# Public Health Reports

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### HEALTH CONDITIONS IN CERTAIN LARGE CITIES OF THE FAR EAST AFTER LIBERATION

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South of China is a group of small and medium-sized countries known as Southeast Asia. They occupy the peninsula of Indo-China and the islands of the sea stretching southward and eastward through New Guinea. Politically they comprise Burma, Siam, French Indo-China, the Philippines, Malaya, and the Netherlands East Indies. To them may be added the colony of Hongkong. Their population is 150,000,000, about that of Canada and the United States combined. They were overrun by the Japanese in 1941 and early 1942, and were not set free until 1945, under circumstances varying for each country. In connection with work with United Nations Relief and Rehabilitation Administration I visited the capital city of each of these countries within a few months after liberation. The health conditions I saw, with figures received from the authorities, form the subject of this article.

The countries and the cities are shown in figure 1, and some of the details are given in table 1.

While the pictures in the seven cities differed, they had many features in common. In each some experienced staff were brought back or were found locally; it was not necessary to build entirely from the beginning. Medical supplies were very short and equipment was wearing out, with no replacements. Transportation, both with other countries and with the interior, was badly crippled. Communications within and without the country were slow. Water systems were short of chlorine. Health staffs on prewar salaries found it hard

<sup>&</sup>lt;sup>1</sup> The observations on which this paper is based were made while serving as Chief Medical Officer of the Philippine Mission and later as Chief Medical Officer for Displaced Persons in the Far East, United Nations Relief and Rehabilitation Administration.



FIGURE 1.-Map of Southeast Asia and adjacent countries.

TABLE	1.—	-Major	cities	visited	in	southeast	A	sia

City	Prewar population (estimated)	Date of liberation	Date of author's visit	Health authority
Manila	600, 000	1945 February	1945 August-Novem- ber.	Dr. M. Icasiano.
			1946	
Rangoon	400,000	May	January	Lt. Col. B. P. Srivastava.
Singapore	700,000	September, first week.	January and Feb-	Col. W. J. Vickers.
			ruary.	
Bangkok	800,000	September	do	Dr. S. Daengsawang.
<del>-</del> ,				<b>A 1 T D D 1</b>
Hongkong	1,000,000	September, first week.	November 1945,	Col. J. P. Fenuy.
Golgon	955 000	Sontombon third mook	February, 1940.	Dr. Hariwayr
Retevie	530,000	September, last week	Fentiory	Dr I W Wolff
		SOLIDOL, 1991 MCCT-	• allaat J	

to meet the steadily rising cost of living. Food was high, new clothes almost prohibitive in price, and getting to the office was a major problem each day. Efficiency naturally suffered. Much of the population of this area was undernourished. People fled from a city, or crowded back into it, and population estimates were difficult. Among unsettled people, poorly housed and poorly clothed, epidemics spread. The incidence of venereal disease, untreated and little controlled, was high.

### MANILA<sup>2</sup>

Manila had all of this and more. It was the first to see the flag of the Rising Sun go down, after a long and savage battle within the city itself, a struggle that fortunately was not repeated elsewhere among these cities. Much of Manila was destroyed, hospitals and homes alike. The Philippine General Hospital was shelled and looted; St. Luke's, San Lazaro, and the little North General were the only other hospitals left in the city proper. Outside, the 650-bed Quezon Tuberculosis Sanitarium was taken over by the United States Army. The municipal water supply did not reach much of the city south of the Pasig River until October. Three or four families found shelter in one house. The streets were slowly cleared of rubble, and corrugated iron shacks sprang up. People who had fled to the hills in the last months of Japanese rule came back, bringing malaria with them. In the city mosquitoes and the swarms of flies disappeared after DDT was sprayed from the air, but malaria and malaria deaths staved on.

At occupation a Civil Affairs group took over from the Health Department of Manila. Together they attacked the problems of the early days. Responsibility for the civil administration was turned back to the Commonwealth government in July 1945. Port quarantine remained in the hands of the United States Army and the United States Public Health Service.

Manila's main health problems are seen in table 2. Progress in solving them is shown in figure 2. With variations, the experience is typical of this group of cities after liberation. Deaths from starvation and from battle casualties, however, were high in Manila. There was a short influenza epidemic in March and April 1945. Diphtheria was endemic, but not serious. Measles appeared in August, but deaths did not mount until later. Deaths from starvation were high in the early days after liberation.

The Alabang Serum Laboratory, just outside Manila, did not suspend operations during the occupation, and was back in active production in March 1945. It had some reserve supplies, but was short of ampules, which the Army then flew in. It prepared vaccines against smallpox (both fresh virus and dried), rabies, tetanus, cholera, typhoid, and dysentery. One vaccine combined cholera, typhoid, and dysentery.

### RANGOON<sup>3</sup>

Next to Manila, Rangoon suffered more destruction from war than any other major city in Southeast Asia. It was bombed by the Japanese in 1941 and 1942, and even more intensively by the Allies

<sup>&</sup>lt;sup>2</sup> The city of Manila lies along Manila Bay, and is bisected by the Pasig River, a small tidal stream.

<sup>&</sup>lt;sup>3</sup> The city lies on a plain, on one side of the deep and winding Rangoon River, which leads to the sea.

	Ma	nila	Ran	goon	Singa	pore
Disease	Number of deaths	Percent of all deaths	Number of deaths	Percent of all deaths	Number of deaths	Percent of all deaths
Communicable Respiratory:	7, 654	42.0	3, 349	36.2	2, 985	41.4
Pneumonia	1,648	9.1	916	10.2	586	8.1
Other nontubercular	203	1.1	444	5.0		
Pulmonary tuberculosis	3,006	16.5	396	4.4	906	12.6
Tuberculosis other than pulmonary	192	1.1	33	.4	23	.3
Malaria	143	.8	744	8.3	818	11.4
Intestinal:	0.001					
Diarrnea and dysentery	2,001	11.0	630	7.0	022	8.0
	94	.3	52	.0	•	L .1
			4/	.0		
Messies.	134	. •				
Plague			10	.4		· <i>y</i> ·····
				.0		
Nutrition: Beriberi	0.694	14.7	110	1 9	022	12 0
Other evitemineses	4,004	14.7	110	1.0	800	10.0
Tupger or thirst	1 911	1.0				
Civiliana in anarationa of war	1,411	10.0				
All equiper	1, 900	10.9	9 054	100.0	7 905	100 0
	10, 213	100.0	0, 900	100.0	1,200	100.0

TABLE 2.—Deaths from certain causes in Manila, Rangoon, and Singapore 1

<sup>1</sup> The figures for Manila are incomplete, for 1945, records for January and February having been destroyed. Those for Rangoon are for the period May 9-Dec. 31, 1945, and for Singapore for Sept. 1-Dec. 31, 1945.



FIGURE 2.- Occurrence of cases and deaths from selected causes in Manila in 1945, after liberation.

in 1945. It was fortunately spared a pitched battle within its limits, but when the Fourteenth Army entered early in May 1945 it found a sickening amount of destruction. The licentiate medical school, near the railway station, was a mass of rubble, and the out-patient building of the General Hospital across the street was badly damaged. The water supply had numerous breaks and leaks, and dacoits stole faucets from the hydrants, leaving the water running. Authorities did not consider the water supply safe.

