), South Carolina (3,294), Virginia (2,604), Indiana (1,667), West Virginia (1,517), Colorado (900), Alabama (795), Kansas (784), North Dakota (705), and Utah (631)—a total of 22,633 cases. Compared with preceding years the current incidence for the country as a whole was 3.6 times the 1940–44 median, while in the various sections the reported cases ranged from 1.5 times the median in the Middle Atlantic section to more than 22 times the median in the West North Central section. However, in periods of relatively low incidence, cases are so incompletely reported that a high ratio may not reflect a truly high incidence. In 2 sections, the New England and Pacific, the incidence was considerably below the normal expectancy.

*Meningococcus meningitis*.—The number of cases (397) of this disease was only about 60 percent of the number reported for the corresponding period in 1944, but it was 30 percent above the preceding 5-year (1940–44) median. Fewer cases were reported in each section than occurred in 1944, but only 3 sections, the New England, South Atlantic, and Mountain, reported a decline from the median incidence. An increase of this disease is normally expected at this season of the year, but it is not anticipated that the incidence will reach the epidemic proportions of the last 3 years.

*Poliomyelitis*.—The number of reported cases (932) of poliomyelitis was slightly below the 1944 incidence, but it was more than 20 percent above the 1940–44 median for the corresponding period. The Middle



Atlantic and South Atlantic sections reported fewer cases than in 1944 and in the East South Central section the incidence was approximately the same as in that year, but in all other sections the cases exceeded the 1944 incidence. Compared with the 1940-44 median the South Atlantic section alone reported a relatively low incidence. The number of cases of this disease dropped more than 50 percent during the current week and a further decline may be expected as the lowest incidence is normally reached during the winter months.

#### DISEASES BELOW MEDIAN PREVALENCE

*Measles.*—While the number of cases (8,146) of measles was three times that reported for the corresponding 4 weeks in 1944, it was only about 75 percent of the 1940-44 median. Every section of the country reported an increase over the 1944 incidence and all but the New England, Middle Atlantic, West North Central, and Mountain regions reported excesses over the preceding 5-year medians. The largest number of cases, and also the greatest excess over the normal seasonal incidence, was reported from the Pacific section.

*Scarlet fever.*—The incidence of scarlet fever was about normal for this period, the number of cases (10,714) being only slightly above the normal seasonal incidence. The increase appeared to be largely due to an excess of cases in the South Atlantic, West South Central, and Pacific sections, since in all other regions the incidence either approximated the median or fell below it. The greatest excess over the median was reported from the Pacific section, with 1,224 cases as compared with a median of 749 cases.

*Smallpox.*—The incidence of this disease was higher than during the corresponding period in 1944 but the number of cases (24) was only about one-half of the 1940-44 median incidence. The distribution of cases, however, was different from that in preceding years; in the East North Central section the number of cases was considerably below the preceding 5-year median while in the East South Central and Mountain regions the incidence was above the normal seasonal expectancy.

*Typhoid and paratyphoid fever.*—The number of cases (304) of typhoid fever was slightly higher than the 1944 figure for the corresponding 4 weeks, but it was not as high as the 1940-44 median. The New England section reported a 50-percent increase over the 5-year median; the West South Central and Pacific regions reported about the normal incidence, and in all other sections the incidence was relatively low.

*Whooping cough.*—More cases of whooping cough were reported for the current 4 weeks than occurred during the corresponding 4 weeks in 1944, but the number of cases (9,377) was only 70 percent of the

1940-44 median. Very significant increases over 1944 were reported from the North Central section, but only one region, New England, reported any increase over the preceding 5-year median.

#### MORTALITY, ALL CAUSES

For the 4 weeks ended December 1 there were 35,803 deaths from all causes reported by 93 large cities to the Bureau of the Census. The average number reported for the corresponding period in 1942-44 was 36,123 deaths. During the first week of the 4-week period the number of deaths was 3.8 percent higher than the preceding 3-year average, but during the other 3 weeks the deaths were 3.4, 0.9, and 2.7 percent, respectively, below the 3-year average.

### DEATHS DURING WEEK ENDED DECEMBER 1, 1945

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

	Week ended Dec. 1, 1945	Correspond- ing week, 1944
<b>Data for 93 large cities of the United States:</b>		
Total deaths.....	9,462	9,406
Average for 3 prior years.....	9,728	-----
Total deaths, first 48 weeks of year.....	429,699	430,826
Deaths under 1 year of age.....	678	604
Average for 3 prior years.....	669	-----
Deaths under 1 year of age, first 48 weeks of year.....	29,074	29,078
<b>Data from industrial insurance companies:</b>		
Policies in force.....	67,283,755	66,918,568
Number of death claims.....	13,414	14,314
Death claims per 1,000 policies in force, annual rate.....	10.4	11.2
Death claims per 1,000 policies, first 48 weeks of year, annual rate.....	10.0	10.0

# PREVALENCE OF DISEASE

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*No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring*

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## UNITED STATES

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### REPORTS FROM STATES FOR WEEK ENDED DECEMBER 8, 1945

#### Summary

A total of 49,694 cases of influenza was reported for the week, as compared with 13,220 for the preceding week, a 5-year (1940-44) median of 2,742, and 23,746 for the corresponding week of 1943, the latter figure being the largest number reported for a corresponding week in the preceding 5 years. Eleven of the forty-three States in which reports of influenza cases are required by law or regulation, located in 6 of the 9 geographic divisions, reported currently an aggregate of 46,912 cases, or 94 percent of the total. These States are as follows (last week's figures in parentheses): Kentucky 15,358 (14), Texas 7,332 (4,436), Kansas 6,848 (782), Utah 4,241 (383), Virginia 3,993 (1,438), West Virginia 3,395 (1,276), South Carolina 2,459 (1,117), Indiana 1,317 (1,253), Arkansas 785 (61), Colorado 607 (447), and Nebraska 577 (112). The same States reported 11,319 cases last week. Since July 1, a total of 94,260 cases has been reported, as compared with 23,238 and 49,062, respectively, for the corresponding periods of 1944 and 1943. The total for the year to date is 160,734, as compared with 358,761 for the same period in 1944 (most of which occurred in the early part of the year), 126,643 for 1943, and a 5-year median of 191,873.

