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THE EXCRETION OF DDT (2,2-BIS-(P-CHLOROPHENYL)-1,1,1-TRICHLOROETHANE) IN MAN, TOGETHER WITH CLINICAL OBSERVATIONS ¹

By P. A. NEAL, Medical Director, T. R. SWEENEY, Associate Chemist, S. S. SPICER, Senior Assistant Surgeon, and W. F. von Oettingen, Principal Industrial Toxicologist, United States Public Health Service

It was shown by White and Sweeney (1) that following oral administration of DDT in olive oil to rabbits DDT was partly excreted with the urine as di-(p-chlorophenyl)-acetic acid (DDA). So far there is no evidence that the same holds true for humans. Because of the clinical and forensic importance of this question for the detection of DDT poisoning, the excretion of DDT was studied in one human subject and at the same time a clinical study was made to detect any possible toxic symptoms.

CLINICAL OBSERVATIONS

A normal male human subject volunteered for this experiment. The same person had been exposed in July 1943 to a calculated concentration of 1 mg. of DDT per 1,000 cu. ft. for 1 hour daily on 6 consecutive days, and, 4 weeks later, to an even higher concentration for 1 hour daily on 5 consecutive days without any untoward effects (Neal et al. (2)). In addition the same subject had ingested 500 mg. of DDT in olive oil in December 1944 without experiencing any signs In September 1945, after a foreperiod of 2 weeks, of toxic effects. during which time the urine was examined daily and the blood was examined twice, the same individual underwent a detailed clinical examination including a teleoroentgenogram, an electrocardiogram, an electroencephalogram, one liver function test, and one blood sugar determination. Special emphasis was placed on nervous functions as indicated by reflex excitability and coordination tests. this examination the subject took 11 mg. per kg. of body weight

From the Industrial Hygiene Research Laboratory, National Institute of Health:

(a total of 770 mg.) of pure recrystallized DDT in approximately 25 cc. of olive oil into an empty stomach, and the examination was repeated 48 hours later.

The subject noted no subjective signs or symptoms following the ingestion of this dose, and no deviations from the pre-examination findings were found on the second examination. Specifically, the neurological examination covering coordination tests (finger-nose, finger-finger, and heel-knee) and sensory test showed normal reactions. There was no evidence of muscular fibrillation, tremors, or twitchings; the position sense, figure-writing test, and two-point and sharp-dull discrimination tests showed no abnormalities. The reflexes (biceps, triceps, ankle, knee, corneal, cremasteric, abdominal, Babinski, and Kernig) were unchanged, nor did the electroencephalogram taken 2 hours after the ingestion of DDT show any deviations from that made prior to the ingestion of DDT.

As illustrated in table 1, the daily examination of the urine 2 weeks prior to, and 2 weeks after, the ingestion of DDT showed nothing

Table 1.—The urinary findings of a human subject before and after ingestion of 11 mg. per kg. of body weight (770 mg.) of DDT

		• • • • •	-										
Time	Volume in cc.	Color	Specific	Sugar	Albumen	White blood cells	Red blood cells	Reaction					
	FOREPERIOD												
1 2 3 6 7 8 9 10	2, 950 1, 955 1, 780 2, 050 1, 865 2, 440 1, 880 1, 955 1, 310	Light yellow, clear Light yellow, turbid	1. 01·1 1. 01·5 1. 010 1. 009	0 0 0 0 0 0 0 0	± 0 0 0 0 0 0 0 0 0	3-4 ± ± + ± ± ± ±	l-2 Occasional Occasional - +	Neutral. Do. Alkaline. Neutral. Weakly acid. Neutral. Weakly acid. Slightly acid. Weakly acid.					
	<u> </u>	EXPOSUI	RE PE	RIO:	D	<u>' </u>							
1 2 3 4 5 6 7 8 9 10 11 12 13 14	1, 900 1, 780 1, 740 2, 465 2, 925 2, 240 11, 620 2, 730 2, 640 1, 400 1, 885 1, 860 2, 050	Light yellow, clear do Light amber, clear Light yellow, clear do	1. 011 1. 013 1. 010 1. 008 1. 010 1. 013 1. 010 1. 010 1. 010 1. 016 1. 011	000000000000000000000000000000000000000	000000000000000000000000000000000000000	+++++++++++	± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	Weakly acid. Do. Do. Neutral. Do. Do. Do. Do. Do. Weakly acid. Acid. Do. Do. Neutral.					

¹ Some loss.

abnormal, nor were there any changes of the blood picture 1 and 2 weeks after the exposure (table 2). Determination of the blood sugar 1, 2, 3, 4½, and 5½ hours after the ingestion of DDT, during which time the subject had taken no food, gave normal values of 83.2, 85.0, 82.6, 81.5, and 68.5 mg. percent, the pre-exposure level being 77.4 mg.

					 -				
Time	Red blood cells (mil- lions)	Hemo- globin (per- cent)	White blood cells (thou- sands)	Lym- pho- cytes (per- cent)	Monocytes (percent)	Stab cells (per- cent)	Neutro- philes (per- cent)	Eosino- philes (per- cent)	Baso- philes (per- cent)
Beginning of foreperiod 1 week before exposure Day of exposure 1 week after exposure 2 weeks after exposure	4.6 4.89 4.7 4.6 4.9	95 92 92 92 92	9. 4 11. 4 7. 7 9. 2 13. 2	45 26 35 23 24	1 4 4 9 5	6 7 8 8 9	47 54 50 58 61	1 8 3 2 1	1

Table 2.—The blood picture of a human subject before and after ingestion of 11 mg. per kg. of body weight (770 mg.) of DDT

percent. A cephalin-cholesterol flocculation test made 6 days after the ingestion of DDT failed to give evidence of hepatic injury.

These examinations show that following the ingestion of 11 mg. per kg. of body weight, corresponding to 770 mg. of DDT by a normal person, no subjective or objective manifestations could be discovered which would indicate an injurious effect of this dose on the organ functions or the nervous system.

EXCRETORY STUDIES

The excretory studies made with 24-hour urine specimens covered the determination of organic chlorine and of di-(p-chlorophenyl)acetic acid (DDA), but, as will be shown below, unchanged DDT could not be detected in the urine.

The determination of organic chlorine was made in 24-hour samples of urine preserved with formalin. The urine was acidified with 6 N sulfuric acid to a pH of 2 and then extracted with an equal volume The extract was washed with distilled water, dried over anhydrous sodium sulfate, and reduced in volume to 50-75 ml. by distillation in a water bath, the temperature of the latter being controlled so that a fair amount of distillation was maintained without excessive heat. The residual extract was then transferred quantitatively to a 100-ml. volumetric flask and made up to volume with ether. As a rule 5-ml. samples of this extract were used for the determination and it was found that larger quantities than this were inconvenient since they caused excessive fouling of the tube and chimney. The chlorine was determined according to the method of Winter (3) as modified by Hall, Schechter, and Fleck (4). It should be pointed out that the small size of the samples and the small amount of the chlorine present made the relative error comparatively large. In addition, the values found had to be multiplied by a factor of about 22 and thus the absolute values of the final results may be impaired considerably, although they give a fair picture of the amounts excreted. In addition, it was found that contamination of the laboratory air with volatile chlorinated hydrocarbons may give rise to very considerable errors.

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The determination of organic chlorine in nine 24-hour urine samples collected during the foreperiod gave an average value of 1.0 mg. with 0.8 and 1.5 mg. as extremes. After the ingestion of 770 mg. of DDT it rose on the first, second, third, and fourth days to 2.9, 4.0, 3.0, and 1.5 mg., respectively, and during the subsequent 10 days the average was 1.0 mg. with 0.8 and 1.4 mg. as extremes. It appears, therefore, that after the ingestion of 770 mg. of DDT the peak of the excretion of organic chlorine occurs during the second 24-hour period and that thereafter the excretion decreases rapidly to normal values.

The determination of di-(p-chlorophenyl)-acetic acid (DDA) was made according to the method of Schechter and Haller (5), (6), using the procedure as practiced by Ofner and Calvery (7), the procedure being briefly as follows:

Five milliliters of the 24-hour urine ethereal extract as used for the determination of organic chlorine were placed in a nitration tube, evaporated to dryness, and dried overnight in a vacuum desiccator over sulfuric acid. The residue was then cooled in an ice bath and 2 ml. of a nitrating mixture consisting of equal parts of fuming nitric and sulfuric acid were added. The reaction mixture was cooled in ice for 5 to 10 minutes and then allowed to come to room temperature. It was then placed in a boiling water bath for exactly 1 hour, cooled again in ice, diluted with ice water, and transferred quantitatively to a 75-ml. separating funnel, diluted to about 35 ml., and extracted with 25 ml. of ether. The ether extract was washed once with 5-percent sodium hydroxide and twice with a saturated solution of sodium chloride, filtered through cotton into a 50-ml., glass-stoppered cylinder. and the ether evaporated completely. The residue was taken up in exactly 3 ml. of benzene, mixed with 6 ml. of sodium methylate solution (5 percent metallic sodium in methanol) and the red color which developed was read after 15 minutes in a Coleman spectrophotometer (model 11A) using a 19-mm. cell and a benzene-sodium methylate solution as blank.

The results of these determinations are given in figure 1. It shows that following the ingestion of 770 mg. of DDT there is a sharp rise in the excretion of di-(p-chlorophenyl)-acetic acid (DDA) which reaches its maximum on the second day, decreases rapidly on the third and fourth days, and thereafter decreases gradually.

It will be noted that prior to the ingestion of DDT the normal urine gave a faint color reaction when treated as for the determination of DDA. Since this cannot be due to small quantities of this compound, it must represent some unknown compound present in normal urine. Figure 2 gives the absorption spectra of five normal urines from 400 to 700 m μ . and it will be seen that these represent essentially a smooth curve. If, however, small quantities of DDA (40 γ) are added to such urine the characteristic absorption curve of DDA becomes apparent, as illustrated in figure 3 which gives the absorption spectra of normal

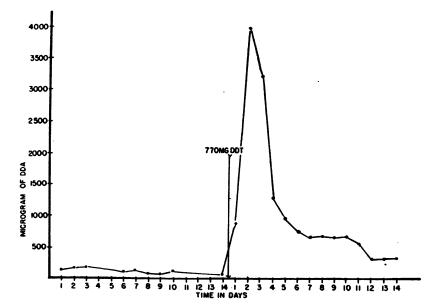


FIGURE 1.—The excretion of DDA in human urine following the ingestion of 770 mg. of DDT in olive oil.

urine, pure DDA in acetone, normal urine containing 40 γ of DDA, and a urine specimen collected on the second day after the ingestion of 770 mg. of DDT. The acidic character of this material was proved by the fact that 75 percent of the material determined could be extracted with alkali. The remaining 25 percent which gave the same color reaction as DDA must represent some other material, as was also pointed out by Ofner and Calvery (7) in excretion studies of DDT with rabbits. This comparison shows beyond reasonable doubt that the results obtained in these determinations represent essentially the values for DDA.