The correlation of the Civil Affairs Section of the army with the civil government was close. Many civilian officials were brought in with the army, in uniform. Others were found and commissioned as the advance proceeded. Responsibility was turned over to the civil administration on January 1, 1946, the same people continuing in the same positions. In Rangoon the debris from bombing was largely cleared up. With new truck chassis brought in by the army and bodies made locally, collection of refuse and of some night soil was set up again. The Port Health Unit, under Dr. J. A. Anklesaria, was revived, separate from the Corporation Department of Health.

Smallpox was endemic from May 1945 on, up to 8 cases being reported weekly. Mortality was about 50 percent of the reported cases. A few cases of bubonic plague were scattered over the same period. There was some cholera, with a peak in June and reappearance in December. These and less important diseases such as chickenpox and mumps were cared for in a neat isolation hospital of one-story pavilions. The three "quarantine" diseases caused only 109 (1.2 percent) of the 8,956 deaths reported from all causes from May to December. Table 2 shows that other communicable diseases were more important numerically. The time distribution and the relative importance of the main groups is shown in figure 3.



FIGURE 3.-Deaths from major preventable diseases in Rangoon in 1945, after liberation.

Since population estimates rose from 150,000 in May to 400,000 or 500,000 at the end of the year, no rates can be calculated. With population increasing so rapidly, there was a real drop in rates in the later months, which the chart does not show. Even at that, diarrhea and dysentery in Rangoon in the early months after liberation did not rise to the heights seen in Manila. Tuberculosis was less prominent here than in Manila or Singapore. The beriberi figures suggest that even in a large city malnutrition could not be so serious in a rice granary like Burma. Neither measles nor diphtheria was reported.

The excellent building of the degree-granting medical school was occupied by an army hospital, but plans for reopening the school were beginning to be made.

### SINGAPORE

Aside from a few hulks sticking up in the harbor Singapore showed little damage after liberation. The British Military Administration took over the municipality the first week in September 1945, largely with returning administrators and the old local staff.

From past history it was expected that diseases of greatest importance would be malaria, dysentery, tuberculosis, and beriberi. The statistics for September to December 1945 show them closely associated as causes of death. Beriberi led for over a month; in the period from September 2 to October 6, 1945, it was the cause of 16.2 percent of all the deaths. It had long been known that under Japanese rule Malaya was short of food, and its leading city was naturally the chief sufferer. Australian milk, evaporated or dried, was rushed in and distributed to babies, mothers, and younger children through the 10 health centers of the city. Later imports of rice and flour helped the situation. For malaria, reliance was placed on giving quinine or atabrin to as many previously untreated patients as possible. to reduce the size of the carrier reservoir. To rehabilitate and enlarge the extensive system of drains will take 2 or 3 years. Against dysentery, efforts were made to bring in chlorine cylinders by air as rapidly as possible, to arrange sea shipments from India, and to get refuse collection going to diminish fly breeding. For tuberculosis, always high in the Orient, the main efforts were made to isolate advanced cases in institutions, to improve general nutrition, and to diminish overcrowding.

To prevent possible epidemics a house-to-house campaign vaccinated some 100,000 against smallpox and typhoid in the last 4 months of the year. Singapore was well vaccinated against smallpox before the war and the Japanese kept it up well, so that the city may escape <sup>4</sup> the epidemics ranging almost everywhere to the north. There were no

<sup>4</sup> Later 2 cases of smallpox were reported from Singapore for the period of May 26-June 1, 1946.

diphtheria deaths in Singapore until early in January 1946, possibly reflecting the immunization efforts of the Japanese. From 1935 to 1938 diphtheria mortality ranged from 9.8 to 12.0 per 100,000.

As civilian shipping increased, the British Military Administration was planning to start up the quarantine station on St. John's Island.



FIGURE 4.-Deaths from major preventable diseases in Singapore in 1945, after liberation.

	Disthe	Infant m	ortality
week ending-	Births	Deaths	Rate
1945			
December 8		53	147
15		59	151
22	353	45	127
29	314	56	178
Total	1, 420	213	150
1946			
January 5		54	156
12	458	47	103
19	381	42	110
26		42	120
Total	1, 534	185	121
February 2	298	39	131
9	410	39	95
Total		78	110
Grand total	3, 662	476	130
	1 1		

TABLE 3.- Infant mortality in Singapore

In January 1946 Lord Mountbatten's headquaterers was anxious to have a health information service set up temporarily for the military theater they served. In June His Majesty's Commissioner for Southeast Asia began to operate such a service. The King Edward VII Medical School made plans to reopen. The Japanese had used its plant for mass production of vaccines.

In February 1946 a small poliomyelitis epidemic was developing in Singapore. Following 22 cases in the British military services start-710583-46-2 ing in late November, civilian cases began to appear, the first in late December. The service cases had a high mortality, 36 percent. The civilian patients were almost all children under 5, and mortality was low. All were hospitalized.

Table 2 shows the deaths from certain causes in Singapore in 1945 after liberation. The initial rise and later fall in mortality are shown in figure 4. Pneumonia showed no special distribution.

The infant mortality in the period from December 2, 1945, to February 9, 1946, was 130. Its variation and decline are shown below. From 1935 to 1938 the annual rate in Singapore was between 172 and 191.

### BANGKOK <sup>5</sup>

Bangkok was selectively bombed by the Allies to interrupt Japanese communications, but considerable damage was done to health facilities, too. The bridge over the Chao Phya River was cut, breaking the water main to Thonburi on the west bank and turning 125,000 people back to raw canal or river water. Pinpoint Allied bombing had wrecked two of the four engines at the power plant, and water pressure in the main part of the city, on the east bank, was very low, so that leaks and pollution were possible. There was great shortage of medical supplies and textiles.

But Siam had enough rice to eat and some to export, and in general Bangkok was in good condition. Almost all of her hospital space was available for civilian use, more than in Manila or Singapore for instance. Her health department under the Ministry of Public Health had not been disturbed by the Japanese, and was largely run by men trained in the United States. The Pasteur Institute of the Siamese Red Cross Society was making vaccines and antivenins. The list included smallpox, rabies, cholera, and plague vaccines; and diphtheria and tetanus antitoxins. The medical school was crowded with students; in spite of worn-out equipment and two bombed buildings it was in the best condition of any medical school east of Calcutta. The medical officers of Lord Mountbatten's command were interested in furnishing Siam with what supplies were available.

Bangkok needed all this, for she was beset with two major epidemics. Smallpox, which had devastated the eastern and northern provinces of Siam earlier in 1945, became serious in the capital in September 1945. On January 29, 1946, there were 274 cases in an old, entirely inadequate isolation hospital. An intelligent staff was using sulfadiazine on the confluent cases and believed they were cutting the mortality in this group from 75 percent to 25 percent. The hemorrhagic cases always died. The mortality for smallpox in Bangkok in

The city lies in a tidal delta on both sides of a broad stream, the Menam Chao Phys.

1945 was 50 percent of the reported cases. A number of attacks occurred in people with vaccination scars, but in none with vaccination less than 1 year old.

Cholera, which had flourished in the dry season of early 1945 with a peak of 144 deaths in May, disappeared in the later months of the rains, only to reappear in the dry months of November and December and become serious in January. With water conditions as they were, inoculation and education had to be pushed. The combined situation strained the resources of the Pasteur Institute.

### HONGKONG

The colony of Hongkong is made up of Victoria, on a rocky island off the south coast of China, and Kowloon, opposite on the mainland. Just before Pearl Harbor some 750,000 refugees crowded in to add to the normal population of a million. Food supply is naturally a major problem.