Of the total of 118 cases of meningococcus meningitis, as compared with 105 last week, 190 and 287, respectively, for the corresponding weeks of 1944 and 1943, 50 occurred in the 4 States reporting more than 5 cases each, as follows: Illinois 16, New York 13, California 12, and Pennsylvania 9. The cumulative total is 7,618, as compared with 15,488 for the same period last year and a 5-year median of 3,387.

A total of 168 cases of poliomyelitis was reported, as compared with 173 last week, 133 for the corresponding week last year, and a 5-year median of 96. The 5 States reporting more than 7 cases each are California 21, Washington 20, Wisconsin 15, Missouri 13, and New York 12. The total to date is 13,443, as compared with 19,021 for the same period last year and a 5-year median of 9,600.

Deaths recorded during the week in 93 large cities of the United States totaled 9,945, as compared with 9,462 last week, 9,343 for the corresponding week last year, and a 3-year (1942-44) average of 9,752. The total to date is 439,644, as compared with 440,169 for the corresponding period last year.

*Telegraphic morbidity reports from State health officers for the week ended December 8, 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. 8, 1945	Dec. 9, 1944		Dec. 8, 1945	Dec. 9, 1944		Dec. 8, 1945	Dec. 9, 1944		Dec. 8, 1945	Dec. 9, 1944	
<b>NEW ENGLAND</b>												
Maine.....	4	0	1	-----	-----	1	8	2	54	0	1	0
New Hampshire.....	2	0	0	-----	-----	-----	25	1	8	0	0	0
Vermont.....	0	0	0	-----	-----	-----	4	2	24	0	0	0
Massachusetts.....	2	11	6	-----	-----	-----	213	50	236	3	10	6
Rhode Island.....	0	1	1	-----	25	1	-----	1	2	1	1	1
Connecticut.....	2	0	1	3	1	2	6	16	16	2	3	3
<b>MIDDLE ATLANTIC</b>												
New York.....	19	6	16	15	12	18	227	56	430	13	26	11
New Jersey.....	3	3	4	19	2	7	30	17	26	3	7	5
Pennsylvania.....	12	17	11	21	3	3	447	27	495	9	17	10
<b>EAST NORTH CENTRAL</b>												
Ohio.....	41	17	14	94	9	14	15	20	36	4	9	3
Indiana.....	11	18	13	1,317	10	10	7	4	20	3	3	1
Illinois.....	7	3	10	38	8	10	244	41	69	16	12	3
Michigan <sup>2</sup> .....	8	14	9	2	1	2	190	24	39	1	8	1
Wisconsin.....	6	2	1	61	16	34	30	17	140	3	5	2
<b>WEST NORTH CENTRAL</b>												
Minnesota.....	6	10	5	4	2	2	1	4	6	1	1	0
Iowa.....	10	7	2	176	-----	2	2	31	40	3	5	1
Missouri.....	10	10	6	42	3	3	66	1	7	2	5	1
North Dakota.....	2	18	2	277	10	10	4	3	3	1	0	0
South Dakota.....	0	1	1	-----	-----	-----	1	-----	1	0	0	0
Nebraska.....	1	6	2	577	-----	-----	10	7	7	1	0	0
Kansas.....	8	2	4	6,848	2	14	24	8	21	1	0	0
<b>SOUTH ATLANTIC</b>												
Delaware.....	0	0	0	11	-----	-----	1	5	5	0	0	0
Maryland <sup>1</sup> .....	12	10	5	27	3	6	7	4	4	1	4	4
District of Columbia.....	1	0	0	3	1	2	1	3	3	1	2	0
Virginia.....	43	5	21	3,993	287	287	61	6	69	2	4	4
West Virginia.....	6	6	6	3,395	12	12	-----	8	11	1	1	2
North Carolina.....	46	20	20	-----	-----	3	34	11	26	2	1	1
South Carolina.....	9	3	5	2,459	222	409	49	3	20	1	2	1
Georgia.....	23	17	17	253	53	116	4	2	27	6	2	1
Florida.....	4	5	5	-----	-----	-----	3	3	3	3	5	1
<b>EAST SOUTH CENTRAL</b>												
Kentucky.....	13	14	8	15,358	1	5	122	3	22	3	2	2
Tennessee.....	15	11	11	299	20	30	4	29	21	3	4	1
Alabama.....	13	19	17	362	58	65	3	1	12	3	3	2
Mississippi <sup>2</sup> .....	20	12	9	-----	-----	-----	-----	-----	-----	2	2	1
<b>WEST SOUTH CENTRAL</b>												
Arkansas.....	21	5	9	785	59	87	19	3	22	5	3	0
Louisiana.....	20	15	9	50	1	13	10	3	3	1	2	2
Oklahoma.....	9	6	9	180	130	185	14	6	6	0	1	1
Texas.....	73	56	55	7,332	1,352	1,245	52	25	64	3	9	2
<b>MOUNTAIN</b>												
Montana.....	3	2	2	129	21	12	6	3	52	1	0	0
Idaho.....	1	4	1	181	3	2	136	1	1	0	1	0
Wyoming.....	0	0	0	42	11	11	9	-----	3	0	0	0
Colorado.....	3	3	6	607	11	46	41	2	28	0	1	1
New Mexico.....	5	9	2	3	-----	-----	1	1	2	0	0	0
Arizona.....	2	1	1	323	61	127	5	1	12	0	0	0
Utah <sup>2</sup> .....	1	0	0	4,241	3	10	34	8	12	0	3	1
Nevada.....	0	0	0	46	-----	-----	-----	1	1	0	0	0
<b>PACIFIC</b>												
Washington.....	4	8	5	-----	1	2	259	34	34	1	9	1
Oregon.....	6	5	3	45	14	16	25	30	40	0	2	2
California.....	21	33	23	50	31	69	333	249	105	12	14	6
Total.....	528	415	393	49,694	2,449	2,742	2,787	777	4,285	118	190	108
49 weeks.....	17,272	13,018	14,643	160,734	358,761	191,873	121,089	600,050	580,588	7,618	15,458	8,887

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

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

<sup>3</sup> 4,100 additional cases estimated for Oregon, not included in totals.