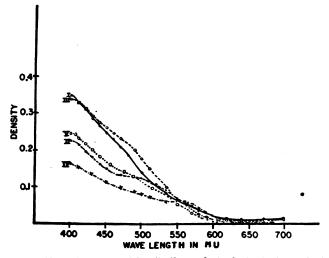


FIGURE 2.—Absorption spectra of the nitration products of extracts of normal urine.

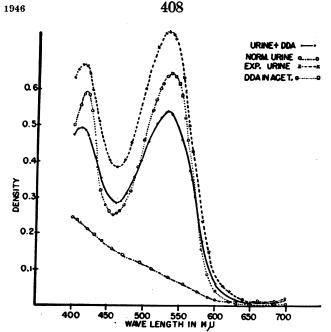


FIGURE 3.—Absorption spectra of normal urine plus 40 γ DDA, normal urine, pure DDA in acetone, and a urine specimen collected on the second day after the ingestion of 770 mg. of DDT in olive oil.

The absence of DDT from the urine is demonstrated by the absorption spectra of the ether extract from urine samples after treatment according to the methods of Schechter and Haller (5), (6), and Ofner and Calvery (7). As illustrated in figure 4, the nitration product of

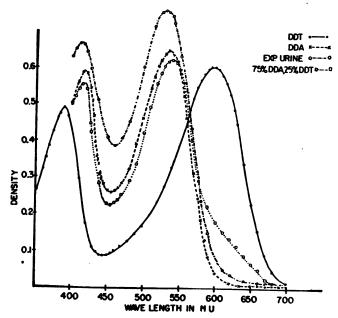


FIGURE 4.—Comparison of the absorption spectra of the nitration products of DDT, a mixture of 75 percent DDA and 25 percent DDT, and a urine specimen collected after the ingestion of 770 mg. of DDT in olive oil

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DDT has a definite absorption in the range between 640 and 700 mu which still is distinct with a mixture of 75 percent DDA and 25 percent DDT. In contrast to these, the nitration product of DDA has practically no absorption in this range and the same holds true for urine samples collected after the ingestion of DDT. It is therefore apparent that after the ingestion of 770 mg. of DDT no undecomposed DDT was present in the urine in measurable amounts.

SUMMARY AND CONCLUSIONS

This experiment shows that the ingestion of 11 mg. per kg. of body weight of DDT dissolved in olive oil, corresponding to a total dose of 770 mg., did not cause detectable toxic effects in one normal individual. This experiment shows further that, as in rabbits, part of the DDT ingested is metabolized to di-(p-chlorophenyl)-acetic acid (DDA) and excreted with the urine. Under the conditions of this experiment the maximal excretion of this metabolite occurred on the second day; it decreased rapidly on the third and fourth days, and diminished gradually during the subsequent 10 days.

ACKNOWLEDGMENT

The valuable assistance of Assistant Chemist D. C. Peterson in measuring the absorption spectra and of Junior Chemist M. R. Harris in running the analytical determinations is gratefully acknowledged.

REFERENCES

- White, W. C., and Sweeney, T. R.: The metabolism of 2,2-bis-(p-chlorophenyl)-1,1,1-trichloroethane (DDT). I. A metabolite from rabbit urine, di-(p-chlorophenyl)-acetic acid; its isolation, identification, and synthesis. Pub. Health Rep., 60: 66 (1945).
 Neal, P. A.; von Oettingen, W. F.; Smith, W. W.; Malmo, R. B.; Dunn, R. C.; Moran, H. E.; Sweeney, T. R.; Armstrong, D. W.; and White, W. C.: Toxicity and potential dangers of aerosols, mists, and dusting powders containing DDT. Supp. No. 177 to the Public Health Reports, 1944.
 Winter, P. K.: Determination of halogen in organic compounds. Ind. Eng. Chem., Anal. ed., 15: 571 (1944).
- Chem., Anal. ed., 15: 571 (1944).

 (4) Hall, S. A.; Schechter, M. S.; and Fleck, E. E.: Chemical determination of DDT. U. S. Dept. Agri., Agri. Res. Admin., Bur. Entomol. & Plant Quar.,

- ET-211, 1944.
 (5) Schechter, M. S., and Haller, H. L.: Colorimetric tests for DDT and related compounds. J. Am. Chem. Soc., 66: 2129 (1944).
 (6) Schechter, M. S., Soloway, S. B.; Hayes, R. A.; and Haller, H. L.: Colorimetric determination of DDT. Ind. Eng. Chem., Anal. ed., 17: 704 (1945).
 (7) Ofner, R. B., and Calvery, H. O.: Determination of DDT (2,2-bis-(p-chlorophanyl)-1 1 1-trichloroethane) and its metabolites in biological materials by the use of the Schechter-Haller method. J. Pharmacol. & Exper. Ther. **85**: 363 (1945).

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ALTERATIONS IN THE CARDIAC CONDUCTION MECHANISM IN EXPERIMENTAL THIAMINE DEFICIENCY 1

By W. D. King, Passed Assistant Surgeon, and W. H. Sebrell, Medical Director, United States Public Health Service

A review of the literature on the nature and character of the cardiac rhythm and electrocardiographic findings in thiamine deficiency revealed no general agreement. In man various changes have been reported: Shortening of the PQ conduction time (1), inversion of the T waves (3, 8), increased QRS interval to bundle-branch block (6), sinus arrhythmia, sinus arrest (7), premature beats, auricular tachycardia (15), and tachycardia (13, 17). The following alterations have been observed in experimental animals: Bradycardia (2, 5, 9, 10, 14, 18, 19), shortened or lengthened PR interval (10), T wave and ST-segment changes (14) in rats; heart block (4), tachycardia and inverted T waves (11) in pigeons; deviations of the T wave, lengthening of the QT interval (10) and tachycardia (12) in dogs.

A recent study by Wintrobe et al. (33) of thiamine deficiency in swine revealed pronounced electrocardiographic alterations. They found bradycardia, prolonged PR interval, second-degree A-V block, abnormal P waves, inverted T₄, nodal and ventricular premature beats, A-V dissociation, complete heart block with ectopic ventricular rhythm and auricular fibrillation in their animals. These changes were associated with widespread necrosis in the myocardium.

Ashburn and Lowry (20) have demonstrated histological changes in the musculature of the auricles, ventricles, and pulmonary vessels in chronic vitamin B_1 deficient rats. The magnitude of these pathological changes in the auricles suggested that there should occur demonstrable electrocardiographic alterations in those cases where such pathology existed. The following study was carried out to evaluate this hypothesis

METHOD

The animals studied were the 24 pairs of albino rats used by Ashburn and Lowry in the second phase of their study (20). One rat of each pair was kept on a diet deficient in thiamine; the other was a littermate control, pair fed with the first but given adequate thiamine. All of the rats were fed a purified diet and given a daily supplement containing 20 micrograms of pyridoxine, 50 micrograms of riboflavin, 50 micrograms of calcium pantothenate, 1 mg. of nicotinic acid, 20 mg. of choline, and a variable amount of thiamine. For the first 6 weeks, each rat in the experimental (thiamine-deficient) group received 4 micrograms of thiamine daily. For the remainder of the experiment thiamine was omitted except during the acute deficiency periods (manifest by spasticity, ataxia, and convulsions) at which time 50

From the Division of Physiology, National Institute of Health.

micrograms of thiamine were injected subcutaneously.² Control animals received 100 micrograms of thiamine daily throughout the experimental period.

Electrocardiograms were taken at weekly intervals and, when possible, during acute deficiency periods and following thiamine therapy. Tracings were made by the following technique:

The rats were restrained in a knitted cloth (washcloth) sewn to form a cylinder 4.0 cm. in diameter and 25.0 cm. in length. The forelegs and the left hindleg were withdrawn through the meshes and the electrodes applied. The rats remained in a prone position. The electrodes were made from small battery clips having reduced spring tension. The contact surfaces were covered with chamois. Before applying these to the rat, the electrodes were soaked in 3-percent saline solution and the hair of the legs was smoothed down with electrode paste. Electrocardiograms were taken with a Sanborn string galvanometer to which a Sanborn cardioscope amplifier had been adapted. The camera speed was 75 mm./sec. and the standardization was 1.0 mv.=2.0 cm. of string deflection. (Under these conditions of camera speed and amplification it was found that the tracings were best suited for detailed study and measurement.) Figure 1 presents semi-diagram-

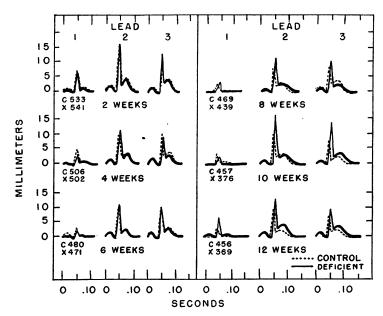


FIGURE 1.—Changes in average heart rates and electrocardiographic configurations of control and thiamine-deficient rats.

matic drawings of the electrocardiograms. These drawings represent the arithmetical mean of the sums of the measurements of the electrocardiograms taken during given periods of the experiment. The measurements used were: PR, QRS, and QT intervals in 0.001 second; the amplitude of the P, Q, R, S, and T deflections in millimeters of deflection from the isoelectric level. The isoelectric level is taken as the level at the beginning of the P wave. The amplitude of the P, Q, R, S, and T waves represents the number of millimeters deflection above or below the isoelectric level.

For further details of the experimental procedure, see Ashburn and Lowry (20).

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RESULTS

It was noted (fig. 1) that, for the first 6-week period, the heart rates and the general configuration of the electrocardiograms in the control and the experimental groups were almost identical. The average heart rates for the experimental and control animals at the end of this period were 471 and 480 beats per minute, respectively. During the following 6 weeks, after thiamine was completely withdrawn from the diet of the experimental animals, marked differences developed. The average heart rate of the experimental animals progressively decreased to 369 beats per minute as compared to 456 beats per minute for the control rats. In the experimental group there was a progressive widening of the PR and QRS intervals as well as an increase in the amplitude of the QRS_{2,3} and T_{2,3}.

In 4 of 11 experimental animals which had electrocardiograms taken during the first acute deficiency episode, auricular fibrillation was noted (fig. 2). In three of these animals the rhythm returned to a normal sinus mechanism within 24 hours after the administration of 50 micrograms of thiamine subcutaneously. The fourth animal died in less than 24 hours after thiamine therapy. Two of these animals died subsequently without further electrocardiographic evidence of altered conduction mechanism.

Four of eleven animals which had electrocardiograms taken during their second or third acute deficiency episode exhibited auriculoventricular nodal rhythm (fig. 3). One of these animals (No. 16750) had previously exhibited auricular fibrillation.

Premature beats, ectopic beats, bigeminus, auricular standstill, and a shifting pacemaker were not infrequently noted among the deficient group. There were no definite trends in the shifting of the axis; levocardiograms and dextrocardiograms were infrequent and approximately equal in their occurrence.

In 14 of the 24 experimental rats pathologic lesions were noted. In 10 of these 14 the lesions were predominantly auricular. Seven of the 14 rats had abnormal electrocardiographic findings.