Hongkong suffered some damage during the war, but was reoccupied without a battle on September 1, 1945. A week's disorder with some looting of private homes preceded the arrival of troops. Order was promptly restored by Civil Affairs, who brought in food and supplies. Chinese returned in increasing numbers, by April 1946 at the rate of 60,000 a month, it is said.

The striking picture of the early days was the absence of dysentery or smallpox and the presence of a large amount of malaria. Deaths from malaria soon fell, doubtless due to more medicine and better treatment. Tuberculosis deaths, originally fewer than from malaria, slowly increased, probably reflecting the increase in population. In the 6 weeks from February 14 through March 23, 1946, deaths from tuberculosis were 10.4 percent, from all communicable disease 17.1 percent, of all deaths. Typhoid and diphtheria were endemic. In March cerebrospinal meningitis became mildly epidemic. Smallpox began to appear at the end of January with an occasional case, at first imported. Cholera appeared in the same fashion in March.

Plans were being discussed for the reopening of the medical school.

### SAIGON

Saigon, with its Chinese area known as Cholon, lies on one bank of the Saigon River, which accommodates ocean-going vessels. Maj. Gen. L. F. Solier, Conseiller pour la Santé Publique for Indo-China, was my guide.

The arrival of Allied forces in Indo-China after VJ-day was delayed until the third week in September 1945, and the political situation there was at first unsettled. In November, Saigon was on short rations when the Annamites shut off the entry of any considerable quantity of food into the city. The Chinese population suffered especially, particularly with dysentery and beriberi (adult and infantile). The sick were cared for in hospitals supported by benevolent merchants. Most of them were treated with time-honored Chinese herbs, but some 20 percent accepted the services of young Western-trained doctors, who had secured quinine, emetine, and thiamine from the French, British, or American forces.

In Saigon itself the Polyclinic was a group of modern buildings where some 1,700 Chinese and Annamites were treated in a morning, without charge. Malaria, dysentery, and beriberi were prominent. Tuberculosis cases were fluoroscoped and pneumothorax done. The drug room was short of quinine, sulfur ("90 percent have scabies"), vaseline, vitamins, cough mixtures, and neosalvarsan. There were no sulfa drugs or penicillin. Cotton goods and laboratory stains were short. In the dermatology building "much yaws" was reported.

Vaccines for Indo-China were being prepared in Saigon, since the area around Dalat was disturbed. The Pasteur Institute, directed by Dr. J. Mesnard, was short of materials and bottles, but was actively preparing vaccines against smallpox, cholera, plague, rabies, typhoid, dysentery, and influenza. They were making both fresh and dried smallpox vaccine. One lot of the latter, the Institute said, after 6 months of room temperatures gave 98 percent takes; this is particularly important in tropical countries with remote provinces. For rabies both the fresh and phenol-preserved vaccines were made; quantities were limited by a shortage of rabbits. Oral types of dysentery vaccine were made for Flexner, Strong, Castellani, Saigon, Morgan, Hiss, and other strains, but for Shiga dysentery a serum from Paris was used.

The city water supply came from four sets of drilled wells, 40 to 50 meters deep, producing some 40,000 cubic meters daily. There was no filtration save for one set of wells, where the iron content called for aeration and rapid sand filtration. The troubles of 1940 led to the installation of an electrolytic process for chlorination. No residual chlorine was found in the taps at a distance, but bacteriological tests were satisfactory.

Smallpox started in Saigon the week ending February 13, 1946, with nine cases. There were none known in the country about the city, but the disease was present on the Siamese border.

### BATAVIA<sup>6</sup>

The political situation in Java continued unsettled longer than elsewhere in Southeast Asia, and this was reflected in the confused public health situation in the capital city. The British and Dutch were in

<sup>•</sup> Located on the north coast of the crowded island of Java, a short distance from its port, Tanjong Priok.

charge of much of Batavia, while the Indonesians operated the General Hospital. They used supplies which they obtained on requisition from the Government of the Netherlands East Indies, the latter sharing what little they had been able to get in. The Netherlands East Indies Department of Health and Medical Service, under Dr. J. W. Wolff, knew what diseases were present in the city, but figures were naturally incomplete.

When Lord Mountbatten's forces entered the Indies, some 200,000 Dutch were in internment camps, mainly in Java. As quickly as possible, as many as could be accommodated were brought to Batavia, to go on by sea to Holland or to Ceylon, Malaya, or Siam. One of their Batavia camps was in a group of suburban cottages, another in the barracks of a former labor depot. Both were crowded and sanitation suffered. There was some typhoid and dysentery at the time of the visit in January 1946, but fortunately the water supply was safe. Measles was sweeping one of the camps, and had caused several deaths on a homeward-bound steamer. When rescued, many of the internees were suffering from nutritional and other chronic diseases. They were cared for in an excellent private hospital, the Tjikini, taken back from the Japanese, and were sent home in a hospital ship as one was available. In January only two cases of malnutrition were to be seen, both convalescent.

Batavia housed another group of refugees, "Iftu" (Indonesians friendly to us) the Dutch called them. Some 20,000 were frightened from their homes by threats of the republicans, and crowded into the city. Eight hundred were under one barracks roof, each family's little belongings arranged in a square on the floor. They were a neat people, but it was providential indeed that no epidemic broke out.

The medical school buildings in Batavia were in the hands of the Indonesians, but no classes were being held. A nutrition team of field and laboratory workers, trained by an English team during the liberation of Holland, was making surveys in Batavia and other centers. At Batavia they found the vitamin A content of the blood of the internees very low.

### SUMMARY

The author visited seven important cities in Southeast Asia-Manila, Batavia, Singapore, Rangoon, Bangkok, Saigon, and Hongkong-from 4 to 7 months after liberation. In each of these cities experienced staffs were attacking the problems of liberation with stout courage. Personnel was usually limited, and medical supplies were always short. There were other administrative difficulties.

After liberation there was usually a sharp increase in dysentery, which disappeared fairly quickly. Typhoid, however, never became really epidemic. Cholera was serious in Bangkok, was found in Rangoon, and was beginning to extend to Hongkong from Canton.

Tuberculosis, always high in this area, remained a serious problem, particularly in Singapore, Manila, and Hongkong.

Beriberi was most devastating in Manila, Singapore, and Saigon. Batavia and Singapore had special workers in nutrition.

Malaria was the fourth horseman in most of these cities, particularly Singapore, Rangoon, Hongkong, and Manila, which had been relatively free from malaria before the war.

Influenza appeared in Manila, in the early days after liberation and respiratory diseases other than tuberculosis remained the leading cause of death in Rangoon.

Smallpox was raging in Bangkok, was moderately epidemic in Rangoon, started in Saigon, infiltrated into Hongkong, and appeared in June 1946 in Singapore.

Diphtheria was endemic in Manila and Hongkong, and began to be so in Singapore in January of 1946. Measles became epidemic in Manila, with high mortality, and was becoming of importance in Hongkong.

Saigon, Manila, Bangkok, and Batavia have laboratory facilities for the production of vaccines. Each laboratory is a means of general protection to the whole area.

With increasing civilian traffic, both by sea and by air, health authorities felt the need of interchange of epidemiological information in this area.

Much has been accomplished in these cities since liberation, but much remains to be done.

### **INCIDENCE OF HOSPITALIZATION, JULY 1946**

Through the cooperation of the Hospital Service Plan Commission of the American Hospital Association, data on hospital admissions among members of Blue Cross Hospital Service Plans are presented monthly. These plans provide prepaid hospital service. The data cover hospital service plans scattered throughout the country, mostly in large cities.