Telegraphic morbidity reports from State health officers for the week ended December 8, 1945, and comparison with corresponding week of 1944, and 5-year median—Con.

Division and State	Poliomyelitis			Scarlet fever			Smallpox			Typhoid and paratyphoid fever †		
	Week ended—		Median 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44	Week ended—		Median 1940-44
	Dec. 8, 1945	Dec. 9, 1944		Dec. 8, 1945	Dec. 9, 1944		Dec. 8, 1945	Dec. 9, 1944		Dec. 8, 1945	Dec. 9, 1944	
<b>NEW ENGLAND</b>												
Maine.....	4	1	1	30	45	21	0	0	0	0	0	2
New Hampshire.....	0	0	0	6	21	6	0	0	0	0	0	0
Vermont.....	1	0	0	6	10	7	0	0	0	0	0	0
Massachusetts.....	5	4	4	122	233	244	0	0	0	2	4	2
Rhode Island.....	0	0	0	9	13	7	0	0	0	1	0	0
Connecticut.....	0	0	0	18	34	37	0	0	0	0	1	1
<b>MIDDLE ATLANTIC</b>												
New York.....	12	46	14	273	287	278	0	0	0	4	7	6
New Jersey.....	7	4	2	61	76	95	0	0	0	0	4	2
Pennsylvania.....	0	3	2	165	247	225	0	0	0	6	4	4
<b>EAST NORTH CENTRAL</b>												
Ohio.....	4	9	5	255	345	278	0	1	0	2	8	6
Indiana.....	2	0	0	65	145	99	1	4	4	0	1	1
Illinois.....	7	3	4	155	223	202	0	0	1	1	1	1
Michigan †.....	3	3	3	154	212	154	0	2	1	3	0	1
Wisconsin.....	15	3	1	113	92	146	0	0	1	1	0	1
<b>WEST NORTH CENTRAL</b>												
Minnesota.....	2	0	0	37	56	88	0	0	0	0	0	0
Iowa.....	0	3	2	46	52	67	0	0	1	0	1	0
Missouri.....	13	2	1	48	41	54	0	0	0	0	1	2
North Dakota.....	0	0	1	6	14	14	0	0	0	0	0	0
South Dakota.....	0	0	0	4	7	33	0	0	0	0	0	0
Nebraska.....	1	0	0	47	54	31	0	0	0	0	0	0
Kansas.....	3	1	1	66	104	88	1	1	1	1	1	1
<b>SOUTH ATLANTIC</b>												
Delaware.....	0	1	0	6	7	7	0	0	0	1	0	0
Maryland †.....	1	1	1	58	119	61	0	0	0	0	1	2
District of Columbia.....	2	1	0	20	24	15	0	0	0	0	0	0
Virginia.....	3	2	2	90	69	52	0	0	0	0	5	5
West Virginia.....	0	1	1	67	73	50	0	0	0	1	0	1
North Carolina.....	4	5	1	58	96	99	0	0	0	1	1	2
South Carolina.....	2	0	0	17	12	17	0	0	0	1	3	3
Georgia.....	3	1	1	28	34	34	0	1	0	3	4	4
Florida.....	3	0	0	13	14	7	0	0	0	1	0	1
<b>EAST SOUTH CENTRAL</b>												
Kentucky.....	1	2	2	56	49	75	0	0	0	1	0	2
Tennessee.....	2	0	0	53	57	58	1	0	0	3	2	4
Alabama.....	2	1	1	27	31	31	0	0	0	0	0	0
Mississippi †.....	3	0	0	19	17	20	0	0	0	0	1	1
<b>WEST SOUTH CENTRAL</b>												
Arkansas.....	2	2	1	22	15	6	0	0	0	2	0	2
Louisiana.....	5	0	1	39	14	8	0	1	0	3	1	3
Oklahoma.....	0	1	1	22	32	26	0	0	0	0	2	2
Texas.....	5	2	2	121	102	63	0	0	0	11	4	10
<b>MOUNTAIN</b>												
Montana.....	1	0	0	14	22	22	0	0	0	0	2	0
Idaho.....	0	0	0	27	65	12	4	0	0	0	0	0
Wyoming.....	1	0	0	1	8	7	0	0	0	0	1	0
Colorado.....	2	0	1	35	59	36	0	0	0	0	0	0
New Mexico.....	1	2	0	35	21	12	0	0	0	0	0	3
Arizona.....	1	0	0	27	9	4	0	0	0	0	0	0
Utah †.....	4	0	1	35	19	22	0	0	0	0	1	0
Nevada.....	0	0	0	0	2	2	0	1	0	0	0	0
<b>PACIFIC</b>												
Washington.....	20	11	3	38	113	35	0	0	0	0	1	0
Oregon.....	0	2	2	40	37	20	0	0	0	1	3	0
California.....	21	16	13	245	338	144	0	0	0	2	3	4
Total.....	168	133	96	2,901	3,768	3,091	7	11	13	52	71	84
49 weeks.....	13,443	19,021	9,600	164,899	179,335	131,727	333	371	750	4,720	5,246	6,531

† Period ended earlier than Saturday.

‡ Including paratyphoid fever reported separately, as follows: Massachusetts, 1; New York, 3; Georgia, 2; California, 1.

Telegraphic morbidity reports from State health officers for the week ended December 8, 1945, and comparison with corresponding week of 1944 and 5-year median—Con.