DISCUSSION

The experimental production of alterations in the cardiac conduction mechanisms and cardiac arrhythmias other than a bradycardia, in rats, as a result of thiamine deficiency has not been reported. Some of de Soldati's (10) rats showed variations in the PR interval. An examination of his protocols shows that of his 18 rats, 8 had prolonged PR intervals and in 7 the PR interval was shorter than normal during their acute deficiencies. In pigs, Wintrobe and associates (33) have reported electrocardiographic changes which were very similar to the changes in rats reported in this paper. Pigeons also developed heart block and other changes (4, 11) similar to the findings in rats.

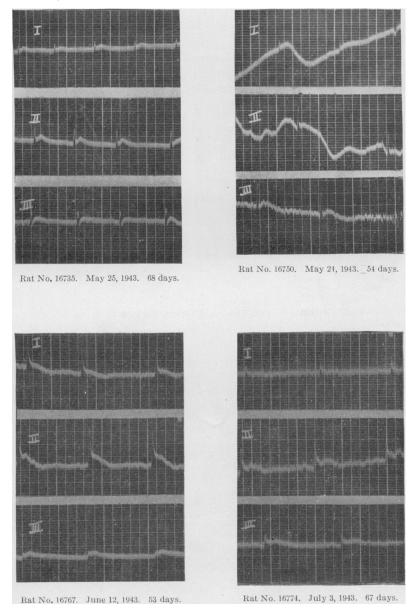


FIGURE 2.—Auricular fibrillation. I, II, and III refer to the respective leads. Standardization 1 mv.= 2 cm. The spaces between the light vertical lines equal 0.04 second; spaces between horizontal lines equal 1 mm.

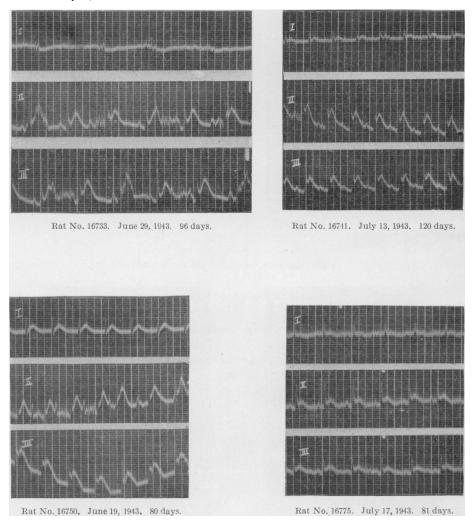


FIGURE 3.—Auriculoventricular nodal rhythm. I, II, and III refer to the respective leads. Standardization 1 mv.=2 cm. Spaces between the light vertical lines =0.01 second; spaces between horizontal lines =1 mm.

In the clinical series of Weiss and Wilkins (13) there were three cases in which auricular fibrillation was noted, but this arrhythmia was not considered a part of the cardiac picture in vitamin B₁ deficiency. Since auricular fibrillation can occur in experimental animals apparently as the result of a chronic thiamine deficiency, a possible etiological factor in the occurrence of this arrhythmia, so frequently noted in thyrotoxic heart disease, rheumatic heart disease, and that of "unknown origin," is suggested. Means (21, 22), Frazier and Ravdin (23), and Gounelle (24) have noted a clinical correlation between thiamine deficiency and thyrotoxicosis. Morehead (25, 26) has commented on the similarity of the cardiac manifestations of vitamin B₁ deficiency to those seen in acute rheumatic fever in the young adult.

Auriculoventricular nodal rhythm, when established, was not converted to a normal rhythm by large doses of thiamine (100 micrograms per day) in the two rats so treated. In one rat with an auriculoventricular nodal rhythm, sectioning the vagi did not alter the rhythm. This rhythm tended to maintain a relative bradycardia, 300±30 beats per minute, which was only transiently affected by exercise or excitement.

A direct correlation between the occurrence of auricular fibrillation and nodal rhythm, and the degree of demonstrable pathology could not be established from the data at hand.

The physiological and pathological changes appear to be the result of abnormal tissue metabolism (27, 28, 29, 30, 31, 32). It might be expected, therefore, that they would vary in degree and in persistence. Early or slight abnormalities might cause changes which are completely reversible, while more severe deviations from the normal might result in permanent damage to the tissue.

SUMMARY AND CONCLUSIONS

Electrocardiographic studies of rats in thiamin deficiency are reported.

Auricular fibrillation and auriculoventricular nodal rhythm were observed in addition to the previously noted bradycardia. Less frequent conduction defects included premature beats, ectopic beats, auricular standstill, and a shifting pacemaker.

REFERENCES

- (1) Aalsmeer, W. C., and Wenckebach, K. F.: "Herz und Kruslauf bei der Beri-beri-Krankheit." Wien. Arch. f. inn. Med., 16: 193 (1929).
 (2) Birch, T. W., and Harris, L. J.:Bradycardia in the Vitamin B₁-deficient rat and its use in vitamin B₁ determinations. Biochem. J., 28: 602 (1934).
 (3) Campbell, S. B. B., and Allison, R. S.: Electrocardiographic changes in toxic polyneuritis. Lancet, 2: 410 (1933).
 (4) Carter, C. W., and Drury, A. N.: Heart Block in Rice Fed Pigeons: J. Physiol, 68: (Proc. Physiol. Soc., vol. 1) (1929).
 (5) Drury, A. N.; Harris, L. J.; Maudsley, C.: Vitamin B deficiency in the rat. Bradycardia as a distinctive feature. Biochem. J. 24: 1632 (1930).

(6) Etzel, Eduardo: May the disease complex that includes mega-esophagus (cardiospasm), megacolon and mega-ureter be caused by chronic vitamin B₁ deficiency? Am. J. Med. Sci., 203: 87 (1942).

(7) Jolliffe, N.; Goodhardt, R.; Dennis, J.; and Cline, J. K.: The experimental production of vitamin B₁ deficiency in particular and control of vitamin B₂ deficiency in particular and control of vitamin B₂ deficiency in particular and control of vitamin B₃ deficiency in particular and control of vitamin B₄ deficiency in p

production of vitamin B₁ deficiency in normal subjects. The dependence of the urinary excretion of thiamine on the dietary intake of vitamin B₁.

Am. J. Med. Sci., 198: 198 (1939). (8) Keefer, Chester S.: The beriberi heart. Arch. Int. Med., 45: 1 (1930).

(9) McEachern, D., and Brophy D.: Mechanism of bradycardia in rats with thiamine deficiency. Proc. Soc. Exp. Biol. & Med., 51: 75 (1942).

(10) de Soldati, Leon: Los Trastornos Circulatorios de la Avitaminosis B₁. Sebastian de Amorrortu e Hijos, Buenos Aires, 1940.

(11) Swank, R. L., and Bessey, O.: Production and study of cardiac failure in thiamine-deficient pigeons. Arch. Int. Med., 70: 763 (1942).

- (12) Swank, R. L.; Porter, R. R.; and Yeomans, A.: The production and study of cardiac failure in thiamine-deficient dogs. Am. Heart J., 22: 154 (1941).
- (13) Weiss, S., and Wilkins, R. W.: Nature of cardiovascular disturbances in nutritional deficiency states (beriberi). Ann. Int. Med., 11: 104 (1937). (14) Weiss, S.; Haynes, F. W.; and Zoll, P. M.: Electrocardiographic manifesta-
- tions and the cardiac effect of drugs in vitamin B₁ deficiency in rats. Heart J., 15: 206 (1938).
- (15) Weiss, S.: Occidental beriberi with cardiovascular manifestations. relation to thiamin deficiency. J. Am. Med. Assoc., 115: 832 (1940).
- (16) Wenckebach, K. F.: Heart and circulation in a tropical avitaminosis
- (beri-beri). Lancet, 2: 265 (1928).
 (17) Wilkins, R. W.: Clinical features and characteristics of the heart and circular transfer of the control of the heart and circular transfer of the control of the heart and circular transfer of the control of the heart and circular transfer of the control of the heart and circular transfer of the control of the heart and circular transfer of the heart and circ culation in nutritional deficiencies. New England J. Med., 215: 1257
- (18) Haynes, F. W.: Electrocardiographic study of the heart in the vitamin B deficient rats. New England J. Med., 215: 1257 (1936).
- (19) Zoll, P. M., and Weiss, Soma: Electrocardiographic changes in rats deficient in vitamin B₁. Proc. Soc. Exp. Biol. & Med., 35: 259 (1936).
 (20) Ashburn, L. L., and Lowry, J. V.: Development of cardiac lesions in thiamine-deficient rats. Arch. Path., 37: 27 (1944).
 (21) Means, J. H. (discussion of paper by Weiss, Soma, and Wilkins, R. W.):
- The nature of the cardiovascular disturbances in vitamin deficiency states.
- The nature of the cardiovascular disturbances in vitamin denciency states. Tr. Assoc. Am. Phys., 51: 341 (1936).
 (22) Means, J. H.: The Thyroid and its Diseases. Philadelphia, J. B. Lippincott Co., 1937.
 (23) Frazier, W. D., and Ravdin, I. S.: Use of vitamin B₁ in preoperative preparation of hyperthyroid patient. Surgery, 4: 680 (1938).
 (24) Gounelle, H.: Les myocardies de carence B₁, alcoolique, beriberique, etc. Bull. et. Mém. Soc. méd. d. hôp. de Paris, 55: 1048 (1939).
 (25) Moreband, O. L.: Vitamin B., in heart disease, cases of adult and child

- (25) Morehead, O. J.: Vitamin B₁, in heart disease; cases of adult and child resembling acute rheumatic fever. Northwest. Med., 41: 65 (1942).
 (26) Morehead, O. J.: Vitamins in general practice, treatment of certain types of heart disease. Northwest. Med., 41: 337 (1942).
 (27) Kalaja, L., and Narvanen, R.: A study of the factors which cause the heart disturbances in vitamin B₁ deficiencies. Skandinav. Arch. f. Physiol., 79: (1942). (H-5-6) 303 (1938).
- (28) Muus, J.; Weiss, S.; and Hastings, A. B.: Tissue metabolism in vitamin deficiencies. II. Effect of thiamine deficiency. J. Biol. Chem., 129: 303
- (29) Peters, R. A.: The biochemical lesion in vitamin B₁ deficiency. Lancet, 1: 1161 (1936).
- (30) Platt B. S., and Lu, G. S.: Chemical and clinical findings in beri-beri with
- special reference to vitamin B₁ deficiency. Quart. J. Med., 5: 355 (1936).

 (31) Lu, G. D., and Platt, B. S.: CLXXXVIII. Studies on the metabolism of pyruvic acid in normal and vitamin B₁-deficient states. V. The effect of exercise on blood pyruvate in vitamin B1 deficiency in man. Biochem.
- J., 33: 1538 (1939).

 (32) Wintrobe, M. M.; Stein, H. J.; Miller, M. H.; Follis, R. H., Jr.; Najjar, V.; and Humphreys, S.: A study of thiamine deficiency in swine. Bull. Johns Hopkins Hosp., 71: 141 (1942).