The second se	Ju	lly
Item	1946	1945
<ol> <li>Number of plans supplying data.</li> <li>Number of persons eligible for hospital care.</li> <li>Number of persons admitted for hospital care.</li> <li>Incidence per 1,000 persons, annual rate during current month (daily rate × 365).</li> <li>Incidence per 1,000 persons, annual rate for the 12 months ended July 31, 1946.</li> <li>Number of plans reporting on hospital days</li></ol>	81 20, 082, 148 206, 766 121. 2 109. 1 30 7. 81	79 18,044,754 179,472 117.1 105.5 32 7.1 <b>2</b>

<sup>1</sup> Days include entire stay of patient in hospital whether at full pay or at a discount.

### DEATHS DURING WEEK ENDED AUGUST 17, 1946

[From the Weekly Mortality Index, issued by the National Office of Vital Statistics]

	Week ended Aug. 17, 1946	Correspond- ing week, 1945
Data for 93 large cities of the United States: Total deaths. Avarage for 3 prior years. Total deaths, first 33 weeks of year. Deaths under 1 year of age. Average for 3 prior years. Deaths under 1 year of age, first 33 weeks of year. Death sunder 1 year of age, first 33 weeks of year. Data from industrial insurance companies: Policies in force. Number of death claims. Death claims per 1,000 policies in force, annual rate. Deaths claims per 1,000 policies, first 33 weeks of year, annual rate.	7, 673 8, 023 305, 057 701 617 20, 808 67, 256, 712 10, 747 8, 3 9, 9	7, 642 299, 879 334 19, 956 67, 366, 171 6, 180 4. 8 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 AUG. 24, 1946**

### Summary

A total of 1,806 cases of poliomyelitis was reported for the week, as compared with 1,814 last week, 931 and 1,530 for the corresponding weeks, respectively, of last year and 1944, and a 5-year (1941-45) median of 872. Net increases were reported in the Middle and South Atlantic, East Central, and Pacific areas, while decreases were recorded in the New England, West Central, and Mountain areas. Decreased incidence was reported in 20 of the 39 States reporting 5 or more cases. States reporting currently more than 13 cases are as follows (last week's figures in parentheses): Increases-Vermont 17 (14), New York 105 (57), Indiana 20 (18), Michigan 76 (70), Wisconsin 95 (48), Iowa 43 (40), South Dakota 74 (28), Georgia 15 (4), Tennessee 19 (10), Arkansas 35 (23), Washington 31 (27), California 195 (152); decreases-New Jersey 16 (19), Pennsylvania 16 (19), Illinois 183 (204), Minnesota 263 (366), Missouri 95 (105), North Dakota 40 (48), Nebraska 29 (35), Kansas 60 (73), Alabama 21 (23), Mississippi 22 (31), Louisiana 21 (22), Texas 34 (49), Colorado 78 (82). Ohio and Oregon reported the same numbers for both weeks (48 and 12, respectively).

Of the cumulative total, 10,650 (as compared with 5,239 last year, 7,792 in 1944, and a 5-year median of 4,930 for the period), 11 States reported 6,880 cases, or nearly 65 percent, as follows (last year's corresponding figures in parentheses): Minnesota 1,612 (35), California 873 (291), Illinois 845 (338), Texas 664 (681), Colorado 502 (43), Missouri 478 (56), New York 455 (870), Florida 437 (47), Kansas 413 (36), Michigan 313 (61), and Alabama 288 (109).

Of 32 cases of Rocky Mountain spotted fever reported currently, Virginia and Georgia reported 6 each, North Canolina 4, and Illinois 3. The cumulative figure is 448, as compared with 372 for the corresponding period last year and a 5-year median of 381.

Deaths recorded for the week in 93 large cities of the United States totaled 8,091, as compared with 7,673 last week, 8,557 and 7,472 for the corresponding weeks of 1945 and 1944, respectively, and a 3-year (1943-45) average of 7,963. The cumulative figure is 313,148, as compared with 308,436 for the corresponding period last year.

## Telegraphic morbidity reports from State health officers for the week ended Aug. 24, 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.

	1	liphthe	eria		Influen	<b>za</b>		Measle	s	M me	fening ningoo	itis, occus
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NEW ENGLAND												
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Georgia	9	22	11	100	2	101	33 17	2	3	ŏ	Ō	ō
Florida	8	2	2	2	1	2	1	• 3	3	1	0	.0
EAST SOUTH CENTRAL		19	6					10				
Tennessee	3	6	6	1	5	8	7	10	0 4	23	2	1
Alabama Mississippi 2	12	26 11	16 5	3	24	7	9	1	6	1	3	3
WEST SOUTH CENTRAL			ľ							1	~	-
Arkansas	8	2	7		4	4	8	2	6	0	2	0
Louisiana	1	5 4	5		15 12	1	5	1	1	0	1	0
Texas	18	56	18	306	522	251	73	44	35	2	9	3
MOUNTAIN												
Montana	1	0	1				10	2	3	1	0	0
Wyoming	Õ	ŏ	Ŏ	<i>د</i> ء			8	3	3	ŏ	ŏ	ŏ
New Mexico	6 0	3 7	3 1	5	18	13	4	6	8 2	0	2	1
Arizona	Ó	2	1	12	17	19	2	4	8	ĭ	ŏ	ŏ
Nevada	Ő	Ō	ŏ					00		0	0	Ŭ
PACIFIC					·							
Washington	10	4	1			;		42	32	0	0	1
California	2 12	3 12	3 12	4	1	1 13	10 40	5 129	8 103	0	0	0 7
Total	239	318	224	602	929	539	737	650	696	55	92	92
34 weeks	10. 141	8, 610	7,623	92, 424	71, 661	82, 248	<b>339, 379</b>	01, 897	38, 338	4, 512	6, 268	6, 268

<sup>1</sup> New York City only. <sup>3</sup> Period ended earlier than Saturday.