Division and State	Whooping cough			Week ended Dec. 8, 1945							
	Week ended—		Me- dian 1940- 44	Dysentery			En- ceph- alitis, infecti- ous	Rocky Mt. spot- ted fever	Tula- remia	Ty- phus fever, en- demic	Un- du- lant fever
	Dec. 8, 1945	Dec. 9, 1944		Ame- bic	Bacil- lary	Un- speci- fied					
<b>NEW ENGLAND</b>											
Maine.....	41	35	36								2
New Hampshire.....	26		2								
Vermont.....	23	39	30								1
Massachusetts.....	150	121	218								3
Rhode Island.....	31	12	24		1						
Connecticut.....	73	90	61		1						4
<b>MIDDLE ATLANTIC</b>											
New York.....	320	288	450		15		1				6
New Jersey.....	164	72	171	1		7					1
Pennsylvania.....	180	152	165					1			
<b>EAST NORTH CENTRAL</b>											
Ohio.....	201	119	152		1						5
Indiana.....	23	7	16								2
Illinois.....	127	65	140	7	1		2				5
Michigan <sup>1</sup> .....	186	69	282	1				1			2
Wisconsin.....	99	82	161								5
<b>WEST NORTH CENTRAL</b>											
Minnesota.....	15	30	45	1							5
Iowa.....	6	2	23					1			
Missouri.....	4	6	9								
North Dakota.....		3	17								
South Dakota.....	2	4	3								
Nebraska.....	16		2								
Kansas.....	11	18	37								2
<b>SOUTH ATLANTIC</b>											
Delaware.....	1		6								
Maryland <sup>1</sup> .....	27	76	76			1		1			1
District of Columbia.....	5	8	14								
Virginia.....	54	27	75			15		1	4		1
West Virginia.....	26	20	33				1				
North Carolina.....	59	85	142	1				3	3		
South Carolina.....	74	10	32	1	11				4		
Georgia.....	27	1	9						31		1
Florida.....	5	13	10					1	4		1
<b>EAST SOUTH CENTRAL</b>											
Kentucky.....	51	8	67					12			1
Tennessee.....	14	7	42					5	4		
Alabama.....	2	39	21						14		3
Mississippi <sup>1</sup> .....								2	9		1
<b>WEST SOUTH CENTRAL</b>											
Arkansas.....	4	29	20	1				2			
Louisiana.....	1	4	4	4				3	10		2
Oklahoma.....	12	13	11								
Texas.....	124	150	138	10	275	42			28		11
<b>MOUNTAIN</b>											
Montana.....	6	24	24					1			
Idaho.....	12	4	4								
Wyoming.....	1	6	3								
Colorado.....	32	5	31	1	1						
New Mexico.....	2		16								
Arizona.....	6	7	14			33					
Utah <sup>1</sup> .....	10	53	24								
Nevada.....			4								
<b>PACIFIC</b>											
Washington.....	48	25	61								1
Oregon.....	18	12	12								
California.....	108	126	192	2	4		4				3
<b>Total</b> .....	<b>2,432</b>	<b>1,966</b>	<b>3,572</b>	<b>30</b>	<b>310</b>	<b>98</b>	<b>8</b>	<b>1</b>	<b>35</b>	<b>112</b>	<b>68</b>
Same week, 1944.....	1,966			46	493	159	10		36	134	83
Average, 1942-44.....	2,738			48	444	110	8	(*)	26	133	
49 weeks: 1945.....	118,689			1,835	23,635	10,206	605	465	729	4,970	4,669
1944.....	90,576			1,767	23,351	8,664	617	453	578	5,019	3,640
Average, 1942-44.....	143,967		169,469	1,658	17,403	7,427	606	451	720	3,509	

<sup>1</sup> Period ended earlier than Saturday.

\* 5-year median, 1940-44.

Leprosy: Florida, 1 case.

## WEEKLY REPORTS FROM CITIES

City reports for week ended December 1, 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	Erysipelas, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Poliomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
<b>NEW ENGLAND</b>												
New Hampshire:												
Concord.....	0	0		0		0	0	0	2	0	0	
Vermont:												
Barre.....	0	0		0		0	0	0	0	0	0	
Massachusetts:												
Boston.....	0	0		0	5	2	11	2	19	0	0	28
Fall River.....	0	0		0		0	0	0	3	0	0	1
Springfield.....	0	0		0	1	0	1	0	5	0	0	4
Worcester.....	0	1		0	10	0	4	0	3	0	0	6
Rhode Island:												
Providence.....	0	0		0		1	3	0	6	0	0	29
Connecticut:												
Bridgeport.....	0	0		0		0	0	0	0	0	0	
Hartford.....	0	0		0	1	0	0	0	1	0	0	10
New Haven.....	0	0		0		0	1	0	0	0	1	7
<b>MIDDLE ATLANTIC</b>												
New York:												
Buffalo.....	0	0		1	3	0	9	0	5	0	0	26
New York.....	8	3	4	1	34	5	54	5	94	0	2	61
Rochester.....	0	0		0	4	0	3	0	1	0	1	8
Syracuse.....	0	0		0	44	1	0	0	2	0	0	6
New Jersey:												
Camden.....	0	0		0		0	1	0	0	0	0	3
Newark.....	0	0	3	0	2	0	7	1	9	0	0	28
Trenton.....	0	0		0		0	0	0	0	0	0	
Pennsylvania:												
Philadelphia.....	2	0	13	4	31	6	20	2	30	0	1	47
Pittsburgh.....	0	0		0	1	2	15	0	11	0	0	10
Reading.....	0	0		0		0	0	0	0	0	0	9
<b>EAST NORTH CENTRAL</b>												
Ohio:												
Cincinnati.....	4	0		1		1	11	0	12	0	0	10
Cleveland.....	1	0	65	0		2	9	1	18	0	0	29
Columbus.....	4	0		0	1	0	1	0	14	0	0	4
Indiana:												
Fort Wayne.....	0	0		0		0	1	0	1	0	0	
Indianapolis.....	1	0		2	2	0	11	1	8	0	0	4
South Bend.....	0	0		0		0	0	0	2	0	0	
Terre Haute.....	0	0		0		0	0	0	1	0	1	
Illinois:												
Chicago.....	2	0	5	0	188	15	36	2	47	0	0	75
Springfield.....	0	0		0		0	1	0	3	0	0	5
Michigan:												
Detroit.....	5	0		0	47	0	16	1	37	0	0	105
Flint.....	0	0		0	15	0	1	0	3	0	0	1
Grand Rapids.....	0	0		0		0	0	0	3	0	1	8
Wisconsin:												
Kenosha.....	0	0		0		0	0	0	2	0	0	
Milwaukee.....	2	0		0	3	0	2	2	20	0	1	12
Racine.....	0	0		0	1	0	1	0	2	0	0	1
Superior.....	0	0		0		0	0	0	0	0	0	4
<b>WEST NORTH CENTRAL</b>												
Minnesota:												
Duluth.....	2	0		0		0	0	0	2	0	0	4
Minneapolis.....	4	0		1	3	0	3	0	12	0	0	5
St. Paul.....	1	0		0		3	5	0	2	0	0	6
Missouri:												
Kansas City.....	1	0		1	5	0	10	2	14	0	0	1
St. Joseph.....	0	0		0	19	0	0	0	3	0	0	
St. Louis.....	0	0	13	1	2	0	20	6	18	0	0	2