 (33) Wintrobe, M. M.; Alcayaga, P.; Humphreys, S.; and Follis, R. H.: Electro-
- cardiographic changes associated with thiamine deficiency in pigs. Bull. Johns Hopkins Hosp., 73: 169 (1943).

415 March 22, 1946

PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES

January 27-February 23, 1946

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 February 23, 1946, the number reported for the corresponding period in 1945, and the median number for the years 1941–45.

DISEASES ABOVE MEDIAN PREVALENCE

Diphtheria.—For the 4 weeks ended February 23 there were 1,487 cases of diphtheria reported, as compared with 1,242 for the corresponding period in 1945 and a 5-year (1941-45) median of 1,158 cases. In each section of the country except the West South Central and Pacific regions the incidence was higher than in 1945, while all sections except the West South Central reported excesses over the 5-year expectancy. For the country as a whole the current incidence was the highest for this period since 1940, when 1,525 cases were reported.

Influenza.—The number of cases of influenza dropped from approximately 116,000 during the preceding 4 weeks to 38,746 during the 4 weeks ended February 23. The number of cases was, however, 2.2 times the incidence for the corresponding weeks in 1945 and 1.8 times the 1941–45 median (22,139 cases). While each region except the Middle Atlantic and Mountain sections reported an excess over the normal expectancy, the greatest excesses occurred in the Pacific, East North Central, and West South Central sections. The number of cases for the country as a whole was only slightly lower than the number reported for the corresponding weeks in 1944, following the 1943–44 epidemic.

Poliomyelitis.—For the 4 weeks ended February 23 there were 143 cases of poliomyelitis reported as compared with 171, 90, and 92 for the corresponding period in 1945, 1944, and 1943, respectively. While the current incidence was lower than in 1945, it was above the 1941–45 median, which was represented by the 1942 incidence of 171 cases. The greatest increases over the normal seasonal expectancy were reported from the South Atlantic and Pacific sections.

DISEASES BELOW MEDIAN PREVALENCE

Measles.—The number of cases of measles (48,914) was 6 times the number reported for the corresponding period in 1945, but it was only about 80 percent of the 1941-45 median. Each section of the

country reported a very significant increase over the 1945 figure for the same weeks, but only 3 sections, the East North Central, West North Central, and Pacific, reported an increase over the preceding 5-year median. With the exception of 1945, which was an unusually low year for this disease, the current incidence is the lowest since 1940 when approximately 22,000 cases were reported for the corresponding 4-week period.

Meningococcus meningitis.—The number of cases of this disease dropped from 907 during the 4 weeks ended January 27 to 733 for the 4 weeks ended February 23. The number of cases was only about 70 percent of the 1941-45 median, which was represented by the 1945 figure. In the West North Central section the number of cases was slightly above the seasonal expectancy and in the New England section the incidence was about normal, but in all other regions the numbers of cases were considerably below the seasonal median. A decline in this disease during this period is somewhat unexpected since its highest incidence is normally reached during February or March.

Number of reported cases of 9 communicable diseases in the United States auring the 4-week period Jan. 27-Feb. 23, 1946, the number jor the corresponding period in 1945, and the median number of cases reported for the corresponding period, 1941-45

									, ,-		
Division	Cur- rent period	1945	5-year median	Cur- rent period	1945	5-year median	Cur- rent period	1945	5-year median		
	I	Diphther	ia	I	nfluenza	1		Measles	2		
United States	30 169 307 158 228	1, 242 25 113 118 104 185	1, 158 . 23 116 160 97 185	38, 746 146 133 1, 011 277 10, 003	17, 922 127 43 164 187 5, 659	22, 139 127 137 495 235 6, 738	48, 914 1, 314 13, 341 12, 128 4, 753 3, 298	8, 107 606 817 635 371 961	61, 200 4, 084 19, 096 7, 455 4, 196 7, 041		
East South Central West South Central Mountain Pacific	122 223 74 176	118 338 65 176	106 247 65 123	3, 016 19, 712 1, 637 2, 811	1, 086 9, 817 697 142	2, 825 9, 817 1, 999 634	2, 494 2, 669 1, 934 6, 983	268 1, 208 389 2, 852	2, 975 2, 785 3, 215 3, 874		
	Meningococcus meningitis			Poliomyelitis			Sc	Scarlet fever			
United States	733 41 153 118 70 103 84 72 11 81	1,034 40 213 200 62 161 107 122 22 107	1, 034 40 213 151 62 161 107 94 22 107	143 3 15 11 7 32 16 17 7	171 8 60 9 14 21 15 10 7	101 2 8 9 12 14 9 11 7 21	13, 443 1, 156 3, 498 3, 757 1, 393 1, 122 430 506 481 1, 100	22, 910 2, 036 4, 599 5, 987 2, 353 2, 659 967 856 1, 303 2, 150	16, 265 2, 036 3, 945 4, 801 1, 293 772 454 1, 008 865		
İ		Smallpox			phoid a		Who	oping cou	ıgh ²		
United States. New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central West South Central Mountain Pacific.	29 0 1 3 3 1 2 15 3	43 0 0 17 4 2 2 11 2 5	102 0 0 17 15 2 5 16 3	150 12 12 12 22 7 38 9 25 6	258 14 82 14 18 32 22 43 12	258 12 36 29 15 43 24 43 11	6, 998 910 1, 925 1, 481 182 850 226 579 361 484	9, 357 1, 141 1, 905 1, 625 385 1, 246 270 1, 181 531 1, 073	15, 061 1, 256 2, 982 3, 151 669 1, 941 580 1, 181 531 1, 270		

¹ Mississippi and New York excluded; New York City included.

² Mississippi excluded.

Scarlet fever.—Scarlet fever incidence was also below normal, 13,433 cases being reported for the current period as compared with 22,910 for the corresponding period in 1945, and a 5-year median of 16,256 cases. In the West South Central and Pacific sections the incidence was slightly above the normal seasonal level, but in all other regions the numbers of cases were relatively low. For the country as a whole the current incidence was the lowest since 1940 when 19,277 cases were reported for the corresponding period.

Smallpox.—The incidence of smallpox continued at a low level. There were 29 cases reported for the current 4 weeks, as compared with 43 cases during the corresponding period in 1945, and a 5-year median of 102 cases. Fifteen of the total cases were reported from the West South Central region and the remaining 14 were scattered over the other geographic sections. The first case of smallpox to occur in the Middle Atlantic section since 1943 was reported from New Jersey during the week ended February 23.

Typhoid and paratyphoid fever.—The incidence of these diseases was the lowest on record for this period. For the 4 weeks ended February 23 there were 150 cases reported, which was less than 60 percent of the 1941-45 median (258 cases). The situation was favorable in all sections of the country, the cases either closely approximating or falling below the normal seasonal expectancy.

Whooping cough.—There were 6,998 cases of whooping cough reported for the 4 weeks ended February 23. The number was less than 75 percent of the number reported during the corresponding period in 1945 and less than 50 percent of the preceding 5-year median. The incidence was relatively low in all sections of the country.

MORTALITY, ALL CAUSES

For the 4 weeks ended February 23 there were 39,812 deaths from all causes reported by 93 large cities to the Bureau of the Census. The 1943-45 average number of deaths for this period was 39,617.

DEATHS DURING WEEK ENDED FEBRUARY 23, 1946

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

	Week ended Feb. 23, 1946	Corresponding week, 1945
Data for 93 large cities of the United States: Total deaths	9, 470 9, 820 84, 000 595 649 4, 855 67, 171, 224 12, 300 9, 5 11, 2	9, 351 78, 392 592 5, 063 67, 066, 872 11, 945 9, 3 10, 4

PREVALENCE OF DISEASE

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

UNITED STATES

REPORTS FROM STATES FOR WEEK ENDED MARCH 2, 1946 Summary

The incidence of influenza declined during the week to a total of 5,337 cases as compared with 7,234 last week and a 5-year (1941–45) median of 5,249. Increases occurred in only 3 States reporting currently more than 200 cases—Wisconsin, Arizona, and California. The largest numbers were reported in Texas (1,792), South Carolina (711), and Virginia (430). The total to date is 160,350, as compared with 39,166 and 306,514, respectively, for the corresponding periods of 1945 and 1944, and a 5-year median for the period of 44,521.

A total of 362 cases of diphtheria was reported, as compared with 337 last week and a 5-year median of 270. Increases occurred in 5 of the 7 States reporting more than 14 cases each, as follows: Texas 49, Ohio 32, Kentucky 20, New York 19, and Indiana, Arkansas, and California, 18 each. The total to date, 3,573, is more than reported for a corresponding period of any other year since 1940, in which year 3,716 cases had been reported.

A total of 24,790 cases of measles was reported, as compared with 15,725 last week and a 5-year median of 18,496. Increases were reported in all sections of the country except the West South Central area. The greatest increases, as well as about 72 percent of the total number of cases, occurred in the Middle Atlantic, East North Central, and Pacific areas. The 6 States reporting more than 900 cases each, aggregating 15,497 cases, are as follows (last week's figure in parentheses): New York 4,228 (1,469), New Jersey 1,259 (689), Pennsylvania 2,869 (1,614), Illinois 1,888 (1,483), Michigan 2,867 (2,103), California 2,386 (1,362). The total to date is 93,989, as compared with a 5-year median for the period of 114,932.

Of a total of 202 cases of meningococcus meningitis, Pennsylvania reported 24, Illinois 23, New York 18, California 16, and Ohio 12. Of 52 cases of poliomyelitis, Florida reported 17, Washington 7, and California 6,

Deaths recorded during the week in 93 large cities of the United States totaled 10,371, as compared with 9,474 last week, 9,866 and 9,852, respectively, in 1945 and 1944, and a 3-year (1943-45) average of 9,850. The total for the year to date is 94,375, as compared with 88,258 for the corresponding period of 1945.

Telegraphic morbidity reports from State health officers for the week ended Mar. 2, 1946, and comparison with corresponding week of 1945 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.