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	Pol	iomye	litis	ß	carlet fe	ver	8	mallpo	)X	Typh typ	oid an hoid fe	d para- ver <sup>3</sup>
Division and State	W end	eek ed	Me-	W end	eek led—	Me	W end	eek ed—	Me-	W end	eek ed—	Me-
	A ug. 24, 1946	A ug. 25, 1945	dian 1941- 45	A ug. 24, 1946	A ug. 25, 1945	dian 1941- 45	Aug. 24, 1946	A ug. 25, 1945	dian 1941- 45	A ug. 24, 1946	A 11g. 25, 1945	1941- 45
NEW ENGLAND			<u> </u>									
Maine New Hampshire	13	4			18	6		0	0			2
Vermont	4	i	ĺĭ	l i	4	i	Ŏ	Ŏ	Ŏ	0	Ő	0
Rhode Island	17	37		34	30	30		0	0	27	1	Ö
Connecticut	2	16	16	4	6	6	Ó	0	Ó	0	2	1
MIDDLE ATLANTIC	105	191	66	4	78	46	6	0	0	17	13	13
New Jersey	16	88	26	23	22	12	Ŭ	Ŏ	ŏ	4	9	4
Pennsylvania	16	65	65	21	34	30	0	0	0	5	1 1	
Ohio	48	30	30	34	55	55	0	0	0	4	1	7
Indiana	20	10	10	21	14	9	2	0	0			
Michigan 1	105	13	11	19	69	27	ŏ	2	ŏ	7	3	3
Wisconsin	95	15	8	17	30	28	1	0	0	2	2	1
Minnesota	263	14	14	11	19	14	0	0	0	0	0	0
Iuwa	43	19	13	4	9	9	0	0	0	0	13	37
North Dakota	40	Ö	ı î	1	8	î	ŏ	ñ	ŏ	Ô	1	i
South Dakota	74				2	25	0	0	0			
Kansas	60	3	3	13	16	16	ŏ	õ	Ô	ĺî	Ŏ	3
SOUTH ATLANTIC		Ι.	,									<u>م</u>
Maryland !	12	9	9	5	11	11	ŏ	ŏ	ŏ	ŏ	ŏ	3
District of Columbia		17 20	6	3	10	18	0	0	0	2		
West Virginia	5	7	4	7	28	21	ŏ	ŏ	ě	ō	2	6
South Carolina		11	45	10	35	30 5	0	0	0	1	5	5
Georgia	15	2	2	11	8	8	Ó	0	Ó	5	9	15
TAST SOUTH CENTRAL		-	-	-	. J	. Э	Ū		Ű	1	-	-
Kentucky	10	4	16	16	22	21	0	1	0	• 6	5	8
Alabama	19 21	24 5	10	8	22	15	ŏ	0	Ő	0	10	6
Mississippi 1	22	• 4	2	3	5	6	0	0	0	2	3	5
WEST SOUTH CENTRAL Arkansas	35	. 2	2	4	5	3	0	0	0	1	3	Б
Louisiana	21	4	2	2	5	3	ŏ	Ŏ	Ŏ	17	2	6
Texas	13	73	17	3 19	32	4 19	Ŭ	0	0	9	33	30
MOUNTAIN												
Montana	8	1	0	0	4	9	0	0	0	1	3	
Wyoming	12	2	ĭ	i	1	2	ŏ	ŏ	ŏ	Ŏ	÷ŏ	Ō
New Mexico	78	12 3	72	23	5	6 2	0	0	0	0 1		
Arizona	8	3	ī	6	Ŏ	ī	ÌÖ	Õ	Ŏ	1	3	2
Nevada	8	14 0	3	0	· 0	20	0	0	0	0 1	Ő	0 v
PACIFIC												
Washington Oregon	31 12	16 3	5	17	9 5	9 11	0	0	0	2	02	02
California	195	24	16	50	85	52	,ŏ	ŏ	ŏ	4	ĩ	3
Total	1,806	931	872	546	865	647	51	5	3	143	184	200
34 weeks	*10,650	5, 239	4, 930	87, 385	135, 413	98, 496	279	270	609	2,662	2,918	3, 486

Telegraphic morbidity reports from State health officers for the week ended Aug. 24, 1946, and comparison with corresponding week of 1945 and 5-year median-Con.

<sup>2</sup> Period ended earlier than Saturday. <sup>3</sup> Including paratyphoid fever reported separately, as follows: Maine 1; Massachusetts (salmonella in-fection) 25; New York 1; New Jersey 4; Ohio 2; Michigan 1; Georgia 2; Louisiana 1; Texas 2; Montana 1; California 1.

\*Correction pollomyelitis Mississippi, additions, Jan. 4 to Aug. 16, 7 cases (included in cumulative totals only); Nebraska, week ended Aug. 10, 41 cases (instead of 45), week ended Aug. 17, 35 cases (instead of 36).

Telegraphic morbidity reports from State health officers for the week ended Aug. 24, 1946, and comparison with corresponding week of 1945 and 5-year median—Con.

	Wh	ooping	cough			Wee	k ende	d Aug. 2	4, 1946		
	Week	ended-	- Me-	1	Dysent	ery	En-	R eky		Ty-	IIn.
Division and State	A ug. 24, 1946	A ug. 25, 1945	dian 1941- 45	A me bic	- Bacil lary	- Un- speci fied	- ceph- alitis - infec- tious	Mt. spot- ted fever	Tula- rem <b>i</b> a	phus fever en- demie	du- lant fever
NEW ENGLAND											
Maine New Hampshire Verniont Massachusetts Rhode Island Connecticut	10 107 3! 2!	3 2 13 5 2 13	4 1 0 20 1 12 9 13 8 44	3 1  0  4  3 		1					
MIDDLE ATLANTIC New York New Jersey Pennsylvania	129 118 105	41 19 17	7 253 6 129 3 193	3	2 (	6 1 (	3				
EAST NOBTH CENTRAL Ohio Indiana Illinois Michigan <sup>1</sup> Wisconsin west NOBTH CENTRAL	84 14 150 216 215	15 2 99 17( 7)	3 179 3 28 9 123 9 182 2 208		5	2	3	1133			1 3 12 5 6
Minnesota Iowa Missouri North Dakota South Dakota Nebraska Kansas	12 8 23 1 1 5 12	27 29 29 1 18	44 13 20 12 6 4 45	1			i	1		-,	3 21 3 1 1 2
Delaware Maryland ' District of Columbia Virginia West Virginia North Carolina South Carolina Florida	1 28 5 49 15 33 25 8 18	3 63 15 51 4 75 95 16 2	3 61 15 51 13 107 53 19 4	2	 19 1	74	1	 6 6 6	i i	2 6 28 11	2 1 7 1
EAST SOUTH CENTBAL Kentucky Tennessee Alabama Mississippi ?	14 24 2	23 22 19	50 37 15		3	i i		1 1 	3	1 14 6	6 1 3 2
WEST SOUTH CENTBAL Arkansas. Louisiana Oklahoma Texas	10 3 15 126	6 8 7 235	7 8 4 136	2 3 63	 1 217	  6		i	1	2 4 57	4
MOUNTAIN Montana	6 4 22 3 7 8	7 8 4 44 11 11 35	21 8 4 34 14 13 35	1	1 1 2 1	 9	1		1		 1 1 1
PACIFIC Washington Oregon California Total	28 8 43 1, 789	17 5 144 2, 551	17 16 144 2, 767	 6 99	 5 265	4	 6 20	2  32		1	<b>3</b> 2 133
Same week, 1945 Average, 1943-45 Weeks: 1946 1945 Average, 1943-45	2, 551 2, 445 66, 332 86, 745 95, 532		4125 149	46 43 1, 931 1, 229 1 259	665 536 11, 554 16, 660 13, 951	508 366 4, 637 6, 643 5, 681	23 25 407 302	22 4 16 448 372 4 291	7 11 638 526 507	222 4 153 2, 218 2, 899 2 341	71 3, 348 3, 181

<sup>2</sup> Period ended earlier than Saturday. Leprosy: Florida 1 case; Texas 1 case. 4 5-year median, 1941-45.

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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, and checks on, the completeness of reporting of cases of the notifiable diseases; therefore comparisons as between States may not be justified for certain 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 similar preliminary reports; but, owing to population shifts and the presence of large military populations in certain States, the figures for some States may not be 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 May, and June 1946. These reports are preliminary and the figures are therefore more or less incomplete and subject to correction by final reports. In most instances they include cases reported in both civilian and military populations. The comparisons made are with The figures in the following table are the totals of the monthly morbidity reports received from the State health authorities for April reportable.