City reports for week ended December 1, 1945—Continued

	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Pollomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
<b>WEST NORTH CENTRAL—continued</b>												
<b>Nebraska:</b>												
Omaha.....	0	0	-----	0	2	0	3	0	12	0	0	-----
<b>Kansas:</b>												
Topoka.....	0	0	-----	0	-----	1	0	0	6	0	0	-----
Wichita.....	0	0	1	0	5	0	3	0	8	0	0	3
<b>SOUTH ATLANTIC</b>												
<b>Delaware:</b>												
Wilmington.....	0	0	-----	0	1	0	0	0	3	0	0	1
<b>Maryland:</b>												
Baltimore.....	11	0	6	1	1	0	11	0	18	0	0	29
Cumberland.....	0	0	-----	0	-----	0	1	0	0	0	0	-----
Frederick.....	0	0	-----	0	-----	0	1	0	0	0	0	-----
<b>District of Columbia:</b>												
Washington.....	1	0	2	0	2	3	6	5	7	0	2	4
<b>Virginia:</b>												
Lynchburg.....	0	0	-----	0	1	0	0	0	9	0	0	2
Richmond.....	0	0	2	2	1	0	4	0	14	0	0	1
Rosnoke.....	0	0	-----	0	-----	0	1	0	3	0	0	-----
<b>West Virginia:</b>												
Wheeling.....	0	0	-----	0	1	0	3	0	5	0	0	-----
<b>North Carolina:</b>												
Raleigh.....	0	0	-----	0	-----	0	1	0	3	0	0	8
Wilmington.....	0	0	-----	0	-----	0	1	0	2	0	0	3
Winston-Salem.....	3	0	-----	0	-----	0	1	0	3	0	0	18
<b>South Carolina:</b>												
Charleston.....	0	0	29	0	-----	0	0	0	3	0	0	-----
<b>Georgia:</b>												
Atlanta.....	0	0	60	1	-----	0	2	0	1	0	0	-----
Brunswick.....	0	0	-----	0	-----	0	0	0	0	0	0	-----
<b>Florida:</b>												
Tampa.....	4	0	-----	0	-----	0	2	0	4	0	1	5
<b>EAST SOUTH CENTRAL</b>												
<b>Tennessee:</b>												
Memphis.....	2	0	5	1	5	2	4	1	6	0	0	11
Nashville.....	0	0	-----	2	1	0	0	1	2	0	0	-----
<b>Alabama:</b>												
Birmingham.....	0	0	5	2	1	0	7	0	12	0	0	-----
Mobile.....	2	0	-----	0	-----	0	1	0	0	0	0	-----
<b>WEST SOUTH CENTRAL</b>												
<b>Arkansas:</b>												
Little Rock.....	1	0	-----	0	1	1	0	0	0	0	0	-----
<b>Louisiana:</b>												
New Orleans.....	8	0	1	0	-----	1	0	8	10	0	1	1
Shreveport.....	0	0	-----	0	-----	0	3	0	3	0	0	-----
<b>Texas:</b>												
Dallas.....	6	0	-----	0	-----	0	2	0	15	0	0	-----
Galveston.....	0	0	-----	0	-----	0	0	0	1	0	0	-----
Houston.....	4	0	-----	0	-----	0	9	0	5	0	0	-----
San Antonio.....	6	0	1	1	1	0	8	1	2	0	0	-----
<b>MOUNTAIN</b>												
<b>Montana:</b>												
Billings.....	0	0	-----	0	-----	0	0	0	0	0	0	-----
Great Falls.....	1	0	-----	0	-----	0	0	0	0	0	0	-----
Helena.....	0	0	-----	0	-----	0	0	0	2	0	0	-----
Missoula.....	0	0	-----	0	-----	0	1	0	2	0	0	-----
<b>Idaho:</b>												
Boise.....	0	0	-----	0	-----	0	0	0	0	0	0	-----
<b>Colorado:</b>												
Pueblo.....	1	0	-----	0	-----	0	4	0	1	0	0	-----
<b>Utah:</b>												
Salt Lake City.....	0	0	-----	2	3	0	0	0	4	0	0	3



## City reports for week ended December 1, 1945—Continued

	Diphtheria cases	Etiophallitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Polymyellitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
<b>PACIFIC</b>												
Washington:												
Seattle.....	1	0	0	0	90	0	4	3	6	0	1	9
Spokane.....	0	0	0	0	1	0	1	0	1	0	0	1
Tacoma.....	0	0	0	0	71	0	0	0	3	0	0	0
California:												
Los Angeles.....	2	0	17	0	16	1	2	7	51	0	1	22
Sacramento.....	2	0	0	0	10	0	1	1	6	0	0	0
San Francisco.....	0	0	0	0	54	0	9	5	11	0	1	2
Total.....	92	4	232	24	690	47	354	57	659	0	15	683
Corresponding week, 1944.....	100		73	26	178		336		917	0	12	507
Average, 1940-44.....	84		696	148	898		442		844	3	16	918

<sup>1</sup> 3-year average, 1942-44.