	T _			1						l M	eningi	tio	
	D	iphthe	ria		Influen	za.	_	Measle	s	mer	Meningitis, meningococcus		
Division and State	end	eek ed—	Me- dian	end end	eek led—	Me- dian		eek led—	Me- dian	end	eek ed	Me- dian	
	Mar. 2, 1946	Mar. 3, 1945	1941- 45	Mar. 2, 1946	Mar. 3, 1945	1941- 45	Mar. 2, 1946	Mar. 3, 1945	1941- 45	Mar. 2, 1946	Mar. 3, 1945	1941- 45	
NEW ENGLAND													
Maine New Hampshire Vermont Massachusetts	6	0 4	0 0 4	10		4	446	20 104	6 47 597		0 1 0 8	0 0 11	
Rhode Island Connecticut MIDDLE ATLANTIC	1	0 1	0 1	4	44 3		107	94 94	27 259	3	3	4	
New York New Jersey Peunsylvania	19 3 13	11 1 11	18 3 11	1 8 15 5		11	1, 259	47	1, 299	18 2 24	34 13 19	34 13 19	
OhioIndiana	32 18	8	8	11 5	5 40	18 40	156 529	35 12	292 320	12 2	11 4	6 4	
Illinois Michigan ² Wisconsin	14 7 0	10 0	14 4 0	8 2 310	8 2 59	23	1,888 2,867	- 83 22	835 241 668	23 8 2	20 5 5	15 5 4	
WEST NORTH CENTRAL													
Minnesota	8 4 8 3 1 1	7 2 4 0 1 2 8	4 3 4 0 1 3	7 11 	1 4 40	1 10 6 40	560 2 83 114	4 16 9 1 35 18	58 298 255 53 35 56	6 3 4 2 0	3 1 7 1 0 0	3 1 7 0 0 0 2	
Kansas SOUTH ATLANTIC	1	ျ	6	1	1	9	875	13	428	2	2	2	
Delaware Maryland ¹ District of Columbia Virginia West Virginia North Carolina South Carolina Georgia Florida	3 9 0 5 5 10 5 0 2	0 5 0 6 1 12 2 4	0 5 2 6 4 12 2 5	711 30 4	12 1 616 16 20 984 21 2	29 3 652 43 52 984 144 5	22 232 124 591 42 323 264 224 53	20 59 8 45 28 42 24 27 47	20 115 67 338 229 490 192 200 165	2 6 0 6 2 6 1 2 7	0 5 1 10 1 8 4 5	0 5 2 10 1 8 5 4	
EAST SOUTH CENTRAL									l	ĺ			
Kentucky	20 4 6 12	5 3 8 12	5 3 3 4	173 47 308	35 43 198	35 108 232	648 242 135	19 83 10	205 185 148	3 6 4 5	8 7 2 3	8 7 2 3	
WESTSOUTH CENTRAL	18		4	223	,,,			-				_	
Arkansas Louisiana Oklahoma Texas Louisiana	10 49	10 2 6 41	4 6 37	140 198 1,792	155 2 233 1, 415	174 8 209 1, 634	70 23 155 574	27 15 23 431	126 85 34 620	3 1 2 5	8 1 1 23	1 3 1 6	
MOUNTAIN	- 1	l				İ				- 1	1		
Montana Idaho Wyoming Colorado New Mexico Arizona Utah 3 Nevada	7 2 0 3 0 2 0	1 4 0 8 2 1 0	1 0 0 7 2 1 0 0	91 91 9213 60	35 8 66 1 3	25 14 64 8 181 20 3	11 86 12 275 9 48 512 13	6 7 8 14 3 3 124 7	90 26 77 207 47 111 93 5	0 1 1 1 0 0 0	0 0 1 0 2 3 1	0 0 1 1 0 1 0	
PACIFIC Washington	11	5			,	3	687	84	150	3		•	
Washington Oregon California	18	2 30	1 20	14 361	13 40	29 87	229 2, 386	42 843	142 843	1 16	3 1 18	3 1 18	
Total	362 3, 573	253 2, 880	270 2, 750	5, 337	4, 141	5, 249	24, 790		18, 496	202	267	267 2, 254	
	-, 5.0		-,		JU, 11901	Z 2 21	000	10,0101	. 1. 502	1,011	u. 2011	u, 2:19	

New York City only.
 Period ended earlier than Saturday.

Telegraphic morbidity reports from State health officers for the week ended Mar. 2, 1946, and comparison with corresponding week of 1945 and 5-year median—Continued.

- Constituted.	Po	liomye	litis	s	carlet fe	ver	8	mallpo)X	Typh	oid and	d para-
Division and State	W	eek ed—	Me-	W	eek ed—	Me-	W	eek ed—	Me-		eek	Me-
	Mar. 2, 1946	Mar. 3, 1945	dian 1941– 45	Mar. 2, 1946	Mar. 3, 1945	dian 1941- 45	Mar. 2, 1946	Mar. 3, 1945	dian 1941- 45	Mar. 2, 1946	Mar. 3, 1945	dian 1941- 45
NEW ENGLAND												
Maine	0			65	62	7	0	0	0		1	0
New Hampshire Vermont	8	0		35 2	11	8 8	0	0	0	0	9	0
Massachusetts	1 1	0	0	198	322	322	10	0	0	5	2 1	1
Rhode Island Connecticut	0	0	0	13 53	47 81	17 61	Ô	0	0	0 1	0	0
MIDDLE ATLANTIC			1			-						_
New York	2	1	1	596			0	0	0	5	5	6
New Jersey Pennsylvania	1 0	1 0	1 0	144 407	175 651	199 563	0	0	0	1 1	0	1 5
EAST NORTH CENTRAL	ľ	۳	U	407	, w.	303	U	۷	۷	1	9	9
Ohio	1	1	1	350	498	399	o	0	0	o	2	2
Indiana	0	Ŏ	0	103	188	170	2	1	1	2	1	1
Illinois Michigan 3	0	2	0	269 166	453 259	453 259	0	0	1 0	5 0	4	2 1
Wisconsin	ĭ	ŏ	ŏ	166	280	280	ŏ	ŏ	ŏ	ŏ	í	ô
WEST NORTH CENTRAL												
Minnesota	0	1	0	61	96	96	0	0	- !	0	0	0
lowa Missouri	0	2 2 0	0	71 77	65 173	65 117	0	1 0	1	0	0 1	0 1
North Dakota South Dakota	0	Ó	0	3 23	19 11	19 21	0	Ol	0	0	0	Õ
Nebraska	0	0	0	43	93	67	0	1	1	1	0	0
Kansas	0	Ō	Ŏ	90	120	102	Ō	1 2	Ö	i	ŏ	Ŏ
SOUTH ATLANTIC							1		l	1		
Delaware	0	. 0	0	8 119	18 284	15 91	0	0	0	0	0	Ō
District of Columbia	1	0	Ó	25 135	61	26	0	Ō	Ō	O	ŏ	1 0
Virginia	3	2	1 0 1	135 36	174 58	42 57	0	0	0	4	1	1
West Virginia North Carolina	0	3	ĭ	42	90	45	ŏ	0	0	0	3	Ō
South Carolina	3 0	0	0	9 13	9 31	9 17	0	0	0	0 2	6	0 3
Florida	17	ŏ	ĭ	7	14	12	ŏ	ő	ŏ	ő	ĭ	2
EAST SOUTH CENTRAL	1	- 1	i			1						
Kentucky	1	2	이	31 44	89 67	89	Q	o	o	. 3	1	2
TennesseeAlabama	0	0	1	16	20	67 20	0	0	0	2	0	2 0
Mississippi 3	0	이	0	3	54	10	0	0	0	2	0	Ó
WEST SOUTH CENTRAL										1	1	
Arkansas Louisiana	1 2	2	1	14 2	26 15	6 11	0	0	0	1 2	1	1 1
Oklahoma	0	o	0	2 17	27	27	0	ol	ol	2	0	0
Texas	1	2	1	74	136	79	1	0	2	3	3	4
MOUNTAIN	ا،				43		ا					
MontanaIdabo	4	1	0	10 8	57	35 6	0	0	0	0	0	0
Idaho	0	0	0	17	8 92	14	O.	0	0	Ŏ	0	0
Colorado New Mexico	ö	0	0	44 5	. 30	53 10	0	0	8	0 2 0	0	2 1
Arizona	0	ol	01	14 29	25 38	13 38	0	0	0	Ö	1 0	1
Utah 5 Nevada	0	0	0	ő	5	2	Ö	0	0	ö	Ö	0
PACIFIC	1				1	1				1	1	-
Washington	7	.0	0	38	120	66	0	o	o	o	0	0
Oregon California	0	0	0	26 227	53 452	14 144	0	0	0	0	U	1 2
i.	52	26	19		6, 425	4, 357		9				
Total				3, 948			5		16	47	47	56
9 weeks	405	340	247	28, 330	48. 347	34. 622	63	86	191	367	525	630

Period ended earlier than Saturday.
 Including paratyphoid fever reported separately, as follows: Massachusetts 5; Connecticut 1; New York
 Louisiana 1; Colorado 1; California 1.

Telegraphic morbidity reports from State health officers for the week ended Mar. 2, 1946, and comparison with corresponding week of 1945 and 5-year median—Con.

	Wh	ooping	cough	1	Week ended Mar. 2, 1946									
Division and State	Week	ended-	Me-]	Dysent	ery .	En-	Rocky	Ī	Ту-	Un-			
Division and State	Mar. 2, 1946	Mar. 3, 1945	dian 1941- 45	Ame	Bacil		ceph- alitis infec- tious	spot- ted	Tularemia		lant			
NEW ENGLAND														
Maine New Hampshire	26	5	1 2		-	-								
Vermont	7	4:	3 3	5										
Massachusetts Rhode Island	120 58				- '	9	-		.					
Connecticut	82				2		.							
MIDDLE ATLANTIC				İ							l			
New York	168					\$. 1		. 1	ļ				
New Jersey Pennsylvania	140										1			
EAST NORTH CENTRAL -		-							1					
Ohio	51	13.	5 177	,		.			l		1 1			
Indiana	25					. 1			1					
Illinois Michigan	77 138							-	2		20			
Wisconsin	81										10			
WEST NORTH CENTRAL	İ													
Minnesota	1	39								ļ	8			
Iowa Missouri	14						. 1							
North Dakota		i i												
South Dakota	۽	1 4									1			
Nebraska Kansas	37	44					1							
SOUTH ATLANTIC			1 "				1							
	7					l				1				
Delaware	19	38				1					2			
District of Columbia Virginia	6 37	36				33								
West Virginia.	48	62	53											
North Carolina South Carolina	32 52	116 54		2	5				2	1				
Georgia	25	20	37	4						3	1			
Florida	6	29	23	1	1						1			
EAST SOUTH CENTRAL					ł	İ .								
Kentucky	15	44 19							1					
Tennessee Alabama	4 10	13		ī			ī		4 1	4	<u>2</u>			
Mississippi 3										2				
WEST SOUTH CENTRAL														
Arkansas	16	16		2			1				1			
Louisiana Oklahoma	2 4	1 11	2	í						1				
Texas	95	215	215	12	170	12				8	4			
MOUNTAIN														
Montana	6 14	1	6 9	;					2		1			
Idaho Wyoming	14	5	2	1										
Colorado	29	30	30								1			
New Mexico Arizona	6 16	17 23	17 23		1	16								
Utah 3	18	17	23											
Nevada														
Washington	46	38	55					- 1	1		1			
Oregon	10	4	13					I		1	1			
California	98	284	284	2	3					1	8			
Total	1, 765	2, 3 93	3, 907	41	195	63	5	0	14	22	70			
Same week, 1945	2, 393			22	385	265	7	0	9	32	85			
Average, 1943-45	2, 760			27	271	125	13	4 0	9	3 32				
9 weeks: 1946	16, 161 20, 816			363 244	2, 623 5, 066	1,018 1,281	66 57	3 4	189 198	460 511	573 760			
Average, 1943-45	24, 037		4 34,878	211	2,923	725	79	4 4	148	4 412	700			

² Period ended earlier than Saturday. ⁴ 5-year median, 1941-45.