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

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

					Raman			ada fa		(m	- 18							
Division and State	An- thrax	Chick- enpox	Con- Juncti- vitis <sup>3</sup>	Diph- theria*	Dysen- tery, amebic	Dysen- tery, bacil- lary	Dysen- tery, unde- fined	En- cepha- litis, infec- tious	Ger- man mea- sles	Hook- worm disease	Influ- enza	Ma- laria 3	Mea- sles*	Men- ingitis, menin- gococ- cus*	sdunbs	Oph- thal- mia neona- torum	Pella- gra	Pneu- monia, all forms
NEW ENGLAND																		
Maine New Hampshire Vermont		663 147 639		30	2				462 376 1 209		31	37	2, 315 1, 581	91-6	2, 060 351			197 15 36
Massachusetts Rhode Island Connecticut	-	5, 400 1, 962	108 8	2°2	7	7.00		0 – 0	3, 230 1, 397	8 8	60	159 64 116	27, 992 911 5, 528	8°°8	2, 384 3, 545	45 1		288 288 289 299 299 299 299
MIDDLE ATLANTIC New York New J <del>ar</del> sey	- 73	8, 391 5, 792		245 84	72 8	117	12	14 2	6, 109		<b>5</b> 32 47	581 279	51, 564 40, 567	157 54	5 2, 903 4, 519	12		3, 679 896
Pennsylvania		6, 374		508		<b>m</b>		9			24		35, 711	119	5, 749			975
Ohio. Indiana		3, 886	oc	172	- 2		0 <del>-</del>	- 2	1, 342	9	142	22 24	9, 995 5, 921	62 31	3, 241	126		676 65
Illinois. Michigan Wisconsin		3, 526 6, 256 6, 266	99	282	<b>19</b> 01 w	8 17		8-9	4,2 2,102 287		88 9 173	143 598 25	9, 877 16, 836 35, 493	82 82 82 83 82 83 83 83 83 83 83 83 83 83 83 83 83 83	1, 950 3, 740 7. 740	114 0 0 0		1, 679 615 4 186
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# Consolidated monthly State morbidity reports for April, May, and June 1946

58 317 317 317 178 178 178 162	3 556 627 627 68 816 816 111	3, 000 3, 000 3, 000	152 711 196 1,701	118 203 204 204 204 204 204 204 204 204 204 204	181 199 4 442	22, 628 24, 883 29, 787	100280 100280
	248 248 8 8 8	556 6 13 8 258 6 13 8	11 263 263	¢	•	1, 130 1, 075 1, 475	
	11 7	8	8-3-	4		384 391 437	
604 511 21 1, 120	9 269 663 644 739 147 139	271 127 2,339	392 270 5, 604	207 196 745 153 1,155 1,155	1, 510 696 8, 435	68, 503 76, 337 77, 268	: 288300
5888888 288888 288888 2898 2898 2898 289	1912 <b>5</b> 11 52 13 <b>5</b> 4	4238	8252	90090440	30 8 8 116	1, 407 2, 164 2, 164	9 1
2, 1770 2, 145 109 3, 922 3, 922	7, 875 3, 052 3, 052 5, 112 5, 112 1, 941 1, 941	1, 903 2, 401 2, 332 8, 110	1, 777 1, 651 3, 069 19, 721	<b>4</b> , 230 <b>7</b> , 000 <b>4</b> , 230 <b>7</b> , 000 <b>1</b> , 180 <b>1</b>	5, 152 3, 257 36, 056	398, 809 67, 187 289, 419	81 329 81
298 79 130 36	27 27 202 33 202 33 202 33 202 202 202 202 20	60 71 376 4, 913	407 211 2,080	*828889*	288	14, 373 17, 762 15, 816	67 132
19 24 14 28	13 2,012 34 2,221 18	62 181 232 5,908	278 163 5, 528	148 22 22 22 22 22 22 22 22 22 22 22 22 22	80 20 20 20 20 20 20 20 20 20 20 20 20 20	18, 678 21, 338 24, 028	212
2	1, 295 1, 431	3 1,193	151 44			4, 530 3, 438 4, 121	3
19 10 272	474 401 50	68 142 388	224 87	176 313 599 599 204 204	479 6, 469	32, 214 13, 623 76, 063	13 827
 804		2 4 3	13351	<b>69</b> QU	18.21	138 134 134	
61 00 67	1 768	. ത	1	1 7 471 471	%₹	1, 903 1, 905 1, 726	
2 1 2	3 3 300 46 46 1	37 4 2,681	11 11 4,787	40	14	8, 148 8, 692 8, 364	20
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166 57 50 11 14 110 110 110	113 81 86 86 86 86 86 86 86 86 86 86 86 86 86	19 <b>4</b> 419	373 373 373	- 408809 28080 1000 1000 1000 1000 1000 1000 100	58 % G	3, 421 2, 644 2, 522	4.4
<sup>3</sup> 1 <sup>3</sup>	9	3		16 222 13 13	30	<b>356</b> 1416	4
617 568 65 533 533 647 647	1, 315 2305 904 220 518 171 171	193 380 287 1, 916	188 119 3, 812	361 175 97 670 670 87 1, 181 1, 181	1, 346 457 9, 841	77, 111 94, 986 96, 427	8 <b>3</b> 3
			1			12 6 16	
WEST NORTH CENTRAL Minnesota Missouri Missouri North Dakota North Dakota Nebrata Kansas	BOUTH ATLANTIC Delaware Maryland District of Columbia Virginia Vest Virginia North Carolina Georgia	EAST SOUTH CENTRAL Kentucky. Tennessee Alabama. Mississippi	WEST BOUTH CENTRAL Arkansas Louisiana Okiahoma Yornanus	Montana Idaho Vombra Volorado New Mezico New Mezico Vtah	PACIFIC Washington Oregon California	Total. Second quarter 1945 Median 1941-45.	Alaska <sup>1</sup> . Hawali Territory Panama Canal Zone <sup>9</sup>

See footnotes on p. 1360.

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September 13, 1946

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vin- entise tion co	474		12 86 86	15 24 1 1	31. 31. 31. 31. 31. 31. 31. 31. 31. 31.
Un-Un- du- ever*		83 14	8854488 886448 88644	119 8 101 101	112 12 13 12 12 12 12 12 12 12 12 12 12 12 12 12
Ty- phus ever, en- femic		ŝ	I sı		20 14 91 91
Para- ty- fever		9 P2	3 12,3 17	<b>1</b> 3	1 1 25 12
Ty- phoid and para- ty- phoid fever	011540	29 15	26 17 1817 1817 4	13 12 14 8 19 11 11 11 12	2463213208-7 <b>+</b>
Tula-			4 334	4 0 1.0	86 II-288
ruber- ruspis, atory	149 840 108 274	3, 502	1, 381	58 33 249	42 608 480 848 848 848 848 848 848 848 848 8
Tuber- ulosis, c all forms*	115 2815 2815 2838 2815 2838 2815 2838 2838 2838 2838 2838 2838 2838 283	3, 728 930 1, 056	1, 485 797 1, 515 1, 279 1, 279	7 586 201 526 54 190 251	281 281 281 281 281 281 281 281 281 281
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Small pox*		1	424-0		1
sore hroat	16 24 33 35 79 83 35 76 70 83 35 74 60 70 83 54 60 70 83 54 80 70 80 70 80 70 80 70 80 70 70 70 70 70 70 70 70 70 70 70 70 70	36	45256	140 40 8 8	27 296 1 14 14 88 68
Bcar- E let t	301 301 73 258 73 73 73 617 617	17,056 1,735 3,172	3, 928 751 2, 072 1, 269	592 478 83 103 236 519	59 59 204 204 204 204 204 204 204 204 204 204
Rocky Moun- tain potted f		0.4.0	co	1	8-162 <sup>311</sup> 84
Zheu- 1 natic fever si	8	343	36 36 79	24222	39 122 7
tables ]		1	8	1	1
Polio- Eventiation Fist	0000	148	°~2205	80000000000000000000000000000000000000	588 588 588 588 588 588 588 588 588 588
Division and State	Maine. NEW ENGLAND Maine. NEW ENGLAND Vermont ampshire. Vermont Vermont assachusetts. Ribode Island Connectiont Art Arriv	New York. New Jersey. Pennsylvaula.	ABST NUKTH CENTRAL Ohio Diana Dilinois Michigan Wisonain	WEST NORTH CENTRAL Minnesota	Belaware Delaware Maryland District of Columbia. Virginia. Vest Virginia. North Carolina. Bouth Carolina. Piorda.