<sup>2</sup> 5-year median, 1940-44.

*Dysentery, amebic.*—Cases: New York 1.

*Dysentery, bacillary.*—Cases: Providence 2; New Haven 1; New York 10; Chicago 2; Detroit 1; Charleston, S. C., 5; Los Angeles 6.

*Dysentery, unspecified.*—Cases: San Antonio 26.

*Typhus fever, endemic.*—Cases: Atlanta 4; Tampa 1; Nashville 5; Birmingham 5; Mobile 1; Little Rock 1; New Orleans 1; Dallas 1.

*Rates (annual basis) per 100,000 population, by geographic groups, for the 85 cities in the preceding table (estimated population, 1943, 33,755,400)*

	Diphtheria case rates	Etiophallitis, infectious, case rates	Influenza		Measles case rates	Meningitis, meningococcus, case rates	Pneumonia death rates	Polymyellitis 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.....	0.0	2.7	0.0	0.0	46	8.2	54.4	5.4	106	0.0	2.7	231
Middle Atlantic.....	4.6	1.4	9.3	2.8	55	6.5	50.5	3.7	70	0.0	1.9	92
East North Central.....	11.6	0.0	42.6	1.8	166	10.9	54.7	4.3	105	0.0	1.8	157
West North Central.....	16.1	0.0	28.2	6.0	72	8.0	88.5	16.1	155	0.0	0.0	44
South Atlantic.....	33.1	0.0	172.4	7.0	12	5.2	59.2	8.7	131	0.0	5.2	124
East South Central.....	23.6	0.0	59.0	29.5	41	11.8	70.8	11.8	118	0.0	0.0	65
West South Central.....	71.7	0.0	5.7	2.9	6	5.7	63.1	25.8	103	0.0	2.9	3
Mountain.....	32.6	0.0	0.0	32.6	49	0.0	81.4	0.0	147	0.0	0.0	49
Pacific.....	7.9	0.0	26.9	0.0	383	1.6	28.5	25.3	123	0.0	4.7	54
Total.....	14.3	0.6	35.9	3.7	107	7.3	54.8	8.8	102	0.0	2.3	106

## FOREIGN REPORTS

### CANADA

*Provinces—Communicable diseases—Week ended November 10, 1945.*—  
During the week ended November 10, 1945, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Chickenpox.....		24		196	260	79	55	79	60	753
Diphtheria.....		4	2	61	12	8	4	2		93
Dysentery, bacillary.....				12						12
German measles.....				9	10	2	5	2	4	32
Influenza.....		1			6				1	8
Measles.....		2	1	141	339	4	12	6	49	554
Meningitis, meningococcus.....					1		1			2
Mumps.....		2		102	72	12	8	36	21	253
Poliomyelitis.....					13			1	3	17
Scarlet fever.....		14	20	174	85	13	7	20	18	351
Tuberculosis (all forms).....		13	17	68	34	5	52		41	230
Typhoid and paratyphoid fever.....				16	3	1			1	21
Undulant fever.....				1	2			2		5
Veneral diseases:										
Gonorrhoea.....		14	28	121	175	57	30	74	104	603
Syphilis.....		20	12	105	111	8	9	22	56	343
Whooping cough.....				197	44		5			246

<sup>1</sup> Includes 1 case, delayed report.

### UNION OF SOUTH AFRICA

*Transvaal—Brakpan—Typhoid fever.*—A report dated November 14, 1945, stated that an outbreak of typhoid fever had occurred in Brakpan, a suburb about 30 miles east of Johannesburg, Transvaal, Union of South Africa. Up to that date over 200 cases had been reported. The outbreak is said to have been caused by a carrier working in a dairy.

## WORLD DISTRIBUTION OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

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

### CHOLERA

[C indicates cases; P, present]

NOTE.—Since many of the figures in the following tables are from weekly reports, the accumulated totals are for approximate dates.

Place	Jan- uary— Septem- ber 1945	October 1945	November 1945—week ended—			
			3	10	17	24
<b>ASIA</b>						
Ceylon: Trincomalee District.....	C	16				
China: <sup>1</sup>						
Hupeh Province.....	C	60				
Kwangsi Province.....	C	12				
Kwangtung Province.....	C	105				
Kweichow Province.....	C	640				
Shensi Province.....	C	10				
Sikong Province.....	C	9				
Szechwan Province.....	C	13,342				
Chungking.....	C	8,000				
Yunnan Province.....	C	23				
India.....	C	210,945	2,455			
Bombay.....	C	94	4	1		
Calcutta.....	C	5,000	120	18	20	18
Cawnpore.....	C	199	3			
Chittagong.....	C	19				
Delhi.....	C	314	4			
Madras.....	C	52				
Vizagapatam.....	C	31				
Indochina: Cochinchina.....	C	P				

<sup>1</sup> Cholera was also reported present during August in the following Provinces of China: Chekiang, Honan, Hunan, and Kansu.

### PLAGUE

[C indicates cases; D, deaths]

<b>AFRICA</b>						
Algeria <sup>1</sup> .....	C	13				
Basutoland.....	C	4				
Bechuanaland.....	C	7				
Belgian Congo.....	C	17	7	1	1	1
British East Africa:						
Kenya.....	C	81	4	2		
Uganda.....	C	6				
Egypt.....	C	215	5			
Ismailiya.....	C	83				
Port Said.....	C	82	1			
Suez.....	C	19	4			
French West Africa.....	C	5				
Dakar.....	C	1				
Madagascar.....	C	123	11	3		
Morocco (French).....	C	800	28			
Senegal.....	C	54				
Tunisia.....	C	3				
Union of South Africa.....	C	7	1		1	
<b>ASIA</b>						
China:						
Foochow.....	C	30				
Kwantung Province.....	C	17				
Kiangsi Province.....	C	1				
Yunnan Province <sup>2</sup> .....	C	38				
India.....	C	20,737	1,563			
Iraq.....	C	34				
Palestine.....	C	19	5	7	6	1
Plague-infected rats.....	C	21	1			

See footnotes at end of table.