NOTIFIABLE DISEASES, YEAR 1945

year 1945. These reports are preliminary and the figures are therefore more or less incomplete. In most instances they include cases reported in both civilian and military populations. The comparisons made are with similar preliminary reports; but owing to population shifts and the presence of large military populations in certain States, the figures for some States are not comparable with those for prior years, especially for certain diseases. Each State health officer has been requested to include in the monthly report for his State all diseases that are required by law or regulation to be reported in the State, although some do not do so. The lists of diseases required to be reported are not the same for each State. Only 11 of the common communicable diseases are notifiable in all the States. In some instances cases are reported, in some States, of diseases that are not required by law or regulation to be reported, and the figures are included although manifestly incomplete. There are also variations among the States in the degree of completeness of reporting of cases of the reportable diseases. As compared with the deaths, incomplete case reports are obvious for such diseases as malaria, pellagra, pneumonia, and tuberculosis, while in many States other diseases, such as puerperal septicemia, rheumatic fever, and Vincent's infection, are not reportable. The figures in the following table are the totals of the monthly morbidity reports received from the State health authorities for the

form, have proved of value in presenting early information regarding the reported incidence of a large group of diseases and in indicating a trend by providing a comparison with similar preliminary figures for prior years. The table also gives a picture of the geographic prev-In spite of these known deficiencies, however, these monthly reports, which are published quarterly and annually in consolidated alence of certain diseases, as the States are arranged by geographic location.

Leaders are used in the table to indicate that no case of the disease was reported.

Consolidated monthly State morbidity reports for the year 1945

	Pneu- monia, all forms		646 47 55 55 419 2, 482	16, 380 3, 852 3, 158	. 2, 699 6, 576 2, 365 3, 769
	Pella- gra		1	2	5
	Oph- thalmia- neona- torum		191	61 14 14	\$8 98 88
	Mumps		2, 171 634 3, 590 15, 728 1, 363 5, 204	4 5, 204 7, 689 12, 192	4, 315 2, 087 7, 202 8, 081 16, 549
	*Men- ingitis, menin- gococ- cus		27 18 8 187 141 109	283 283 529	400 153 611 270 148
	*Mea-		137 466 7,488 2,710	5, 195 1, 756 11, 364	1, 555 890 7, 930 6, 308 2, 297
	Ma- laria 2		28 4 1,028 300	1, 234	110 643 13 473 188
,	Influ- enza		77 106 273 1,461	4 331 648 251	839 5, 088 923 114 5, 481
	Hook- worm disease		5		884
•	Ger- man mea- sles		215 70 1, 426 1, 311 19 581	2, 665	930 170 1, 001 1, 182 6 388
	En- cepha- litis, infec- tious		8 1 1 6 4	50 8 12 8	13 17 57 4
	Dysen- tery, unde- fined			8 4	814 8
٥	Dysen- tery, bacil- lary		3 244 26 230	886 8 16	13 4 128 131
	Dysen- tery, amebic		181	176 53 8	13 26 150 6
	*Diph- theria		202 204 204	420 139 416	774 401 195 654 108
	Con- juncti- vitis 1		301	1	10
	An- Chick- thrax enpox		2, 409 578 10, 400 1, 271 5, 593	21, 495 21, 083 20, 767	11, 699 2, 894 10, 523 15, 817 24, 668
	An- thrax		6 4	46.81	1
	Division and State	NEW ENGLAND	Maine	MIDDLE ATLANTIC New York New Jersey Pennsylvania.	EAST NORTH CENTRAL Obio. Indiana. Illinois. Michigan. Wisconsin.

	275 1, 181 1, 527 1, 627 117 427 962	2, 158 2, 654 2, 654 2, 654 4, 960 1, 114	779 1, 914 3, 050 15, 331	2, 533 2, 587 1, 294 11, 902	300 154 1, 091 1, 308 1, 308 67	1, 393 649 13, 416	108, 777 129, 021 141, 939	. 1111 8 420
	1	3.35	2, 28 28 28 28	25 17 700	928		3, 837 4, 483 6, 051	
	1	18 35 35	17	53	15		1, 571 1, 649 1, 627	
	2, 768 1, 678 324 1, 193 6, 413	2, 369 304 1, 021 1, 278 3, 441 1, 350	799 1, 787 1, 407 7, 548	1, 817 497 763 9, 527	1, 631 459 217 2, 155 3, 795 3, 795 3, 795	7, 776 1, 563 39, 014	196, 317 175, 6 43 198, 264	55 58 54 54
	269 118 118 35 70	18 58 216 216 118 179 69 95 95	163 250 218 148	178 117 66 458	22 48 88 48 8 48 48 8 8 8 8 8 8 8 8 8 8	135 61 790	8, 035 16, 094 3, 758	48.7
	387 1, 279 815 119 502 833 1, 311	261 1,088 1,088 1,626 1,194 1,194 1,146 702	1, 691 1, 717 349 11, 891	1, 307 1, 096 937 11, 040	1. 649 2. 268 2. 262 2. 262 3. 333	7, 267 1, 980 34, 441	144, 398 623, 709 612, 068	3. 768 59
	296 465 426 1 1 7 7 7 7 7 7	47 586 144 175 175 9,860 915 655	1, 071 191 2, 913 18, 764	2, 262 1, 327 1, 141 8, 969	32 39 7 6 830 70 189 112	6 54 1,911	61, 256 55, 693 58, 917	219
	90 660 345 4, 561 28 1, 666 31, 487	41 476 98 31, 460 18, 821 27, 915 3, 381	119, 666 2, 746 7, 339 64, 855	8, 073 8, 129 6, 757 94, 558	2, 401 2, 865 3, 481 3, 481 7, 223 32, 036 539	6, 175 5, 825 1, 426	511, 489 476, 275 452, 101	656 9, 945
	2	1, 131 3, 792 5, 317	5, 262	33 629 6			16, 194 16, 104 20, 971	241
	39 66 670	540 546 546	33 113 796	995 125	216 197 42 49 28 242 242 568	1, 354	29, 222 38, 339 130, 417	15 284
	9 1 1 1 1 1 1 1 1	8440 40	အဆိုဆ	15 5 2 3	840 00-12-11	298 298	673 667 749	1
	17 27 1 1	34 7,098 38 8	116	1,966	12 41 40 1,045	496	11, 125 9, 421 7, 538	18
	12	27 27 9 4 4 1,370 190 26	9,939	347 115 133 20, 226	16 105 105 4	51 1 287	34, 672 37, 525 24, 281	988 43
	96	12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 17 72 1, 224	114 150 27 580	1441110	7 1 151	3, 341 3, 220 3, 175	84
	226 276 276 122 132 291 291	22 22 22 24 1,476 827 240 240	426 681 749 861	506 459 259 2, 481	80 66 14 284 181 126 181	290 282 1, 458	18, 606 14, 122 16, 252	40 31 114
	1 6888 1	2883			202 355 922 128 124 154	27 a. %	1, 329	52
	7, 127 2, 472 1, 419 856 1, 617 4, 541	215 21, 1, 2, 503 2, 763 2, 763 3, 3, 4, 1, 1, 462 1, 983	1, 162 1, 318 1, 004 7, 568	1,311 585 636 15,200	2, 483 1, 082 4, 708 4, 456 5, 380 5, 380	8, 357 2, 443 43, 737	284, 625 317, 510 299, 985	301 1, 171 155
				7	64	1	44 39 75	
WEST NORTH CENTRAL	Minnesota Jova Missouri North Dakota. South Dakota. Kansas SOUTH ATLANTIC	Delaware Maryland District of Columbia Virginia West Virginia North Carolina South Carolina Georgia Florida RAST SOUTH CENTRA	1111	Arkansas. Louisiana Oklahoma. Texas Mountain	Montann Idaho Idaho Colorado Colorado Aricon Mexico Aricona Otah	Washington Oregon California	Total Year 1944 Median, 1940-44	Alaska. Hawaii Territory. Panama Canal Zone '

Consolidated monthly State morbidity reports for the year 1945—Continued

•Whoop- ing cough	2, 159 489 1, 470 7, 444 2, 488	13, 477 7, 251 9, 179	7, 74, 1064 3, 340 3, 340	842 275 929 929 96 151 192	2, 629 2, 629 2, 933 1, 176 3, 534 460
Vin- cent's infec- tion	24 8 75 4		17 159 178	87 55 56 60 6	44 411 211
•Un- du- lant fever	47 9 76 50 21 125	279 70 127	5 25 25 25 25 25 25 25 25 25 25 25 25 25 25 25 25 2	312 482 55 13 13 209	78888888
Ty- phus fever, en- demic	1	81 9 7	. 9	2	2 2 160 160 160 160 160 1,110 380
Para- ty- phoid fever	5 125 8 8	46 15	4 685	w	2822228
*Ty- phoid and para- ty- phoid fever	44 2 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	38 88 88 88	169 84 113 132 17	32°28	132 132 132 132 132 132 132 132
Tula- remia	-	407	11 11 14 10	33 33 17	16 12 12 12 18 8
Tuber- culosis, respir- atory	474 2,742 708 1,241	12, 042	5, 622 2, 882 5, 454	191	185 3, 064 1, 649 3, 072 3, 299 1, 685 1, 005
*Tuber- culosis, all forms	510 135 36 2,907 859 1,294	12, 917 3, 379 3, 749	5, 789 6, 148 5, 466 2, 527	9 1, 378 2, 111 2, 111 318 318 449 661	196 1, 109 1, 109 1, 836 1, 836 1, 109 1, 691 1, 100
Trichi-	6 29 11 13	2222	9 1 7	1	41 00
Tra-	1	2	112 49 113 3	194 194 15 34 34	
Teta- nus	41 12 2	24.80.70	2282	6	23 71 488
*Small-			8 13 16 12	6 11 6 17 17 17 17 17 17 17 17 17 17 17 17 17	1 1001
Septic sore throat	168 198 198 198 198 198	106	224 247 208	32.25	2,376 2,376 101 101 212 47
*Scar- let fever	1, 807 883 410 10, 387 864 2, 144	19,870 4,251 15,084	12, 797 4, 276 10, 547 9, 384 6, 843	9, 228 9, 228 9, 228 9, 467 553 524	291 7, 054 1, 386 1, 386 1, 189 1, 189 3, 244 491 1, 189
Rocky Moun- tain spotted fever	1	1220	85 86 86	4 1 2	జన్జి <u>జిబ్లెక</u> ఉచ్
Rheu- matic fever	156	916	34 4 243 344	\$± ∞851	164 18 216 18 216
Rabies in man		1 1	9999		01-00
•Polio- myeli- tis	75 30 59 538 538 217	1,812 949 743	466 203 1,098 218 607	282 283 283 283 283 283 283 283 283 283	166 33 123 189 123 14
Division and State	NEW ENGLAND Maine New Hampshire New Hampshire Massachusetts Rhode Island Connecticut	New York New Jersey Pennsylvania	EAST NORTH CENTRAL Obio Indiana Illinois Michigan	WEST NORTH CENTRAL Minnesota. Iowa. Missouri. North Dakota. South Dakota. Nebraska.	south Atlantic Delaware Maryland District of Columbia. Virginia West Virginia North Carolina Georgia Fiorda.