September 13, 1946

EAST BOUTH CENTRAL			••••••																
Kentucky. Tennesse. Alabama. Mississippi.	3088	-		60 04	261 212 104	34.00	4	11	13		694 1, 262 1, 026 535	691 526	1-21-61	56 33 8 56 38 8		228 <sup>88 1</sup>	88 <sup>2</sup>	73	2, 3976 2, 39767 2, 3976 2, 39776 2, 3976 2, 39776 2, 3976 2, 39776 2, 39776 2, 39776 2, 39776 2, 39776 2, 39776 2, 39776 2, 3
WEST BOUTH CENTRAL Arkansas. Louisiana. Dériahoma. Texas. MOUNTAIN	281 281 281		88	1 2	96 89 464 464	67 131 121	-004	182	26 17 17		337 508 710 1, 557	327 488	4000	88 11 137	12 16	272 272 272	27 16 211 211	20	101 130 1,673 2,673
Montana Idaho Voming Voming New Mczico Uzh Nevada	\$ € 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		35 18 35	010 010	111 81 82 80 80 81 82 80 82 80 82 80 81 82 80 81 81 81 81 81 81 81 81 81 81 81 81 81	13 276 13 13	∞ <i>1</i> 9-7 ∞		1 42 4		86 <b>50 50 60 80</b> 3338 <b>50 60 80</b> 3338 <b>50 60 80</b>	11 1843	60 PF 20 CH	1402-1	4-0		040540 <u>0</u> 0	n 88-130	2295128221
PAGIFIC Washington Oregon Oalifornis	22 127		75 17 227	8 <b>-</b> 8	298 298 2, 144	17	57 6	16 16		80	668 197 2, 432	2, 274	1	28 28 13	5	12	195	22	460 311 080
Total Second quarter 1945. Median 1941–45.	1, 334 807 628	600	1, 410 1, 455	176 149 168	36, 428 54, 099 43, 121	1, 985 2, 447 2, 447	150 101 245	ETE	277 352 699	<b>382</b>	30, 514 31, 101 31, 101	16, 342 18, 233 18, 233	221 167 11	1,012 1,048 1,149	13 207 13 143	716 940 613	1, 544 1, 359 1, 359	503 415 484	28,994 5,996 8,996
Alaska! Hawali Territory Panama Canal Zone •	1				1-0	301		4			568 568 10 10	88 25 25 25 25 25 25 25 25 25 25 25 25 25		101	60	90			2
•Diseases marked with an aster States, including the District of Co paratyphoid fever in all except 6 S	risk (*) blumbla itates.	are rep( Typ! Syphili	ortable l nold feve s is repo	by law c risrepo rtable in	or regule rtable it all the	ation in a all the States	all the States; and the		trict of tenza, al 945. Rl	Colum Dd pells heumat	bia but grawer ic fever	is not a droppe has beer	include d from (	d in th the list o eportab	e table. f reports le in Lo	Chick ble dise uisiana.	enpox, ases in ]	conjune North C	tivitis arolin

See footnotes on p. 1860.

FOOTNOTES FOR TABLE ON PAGES 1366 TO 1369

For report for first quarter of 1946 see <sup>1</sup> Figures for Alaska are for April and May only.

page 886 of the FUBLIC HEALTH REPORTS for June 7, 1946.

Lobar pneumonia only.

New York City only.

includes 1 case acquired through blood transfusion.

Includes nonresidents.

<sup>4</sup> The number of cases of malaria reported in Florida for the first quarter of 1946 should be by instead of 114 as published on page 837 of the PUBLIC HEALTH REPORTS for June 7, 1946. This will make the total number of cases of malaria reported in the United States for the first quarter of 1946 10,830 instead of 10,978 as published on the same page. Includes the ofties of Colon and Panama.

<sup>10</sup> In the Canal Zone only.

<sup>11</sup> Includes septic sore throat.

<sup>12</sup> Includes cases reported as "salmonella infections."

18 Nonresident.

<sup>14</sup> Exclusive of 21 cases delayed reports.

The following list includes certain rare conditions, diseases of restricted geographical

distribution, and those reportable in or reported by only a few States; last year's figures in parentheses (where no figures are given, no cases were reported last year): Acthomycosis: Connecticut 1, Illinois 1, Michigan 2 (2), Minnesota 4 (1), Iowa 1, South Dakota 2. Beriberi: Florida 2.

Botulism: California 3 (6). Coccidioidomycosis: Arizona 7 (2), California 7 (11). Colorado tick fever: Wyoming 3 (2), Colorado 27 (31).

Dengue: Maryland 1 (contracted outside the United States), North Carolina 1, South Carolina 6 (3), Florida 1, Texas 7 (12), Arizona 1. Diarhea: New Jersey 2 (2), Oho 16 (3) (diarrhea and entaritis), Illinols 59, North Dakota 5, Maryland 20 (14), South Carolina 4,015 (4,072), Florida 19 (10), Colorado 5 (diarrhea and enteritis), New Mexico 1 (32), Utah 3 (6), California 2 (5).

De bite: Illinois 3,982 (3,701) (all animal bites), Michigan 2,688 (2,986), Arkansas 220 (197).

Food poisoring: Maine 88, Illinois 5 (102), Kanasa 20, Louisiana 14 (5), Idaho 1, Nevada 7(1), Washington 20 (5), California 157 (188). Granuloma (unpecified): Dhio 15 (13) Granuloma inguinale: Missouri 3 (4), Florida 56 (64), Tennessee 31 (16), Mississippi 144 (142), Louisiana 75 (4), Uhah 2. Impetigo contagiosa: Dho 6, Indiana 12 (10), Illinois 6 (20), Michigan 177 (188), Lowa 1 (1), North Dakota 2 (1), Maryland 1 (2), Montana 7 (4), Idaho 2, Wyoming 9 (3), Colorado 18 (1), Nevada 7 (30), Washington 144 (77), Hawaii Territory 2 (34). Jaundie (Incluing hopstitis and Well's discuss); Maine 3, Fernisylvania 17, Oho 2, Jandie 6 (angling hopstitis and Well's discuss); Maine 3, Fernisylvania 17, Oho 2, Jabatota 5, Maryland 5 (6), Florida 11 (9), Montana 1 (1), Idaho 9 (11), Utah 9, Washington 16 (89), Oregon 12 (6), California 69 (88), Hawaii Territory 2 (47). Favus: Michigan 1

Lead polsoning: Minneota.
Lead polsoning: Minneota.
Leprosy: New York 1, Florida 6, Louisiana 1 (1), Texas 2 (4), Washington 1 (1), Coalifornia 4 (6), Hawaii Territoyy 7 (4), Panama Canal Zone 1.
Lymphorytte choriomeningtis: Tennessee 5 (12).
Louisiana 25 (38), Utah 4 (2).
Pattacosis: Massachusetts 1, New York 1 (2), Washington 2, California 3.
Petrperal septiemia 1 (1), Mississippi 43 (33), Louisiana 1 (6), New Marton 1, New York 209 (139), Pennsylvania 2, Ohio 243 (30), Minous 86 (12), Miabura 59 (208), Arkanasa 4 (23), Louisiana 12 (20), Texas 3 (38), Colorado 2, New Mexico 1 (2), Utah 2 (14), California 152 (264).