**PLAGUE—Continued**  
 (C indicates cases; D, deaths)

Place	Jan- uary— Septem- ber 1945	October 1945	November 1945—week ended—			
			3	10	17	24
<b>EUROPE</b>						
France: Corsica—Ajaccio..... C	8					
Great Britain: Malta..... C	150	12	4	4	1	1
Italy..... C	23	2				
Portugal: Azores..... C	24	26				
Spain: Canary Islands..... C	1					
<b>NORTH AMERICA</b>						
Canada: Alberta Province: <sup>1</sup> Plague-infected squirrels.....	2					
<b>SOUTH AMERICA</b>						
Argentina: Buenos Aires Province—Plague-infected rats.....	2					
Santiago del Estero Province..... C	2					
Tucuman Province..... C		1				
Bolivia: Santa Cruz Department..... C	79					
Brazil: Ceara State..... C	2					
Pernambuco State..... C	33					
Ecuador: Canar Province..... C	9					
Chimborazo Province..... C	6					
Loja Province..... C	20					
Peru: Ancash Department..... C	3					
Ica Department..... C	104					
Lambayeque Department..... C	13					
Libertad Department..... C	11					
Lima Department..... C	13					
Otuzco Department..... C	3					
Piura Department..... C	5					
Tumbes Province..... C						11 15
<b>OCEANIA</b>						
Hawaii Territory..... D	12 1					
Plague-infected rats <sup>12</sup> .....	13					
New Caledonia: Loyalty Islands—Mare Island C	14 60					

<sup>1</sup> For the week ended Dec. 8, 1945, 1 case of plague was reported in Saint Cloud, Oran Department, Algeria. This is the first reported case of plague in Algeria since the week ended Aug. 11, 1945.

<sup>2</sup> Includes 4 cases of pneumonic plague.

<sup>3</sup> Suspected.

<sup>4</sup> Includes 5 suspected cases.

<sup>5</sup> For the period Nov. 1-10, 1945.

<sup>6</sup> Information dated July 5, 1945, stated that from April 1944 to May 1945, 85 deaths from plague had occurred in the mountainous region south of Kunming, China.

<sup>7</sup> Includes 4 suspected cases.

<sup>8</sup> During the month of June 1945, plague infection in fleas was reported in Alberta Province. For the week ended July 28, 1945, plague infection was also reported in 6 pools of fleas in Alberta Province. For the week ended Aug. 11, 1945, 2 pools of plague infected fleas reported in Alberta Province, Canada.

<sup>9</sup> Includes 6 suspected cases.

<sup>10</sup> Includes 1 suspected case.

<sup>11</sup> According to a telegraphic report dated Nov. 30, 1945, 15 cases of suspected plague were reported in Tumbes.

<sup>12</sup> Previously reported as a case, death occurring on June 2, 1945.

<sup>13</sup> Plague infection was also proved positive in a pool of 5 mice on Jan. 4, in a pool of fleas on Feb. 14, and in a pool of 40 fleas on Mar. 14, 1945.

<sup>14</sup> Pneumonic plague.

**SMALLPOX**  
[C indicates cases; P, present]

Place	Jan- uary— Septem- ber 1945	October 1945	November 1945—week ended—			
			3	10	17	24
<b>AFRICA</b>						
Algeria.....	C	209				
Angola.....	C	224				
Basutoland.....	C	350				
Belgian Congo.....	C	6, 119	1 337	1 36		
British East Africa:						
Kenya.....	C	372	235			
Nyassaland.....	C	89	31		17	
Tanganyika.....	C	4, 567	477	583		11
Uganda.....	C	901	94			10
Cameroon (French).....	C	809	8			
Dahomey.....	C	206	58			
Egypt.....	C	1, 065	5			
French Equatorial Africa.....	C	1, 556	1			
French Guinea.....	C	1, 568	24			
French West Africa: Dakar District.....	C	397	4			
Gambia.....	C	82				
Gold Coast.....	C	428	38	3	14	
Ivory Coast.....	C	514	15			
Libya.....	C	8		2		
Mauritania.....	C	83				
Morocco (French).....	C	1, 432	344			1 260
Mozambique.....	C	1				
Nigeria.....	C	3, 824				
Niger Territory.....	C	511				
Rhodesia:						
Northern.....	C	4, 185		507		
Southern.....	C	10				
Senegal.....	C	498				
Sierra Leone.....	C	82		14		1
Sudan (Anglo-Egyptian).....	C	3				
Sudan (French).....	C	2, 114	96			
Togo (British).....	C	36				7
Togo (French).....	C	507				
Tunisia.....	C	15				
Union of South Africa <sup>1</sup> .....	C	1, 947		P	P	P
<b>ASIA</b>						
Arabia.....	C	29				
Ceylon.....	C	597	64	20		47
China.....	C	1, 272				
India.....	C	224, 567	935			
Iran.....	C	390	10			
Iraq.....	C	39				
Syria and Lebanon.....	C	12				
Trans-Jordan.....	C	2				
Turkey (see Turkey in Europe.)						
<b>EUROPE</b>						
Belgium.....	C	1				
France.....	C	27				
Germany.....	C		2			
Great Britain: Scotland.....	C	1 2				
Italy.....	C	2, 186				
Sicily.....	C	9				
Portugal.....	C	26				
Spain.....	C	31				
Canary Islands.....	C	1				
Turkey.....	C	294				
<b>NORTH AMERICA</b>						
Canada.....	C	6				
Guatemala.....	C	4				
Honduras.....	C	8				
Mexico.....	C	1, 392				
Nicaragua.....	C	1 141				
<b>SOUTH AMERICA</b>						
Bolivia.....	C	1, 329	166			
Brazil.....	C	6 654				
Colombia.....	C	589				
Ecuador.....	C	38	1			
Paraguay.....	C	1				
Peru.....	C	96				
Uruguay.....	C	79				
Venezuela.....	C	6 664	82			

<sup>1</sup> Alastrim.<sup>2</sup> For the period Nov. 1-20, 1945.<sup>3</sup> Imported.<sup>4</sup> For the week ended June 30, 1945, cases of virulent smallpox were reported in the Union of South Africa.<sup>5</sup> Includes some cases of chickenpox.<sup>6</sup> Includes cases of alastrim.