425

	1,924 1,272 1,073 7,232	666 296 677 10, 308	341 383 172 1, 672 374 846 1, 182	1,350 771 13,832	132, 814 109, 286 191, 112	8 8
	207	15	22 22 24	259	1, 936 2, 614 2, 167	8
	8458	51 77 37 816	044B05B0	252	3, 286 3, 408	00
	235 235 235	24 417 1,833		\$	5, 180 195,353 3, 725	104
	4.8.7.	4.81 8.17	4 27.20	18	716	8188
_	189 298 101	143 176 92 578	38° 88° 4° 4	888	4, 937 5, 388 6, 602	4.88
	2000	222	004110 K4	8 6	855 800 800	1
	2, 281	2, 310	163 18 106 2, 765 146	14 252 10, 806	67, 786 70, 462 63, 664	308 825 8 50
_	2, 330 2, 899 1, 620	1, 182 2, 424 2, 127 6, 708	398 2,839 1,288 1,588 154	2, 648 695 11, 462	115, 299 126, 348 106, 372	410 914 8 55
	i- i i		1	9 14 14	267 357 357	
	119	390 173 159	28 1 1 10 219 12 12	200 B	1, 448 2, 545 2, 778	4
	88	ဆဏ္ထိဆ		-148	439 406 · 412	16
_	ည်တက	8 11 9	4504040	~0×	346 384 864	
	202	981 929 1, 562	141 196 69 252 252 11 11	175	10, 112 7, 356 7, 787	822
	2, 292 2, 335 1, 047	855 732 986 4, 605	999 1,176 422 2,235 944 988 1,252 1,33	2, 863 1, 286 14, 496	174, 128 191, 220 142, 274	140 144
	181 174	24.	00 4 4 T 1 00 4	9	452 448 431	
		833	36 1 223 201 201	231 971	4, 781 2, 454	13
				1	3222	
	439 153 80	63 129 197 995	1282222 11832222	327 69 938	13, 514 19, 053 9, 781	15
EAST SOUTH CENTRAL	Kentucky Tennessee Alabama Mississippi	WEST SOUTH CENTRAL Arkansas. Loutistana. Coklahoma. Texas.	Montana Idabo Wyoming Volorado New Mexico Arizona Vitab Nevada	Washington Oregon California	Total	Alaska Hawaii Territory. Panama Canal Zone?

Diseases marked with an asterisk () are reportable by law or regulation in all the States, including the District of Columbia. Typhoid dever is reportable in all the States; paratyphoid fever in all except 6 States. Syphilis is reportable in all the States and the District of Columbia but is not included in the table. Chickenpox, conjunctivitis, influenza, and pellagra were dropped from the list of reportable diseases in North Carolina in 1945. Rheumatic fever has been made reportable in Louisiana.

Includes cases of kerato- and suppurative conjunctivitis and of pink eye. a in some States practically all in the military.

I Lobar pneumonia only.

I Now Y ork City only.

See notes on page 426.

For 4 months only.

© Exclusive of prisoners of war.

Includes the cities of Colon and Panama.

In the Chanal Zone only.

Includes monresidents.

Includes monresidents.

Includes in the cases reported from U. S. naval hospital at Dublin, Ga. 13 For 3 months only.

If For 3 months only.

If For 6 months only.

If For 6 months only.

If Includes I case of sutsugamush fever.

distribution, and those reportable in or reported by only a few States; last year's figures The following list includes certain rare conditions, diseases of restricted geographica Acthomycosis: New Hampshire 1, Massachusetts 2 (1), Connecticut, 3 (1) Pennsylvania (1), Illinois 1 (6), Michigan 5 (5), Minnesota 11 (25), Iowa 1 (1), Missouri (1), South Dakota (1), Kansass 3 (2), Maryland (1), Tennessee (1), Montana 1 (1), Washl

Bottlism: New York I (4), Illinois I (1), Arizona 4, Utah 7, Nevada (2), Washington (6), California 25 (8).

Gocoldioidomycosis: Ress (1), New Mexico 4 (1), Arizona 6 (43), California 39 (31).

Dengue: West Virginia 1, South Carolina 19 (10), Georgia 2, Kentucky (2), Alabama (2), Mississippi I (2), Arkansas (1), Louisiana 62 (3), Texas 19 (41), Idaho 2, California 1, Hawaii Territory 13 (285).

Dermatitis: New Hamphire 23, Missouri 337, Kansas 1.

Darrhea: Rhode Island (6), New Jersey 6 (55), Ohio, 1,169 (937), (includes enteritis), Indiana 5 (9), Illinois 2 (6), Michigan 15 (55), Minnesota 68 (8), (includes enteritis), Montana 18, Wyoming (1), Colorado 6 (1), (includes enteritis), Westington 6 (1), Gioludes enteritis), New Mexico 215 (233), (includes enteritis), Utah 27, Nevada (33), Washington 66 (133), Oregon 6 (includes enteritis), California 43 (48).

Dog bite; New Hampshire 1, Illinois 10,843 (11,164), Michigan 8,389 (7,743), Arkansas

Favus: Michigan (1).

Flavas. Men Jersey 2, Indiana 1 (1), Minnesota, 2.
Flavas. Minnesota association of the first of

Iowa 15, Kansas 80 (4), Maryland 20 (8), South Carolina 140 (4), Florida 23 Louisiana 5, Montana 7, Idaho 40 (3), Wyoming 2 (8), Arizona (4), Utah 26 Nevada (1), Washington 84 (47), Oregon 20, California 343 (380), Alaska 22 Hawaii Territory 219 (24).

Lead poisoning: New Hampshire 1, Minnesota (7), New Mexico 1 (1), Leprosy: Connecticut 1, New York 1 (3), New Jersey 1 (1), Ohio (1), Illinois 2 (1), Wisconsin 3, Minnesota 1, Maryland (1), Florida (3), Louisiana 8 (9), Texas 5 (5), Colorado (1), Newada (1), Washington 1, California 17 (9), Hawaii Territory 26 (27). Lymphocytic choriomeningtis: Massachusetts 4, Illinois (2), Minnesota 2, Maryland 6, Tennessee 31 (3), Utah 1.

Lymphogranuloma venerum: Missouri 25 (51), Florida 183 (246), Tennessee 87 (72), Louisiana 19 (165), Arizona 2 (27), Utah 6 (3), Nevada (4).
Louisiana 10 (165), Arizona 2 (27), Utah 6 (3), Nevada (4).
Pisgue (human): California (1), Iaboratory infection, Hawaii Territory I (5).
Psittacosis: New York 4, Pennsylvania 5 (2), Ohio 1, Illinois 2, North Dakota 1, Delaware 1, Maryland (1), Virginia 1, Utah (1), Washington (1), California 3 (1).
Puerperal septicemia: Ohio (1), Georgia (2), Florida 1 (2), Tennessee 2 (4), Missispi 181 (244), Arkansas 5, Louisiana 36 (2), New Mexico I (6), Nevada I (4),

Oregon 1.

Rabies in animals: Maine (1), Massachusetts (1), Rhode Island 1 (1), New York 576 (1978) of 101 786 (490). Illinois 221 (366), Michigan 8 (49), Minesota (2), Lowa 69 (49), Missouri 36 (34), Kansas 15 (36), Delaware (1), Maryland 38 (73), District of Columbia 109 (148), South Carolina 131 (171), Florida 7 (8), Alabama 600 (191), Arkansas 144 (202), Louisiana 106 (134), Texas 838 (202), Colorado (1), New Mexico 10 (34), Utah 22 (16), Washington (1), Oregon (1), California 861 (999), Alaska 1. Rablapsin fever: Pannigton (1), Oregon (1), California 861 (999), Alaska 1. Rablapsin fever: Pannigton (1), Pennsylvania 991 (227), Ohio 4, Indiana 9, Illinois 1,399, Michigan 2,055 (2,777), Minnesota 691, Iowa 8, Missouri 112, Kansas 23, Maryland (1), Montana 11 (3), Idaho 9, Newada 13, Washington 496 (161). Seables: New Hamphire (3), Pennsylvania 114, Ohio 1(2), Indiana 4 (10), Michigan 83 (49), Iowa (1), Missouri 7 (2), North Dakota 27 (103), South Dakota 7, Kansas 37 (49), Lowa (1), Missouri 7 (2), North Dakota 27 (103), South Dakota 7, Kansas 83 (48), Delaware 1, Maryland 28 (1), Oklahoma 1, Montana 100 (41), Idaho 60 (4), Wyoming 7 (41), Norvada 8, Okosou 92 (637), Alaska 1 (21).
Sillicosis: Ohio 11 (3), Indiana 2 (14), Missouri 1, Kansas 1, Montana (3), Idaho 3 (2), Washington 1.

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WEEKLY REPORTS FROM CITIES

City reports for week ended Feb. 23, 1946

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.

	38.868	i, in-	Infit	lenza		me- cus,	n i a	itis	Ver	88	and	ough
	Diphtheria cases	Encephalitis, infectious, cases	Cases	Deaths	Measles cases	Meningitis, meningococcus,	P n e u m o r deaths	Poliom yelitis cases	Scarlet fer	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough
NEW ENGLAND												
Maine: Portland New Hampshire: Concord	0	0		0		1 0	4	0 0	8 1	0	0	3
Vermont: Barre Massachusetts:	0	0		. 0	ļ	0	0	0	0	0	0	
Boston	2 0 1 0	0 0 0 0		1 0 0 0	62 1 1 16	1 0 0 0	8 0 1 13	0 0 0 0	37 2 12 5	0 0 0	0 0 0	12 4 1 9
Providence Connecticut:	0	0	1	1	4	0	5	0	1	0	0	18
Bridgeport Hartford New Haven	0 0 0	0 0 0		0 0 0	1 2 16	0 0 1	0 1 1	0 0 0	4 7 4	0 0	0 0 0	1 2
MIDDLE ATLANTIC												
New York: Buffalo New York Rochester Syracuse	3 13 0 0	0 2 0 0	14	1 2 0 0	41 505 109 537	1 11 2 1	1 80 4 0	0 1 0 0	206 15 6	0 0 0	0 0 0	20 46 2 1
New Jersey: Camden Newark Trenton Pennsylvania:	1 0 0	0 0 0	1 3 2	1 0 0	44 242 1	0	4 7 3	0	2 17 6	0	0 0 0	1 20 2
Philadelphia Pittsburgh Reading	3 1 0	0 0 0	5 2	1 2 0	577 2 95	2 3 0	21 8 6	0	46 5 1	0 0 0	0 0 0	15 5 13
EAST NORTH CENTRAL			Ì			İ			1			
Ohio: Cincinnati Cleveland Columbus Indiana:	1 2 5	0 0 0	1 2	2 0 2	101 11 4	0 0	8 10 3	0	9 36 6	. 0 0 0	0	3 11
Fort Wayne	0 2 0 0	0 0 0		0	312	0 1 0 1	3 7 0 2	0 0 0	2 22 4 2	0 0 0	0 0 0	5
Illinois: Chicago Michigan:	4	0	3	1	1.107	9	30	0	81	0	0	54
Detroit Flint Grand Rapids Wisconsin:	3 0 0	0	1	1 0 0	1,446 12 76	4 1 0	24 3 0	0 0 0	52 7 1	0	0	44 2 10
Kenosha Milwaukee Racine Superior	0 0 0	0 0 0		0 0 0	13 219 2 1	0 0 0 0	0 2 0 0	0 0 0	5 29 0 2	0 0 0 0	0 0 0	25 1 3
WEST NORTH CENTRAL												
Minnesota: Duluth Minneapolis St. Paul	0 1 3	0		0 0 0	4 3 2	0	0 5 6	0 0	1 7 15	0 0 0	0 0	6 1 3
Missouri: Kansas City St. Joseph St. Louis	3 0 2	0	3	0 0 2	24 44	0 0 6	6 0 9	0	14 0 14	0	0	2

City reports for week ended Feb. 23, 1946—Continued

	aria	itis, ous,	Influ	ienza	8988	itis, coc-	e i u	litis	fever	18.8es	and boid	ing ses
	Diphtheria cases	Encephalitis, infectious, cases	Cases	Deaths	Measles cases	Meningitis, meningococ- cus, cases	Pneumonia deaths	Poliomyelitis cases	Scarlet fe	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
WEST NORTH CENTRAL—continued												
North Dakota: Fargo	0	0		0		o	0	0	0	0	0	
Kansas: Topeka Wichita	0	0		0	261 63	0	0	0	8 2	0	0	2 3
SOUTH ATLANTIC	ľ			Ů	~		Ů		_			
Delaware:	0	0		0	5	0	2	0	1	0	0	
Wilmington Maryland:		0		1	156	2	16	0	45	0	0	15
Baltimore Cumberland Frederick	13 0 0	0	5	0		0	0	0	8	ŏ	ŏ	
District of Columbia: Washington	1	0		0	42	0	9	0	26	0	0	5
Virginia.	0	0		0	3	0	0	0	0	0	0	
Lynchburg Richmond Roanoke	Ŏ	ŏ	15	Ĭ 0	15	0	3	0	9	0 0	2 0	ì
West Virginia: Wheeling	0	0		0	1	0	0	0	0	0	0	4
North Carolina: Raleigh	0	0		0	14	1	3	0	0	0	0	4
Winston-Salem	0	0		0	4 1	0 1	1 3	0	1 2	0	0	1 11
South Carolina: Charleston	1	0	20	0	16	0	1	0	3	0	0	
Georgia: Atlanta	0	0	2	0	1	0	5	0	4	0	Q	
Brunswick Savannah	0	0	4	0	<u>2</u> -	0	0 1	0 1	0	0	0	
Florida: Tampa	1	0		0	45	2	1	1	2	0	0	9
EAST SOUTH CENTRAL												
Tennessee: Memphis	0	0	8	1 0	32 17	3 0	11 7	0	6 3	0	0	5 1
NashvilleAlabama: Birmingham	1	0	13	0	3	1	6	0	3	0	0	1
Mobile	i	ŏ	.26	2		7	4	ŏ	ŏ	ŏ	ŏ	
WEST SOUTH CENTRAL		1	İ			İ						
Arkansas: Little Rock	1	0		0	4	0	1	1	2	0	0	
Louisiana: New Orleans	2	0	5	1	3	1	14	o l	2 2	0	0	3
Shreveport Texas:	0	0		1		0	12	1	7	0		
Dallas	0	0	1	1	9	0	3	0	0	0	0	ī
Houston San Antonio	2 4	0	13	2 2	10	0	8 10	0	0	0	0	3
MOUNTAIN												
Montana: Billings	0	0		0		0	1	0	0	0	0	1
Great Falls	1 0	Ŏ		Ŏ	1 45	0	0	0	Ŏ	0	Ŏ.	<u>i</u>
Idaho: Boise	0	0		0	6	0	1	0	0	0	0	-
Colorado: Denver	1	0	6	1	49	2	13	0	10	0	0	10
Pueblo	ô	ŏ		0	1	0	2	0	5	Ŏ	1	2
Salt Lake City	0	0		0	6	0	4	0	3	0	0	3

City reports for week ended Feb. 23, 1946—Continued

	cases	litis, cases	Influenza		8	me-	n i s	litis	fever	cases	and hoid	cough
	Diphtheria	Encephal infectious, c	Cases	Deaths	Measles cases	Meningitis, ningococo cases	Pneumo deaths	Poliomye cases	Scarlet for cases	Smallpox ca	Typhoid an paratyphoi fever cases	Whooping c
PACIFIC												
Washington: Seattle	1 0 0	0 0 0		0 0 0	152 41 41	0 0 0	3 4 0	0 0 0	10 6 1	0 0 0	0 0	11 3 4
Los Angeles San Francisco	4 2	0	37 5	5 1	112 162	1 1	8 6	0 1	46 17	0	0	7 8
Total	87	3	200	37	6, 965	68	458	7	934	0	5	464
Corresponding week, 1945. Average, 1941-45	73 64		78 454	27 1 46	594 24, 566		303 1 504		1,669 1,616	0	13 12	578 822

¹ 3-year average, 1943-45. ² 5-year median, 1941-45.

Rates (annual basis) per 100,000 population, by geographic groups, for the 85 cities in the preceding table (estimated population, 1943, 33,901,000)

	свзе	itis, case	Influenza		rates	me- cus,	death	itis	case	case	yphoid and paratyphoid fe- ver case rates	cough
	heria	p h a l	rates	rates	s case	gritis, cococ rates		liomyeli case rates	t fever	ox stes	ypho ase	
	Diphtheria rates	n ce p h a l infectious, rates	Case r	Death	Measles case rates	Meningitis, ningoco case rates	Pneumonia rates	0	Scarlet fever rates	Smallpox rates	y p b parat ver	Whooping case ra
	<u> </u>	<u>——</u>		<u> </u>	2	<u> </u>	<u>A</u>	A	<u>~</u>	- va	E-	×
New England	7.8 9.7	0.0	2. 6 12. 5	5. 2 3. 2	269 997	7. 8 9. 3	88. 9 62. 0	0.0 0.5	212 143	0.0 0.0	0.0	131 58
East North Central	10.4	0.9	4.3	3. 2	2,026	9.8	56. 4	0.0	158	0.0	0.0	97
West North Central	19.5	0.0	10.8	4.3	869	13.0	62.8	0.0	132	0.0	0.0	37
South AtlanticEast South Central	26.8 11.8	0.0 0.0	77.0 277.4	3.3 17.7	511 307	10.0 64.9	77.0 165.3	3.3 5.9	171 71	0.0	3.3 0.0	84 41
West South Central	28.7	2.9	54. 5	23.0	89	5.7	149. 2	5.7	40	0.0	5.7	20
Mountain Pacific	16. 2	0.0	48.5	8.1	874	16. 2	178.0	0.0	146	0.0	8.1	138
Pacine	11.5	0.0	68. 9	9.8	833	3.3	34. 4	1.6	131	0.0	0.0	54
Total	13. 4	0. 5	30.8	5. 7	1,074	10.5	70.6	1.1	144	0.0	0.8	72
					l							

Anthrax.—Cases: Philadelphia, 1.

Dysentery, amebic.—Cases: New York, 5; St. Louis, 1; Atlanta, 1; Spokane, 1; San Francisco, 1.

Dysentery, bacillary.—Cases: Chicago, 1; Detroit, 1; Roanoke, 1.

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

Leprosy.—Case: Galveston, 1.

Tularemia.—Case: New Orleans, 1.
Typhus fever, endemic.—Cases: St. Louis, 1; New Orleans, 2; Dallas, 1; Houston, 1.

FOREIGN REPORTS

CANADA

Provinces—Communicable diseases—February 2, 1946.—During the week ended February 2, 1946, cases of certain communicable diseases were reported by Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Bruns- wick	Que- bec	On- tario	Mani- toba	Sas- katch- ewan	Alber-	British Colum- bia	Total
Chickenpox Diphtheria Dysentery, unspecified Encephalitis, infectious		8 6	6	65 45	342 6 2	23 4	28 1	36	79 1	581 69 2
German measles Influenza Measles	3	1,744	9	15 366	58 167 1, 567	1	· · · · · · · · · · · · · · · · · · ·	3	13 109 58	90 2, 020 2, 037
Meningitis, meningococcus Mumps Scarlet fever		11	4 9	3 36 45	174 74	38 6	10 4	71 16	105 20	5 438 185
Smallpox Tuberculosis (all forms) Typhoid and paraty- phoid fever		3	4	89 4	49	5	2	33	22	205 9
Undulant fever		18	7	1 97	198	42	57	51	93	1 563
Syphilis Whooping cough	1	22 10	6 	126 62	184 29	9 7	17	9	36	410 108

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 recent months. All reports of yellow fever are published currently.

A table showing the accumulated figures for these discesses for the year to date is published in the PUBLIC HEALTH REPORTS for the last Friday in each month.

Plague

Algeria—Oran.—For the week ended March 2, 1946, 1 fatal case of plague was reported in the port of Oran, Algeria.

Egypt—Suez.—For the week ended January 12, 1946, 3 fatal cases of plague were reported in Suez, Egypt. All necessary precautions are stated to have been taken.

Smallpox

British East Africa.—Smallpox has been reported in British East Africa as follows: Kenya—week ended February 9, 1946, 124 cases, 8 deaths; Tanganyika—week ended January 26, 1946, 83 cases, 31 deaths.

Dahomey.—For the period February 11-20, 1946, 191 cases of small-pox were reported in Dahomey.

Indochina (French)—Laos State.—For the week ended February 19, 1946, 9 cases of smallpox with 1 death were reported in Laos State, French Indochina.

Morocco (French).—For the period February 11–20, 1946, 144 cases of smallpox were reported in French Morocco, including cases reported by regions as follows: Agadir and Frontier districts, 16; Casablanca, 35; Fez, 6; Marrakech, 65; Meknes, 13; Oujda, 3; Rabat, 6.

Sudan (French).—For the period February 11-20, 1946, 109 cases of smallpox were reported in French Sudan.

Typhus Fever

Belgian Congo.—For the week ended February 9, 1946, 112 cases of typhus fever were reported in Belgian Congo.

Egypt.—For the week ended January 26, 1946, 52 cases of typhus fever were reported in all of Egypt.

Morocco (French).—For the period February 11-20, 1946, 198 cases of typhus fever were reported in French Morocco, including cases reported by regions as follows: Agadir and Frontier districts, 11, Casablanca, 68, Marrakech, 29, Meknes, 28, Fez, 30, Oujda, 1, Rabat, 31.

Turkey.—For the week ended February 23, 1946, 83 cases of typhus fever were reported in Turkey, including cases reported in ports as follows: Antalya, 1, Amir, 1, Balikesir, 1, Icel, 1, Istanbul, 8, Kocaeli, 1, Samsun, 1, Sinop, 1.

Yellow Fever

French Equatorial Africa—Chad Territory—Logone Department—Moundou.—The case of suspected yellow fever in Moundou, Logone Department, Chad Territory, French Equatorial Africa published on page 371 of the Public Health Reports of March 8, 1946, has not been confirmed.