## TYPHUS FEVER\*

[C indicates cases; P, present]

Place	Jan- uary— Septem- ber 1945	October 1945	November 1945—week ended—			
			3	10	17	24
<b>AFRICA</b>						
Algeria.....	C	1,021				
Basutoland.....	C	114				
Belgian Congo <sup>1</sup> .....	C	254	48	7		
British East Africa, Kenya.....	C	33	6			
Egypt.....	C	15,416	60			
Eritrea.....	C		39			
French West Africa: Dakar <sup>2</sup> .....	C	20				
Gold Coast.....	C	1				
Libya: Tripolitania.....	C	18	2	1	1	
Madagascar.....	C	1				
Morocco (French).....	C	7,184	381			147
Morocco (Spanish).....	C	6	1			
Nigeria.....	C	77				
Rhodesia, Northern.....	C	31				
Sierra Leone <sup>2</sup> .....	C	7	1	2		1
Tunisia.....	C	385				
Union of South Africa.....	C	776	P	P	P	P
<b>ASIA</b>						
China.....	C	1,874				
India.....	C	23				
Iran.....	C	826				
Iraq <sup>2</sup> .....	C	241	7	5	5	3
Palestine <sup>2</sup> .....	C	142				
Syria and Lebanon.....	C	12				
Trans-Jordan.....	C	43	2	1		
Turkey (see Turkey in Europe).						
<b>EUROPE</b>						
Albania.....	C	100				
Austria.....	C	46				
Belgium.....	C	158				
Bulgaria.....	C	932	2	14		
Czechoslovakia.....	C	313				
Denmark.....	C	146				
France.....	C	267				
Germany.....	C	7,898		11		
Gibraltar <sup>2</sup> .....	C	5	1	2		
Great Britain.....	C	421			3	
Malta and Gozo <sup>2</sup> .....	C	15				
Greece.....	C	211	132			
Hungary <sup>1</sup> .....	C					
Italy.....	C	188				
Netherlands.....	C	51	3			
Poland.....	C	13,352	388	71		
Portugal.....	C	49	2			
Rumania.....	C	6,831		100	87	6
Spain.....	C	25	1			
Sweden.....	C	226				
Switzerland.....	C	2	4			
Turkey.....	C	2,448	63	18	19	32
Yugoslavia.....	C	2,182				18
<b>NORTH AMERICA</b>						
Canada <sup>2</sup> .....	C	1				
Costa Rica <sup>2</sup> .....	C	7				
Cuba <sup>2</sup> .....	C	11	2			4
Guatemala.....	C	2,343				
Jamaica <sup>2</sup> .....	C	37	6		1	
Martinique <sup>2</sup> .....	C	1				
Mexico.....	C	1,542				
Panama (Republic).....	C	3	1			
Puerto Rico <sup>2</sup> .....	C	154	18			
Virgin Islands <sup>2</sup> .....	C	8				

See footnotes at end of table.

## TYPHUS FEVER—Continued

[C indicates cases; P, present]

Place	Jan- uary— Septem- ber 1945	October 1945	November 1945—week ended—			
			3	10	17	24
<b>SOUTH AMERICA</b>						
Argentina.....	C	8	1			
Bolivia.....	C	598	43			
Brazil.....	C	5				
Chile <sup>1</sup> .....	C	470				
Colombia.....	C	199	70			
Curacao.....	C	2	1			
Ecuador.....	C	462	54			
Peru.....	C	558				
Venezuela <sup>2</sup> .....	C	98	11			
<b>OCEANIA</b>						
Australia <sup>3</sup> .....	C	101	3	4		
Hawaii Territory <sup>4</sup> .....	C	82			2	1

\*Reports from some areas are probably murine type, while others probably include both murine and louse-borne types.

<sup>1</sup> Corrected figure.

<sup>2</sup> Reports cases as murine type.

<sup>3</sup> For the period Nov. 1-20, 1945.

<sup>4</sup> Includes imported cases.

<sup>5</sup> For the period Jan. 1 to Sept. 1, 1945, between 8,000 and 10,000 cases of typhus fever were reported in Hungary.

<sup>6</sup> For the period Jan. 1-20, 1945.

## YELLOW FEVER

[C indicates cases; D, deaths]

<b>AFRICA</b>						
Gold Coast.....	C	1	13			
Nsawam.....	C	3				
Takoradi.....	C	1				
Tamale.....	C	1				
Winneba.....	C	4				
Ivory Coast:						
Gaoua.....	C	1				
Guiglo.....	C	1				
Sierra Leone: Moyamba.....	C	2				
Sudan (French): Bamako.....	C		1			
<b>SOUTH AMERICA</b>						
Bolivia:						
Beni Department.....	C	1				
La Paz Department.....	C	2				
Brazil:						
Goiaz State.....	D	76				
Minas Geraes State.....	D	25				
Para State.....	D	1				
British Guiana: Kwakwani.....	C	1				
Colombia:						
Magdalena Department.....	D	2				
Santander de Norte Department.....	D	18				
Peru:						
Cuzco Department.....	C	3				
Junin Department.....	C		3			
Loreto Department.....	C	1				
Venezuela:						
Bollvar State.....	C	1				
Merida State.....	C	2	1			
Tachira State.....	D	20				
Zulia State.....	C	7	1			

<sup>1</sup> Includes 4 suspected cases.

<sup>2</sup> Includes 2 suspected cases.

<sup>3</sup> Suspected.

<sup>4</sup> Includes 1 suspected case.