Ratbite fever: Tennessee 2.

Relapting (sever: Terass 4 (f), Arlzona 1. Ringworm: Fennsylvania 114 (289), 010, 18, Indiana 308, Michigan 294 (437), Min-nesota 47 (339), Lowa 1 (249), Missouri 3 (104), Montana 1, Idaho 4 (1), Utah 260, Newada 1 (3), Washington 99 (131). Seables: Pennsylvania 63 (23), Ohio 2, Indiana 1, Michigan 211 (201), Missouri 9 (1), Kansas 5, Montana 60), Idaho 24 (14), Wyoming 1 (4), Arizona 1, Newada 16 (30).

Silicosis: New Mexico 4.

### **WEEKLY REPORTS FROM CITIES**

City reports for week ended Aug. 17, 1946

This table lists the reports from 87 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. ryphoid and paratyphoid fever cases Meningitis, me-ningococcus, cases cough P CBSe3 Encephalitis, in-fectious, cases Influenza oliomyeliti cases fev cases đ CBSeS ្ខ let fo cases Whooping contracts and contrac Diphtheria u m deatl Smallpox Measles Deaths Scarl Cases n e ρ. ۵, ir-NEW ENGLAND Maine: Portland 0 0 0 0 3 1 0 1 8 1 1 New Hampshire: 0 n 0 0 Concord.... 0 1 0 0 0 Massachusetts: Boston 2 0 ۵ 0 1 12 1 1 a 13 24 ō Ô Fall River 0 0 1 n 0 2 A 0 4 ----Springfield..... Worcester..... Õ A 0 5 0 0 0 0 11 0 ----0 0 0 5 0 4 0 0 Ó Ó 21 Rhode Island: 0 0 0 1 0 0 1 0 Providence 1 1 21 Connecticut: 0 0 0 0 0 Bridgeport 0 0 0 0 Hartford .... 0 0 ŋ 1 0 0 Ó Ó 9 1 0 ------New Haven..... Ô Ô Ó 5 O Ó Ó Ô Õ Ā ----MIDDLE ATLANTIC New York: Buffalo. 0 0 0  $\frac{2}{25}$ 0 10 6 0 1 0 4 55 2 New York 1 Ô 30 2 30 15 Õ õ 6 Rochester ..... Õ Õ Ō 2 õ 0 4 00 1 Syracuse... New Jersey: ĭ Õ õ õ ī 4 3 ŏ 4 Camden. 0 0 0 0 1 0 0 0 Ð 5 Newark Ó 1 0 2 0 2 Õ 0 30 1 1  $\hat{2}$ ō Ō õ ō ō õ ō ŏ õ 3 Trenton. Pennsylvania Philadelphia .... 0 0 6 0 12 3 4 0 35 1 1 1 Pittsburgh\_\_\_\_\_ ō Ó Ó 2 Ô õ 7 4 6 1 1 Reading ..... Õ Õ Õ ī ō ō ŏ 1 Õ ō ŝ EAST NORTH CENTRAL Ohio: Cincinnati.... 0 0 2 0 2 10 3 0 11 1 4 0 Cleveland Ō õ  $2\overline{2}$ 5 4 ŏ 1 1 1 17 6 Columbus..... Õ õ ā Ō Ó 2 0 Ô 16 1 n Indiana: Fort Wayne. 0 0 0 0 0 0 0 0 0 2 Indianapolis..... South Bend ŏ 21 õ õ 10 0 5 0 1 1 ------õ ō õ 0 0 1 A 0 ---ŏ ŏ ŏ ž ŏ ŏ ī Terre Haute ..... n 0 Ô ----Illinois: Chicago. 0 0 0 6 1 12 48 7 0 0 93 Michigan: 25 A 0 2 Detroit 9 5 0 1 4 `N 80 Flint 0 5 1 0 n 0 1 0 0 ----2 ğ 11 Grand Rapids..... 0 0 0 0 1 2 0 0 . . . . . Wisconsin: 0 0 n 0 0 11 n 0 0 Kenosha 4 121 Milwaukee..... 1 O 0 3 O 4 8 10 A 2 ----Racine..... O A 0 0 0 3 n 0 0 0 5 ----Superior ..... 2 0 0 1 0 Q 0 0 0 0 5 WEST NORTH CENTRAL Minnesota: ۵ 0 Duluth. 0 1 n 0 6 0 0 ٥ 1 Minneapolis ..... 0 Ó 0 5 0 2 111 3 0 0 . . . . . St. Paul Ō Ō 0 1 1 0 41 4 0 0 5 Missouri:

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Kansas City.....

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<u>e posto principalita de posto de la desta de la de</u> regeneración de la desta de la d	Cables	s, in- ases	Influ	lenza	- 8	me-	nia	litis	9 V G L	562	boid	ough
	Diphtheria	Encephaliti fectious, c	Cases	Deaths	Measles cas	Meningitis, ningococ cases	P n e u m o deaths	Poliomye cases	Scarlet f cases	Smallpor ca	Typhoid paratyp fever case	Whooping cases
WEST NORTH CENTRAL- continued												
Kansas: Topeka Wichita	0	00		0	2 1	0	0 5	3 4	0	0 •0	11	5 2
SOUTH ATLANTIC												
Delaware: Wilmington	0	0		0		0	0	0	1	0	1	•••
Maryland: Baltimore Cumberland	4	0		0	17	0	2 0	20	1	0	1	15
Frederick District of Columbia:	0	0		0		0	0	0	0	0	6	
Washington Virginia:	0	0		0	4	3	4	2	1	0		У
Richmond Rosnoke	0 0	0 0		0 0	1	0	1 0	0	2 0 0	0	0	10
Charleston	0	0		0		0	0	2	0	0	0	<u>.</u> 5
North Carolina: Raleigh	0	0		0	1	0	0	0	2	0	0	6
Winston-Salem	Ŏ	0		Ŏ	•••••	Ō	Ō	Ō	2	Ō	Ō	3
Charleston	0	0		U		0	0	0	1	0	0	
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Florida: ~	ő	0	3	0	-	0	2	1	1	0	0	2
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Memphis Nashville	00	0.		0 0	3	0	4	3 0	0	0	0	7 1
Birmingham Mobile	1	8	3	0		1	1	92	1	0	2	
WEST SOUTH CENTRAL				Ĩ		Ĩ		-				
Arkansas:												
Little Rock Louisiana:	0	0		0		0	0	2	0	0	0	
New Orleans Shreveport	*12 0	0.	•5	0	•12	*1 0	*7	73	3 0	0	0	*8 
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Denver Pueblo	2 0	0	1	0	1	0	11 0	<b>24</b> 2	10 0	0	1	. 11
Utah: Salt Lake City	0	0		0	3	0	0	0	3	0	1	4

### City reports for week ended Aug. 17, 1946-Continued

\*Includes monthly report from Charity Hospital; figures not used in computing rates.

City	reports.	for	week	ended	Aug.	17	, 19.	46Continued
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		-										
	cases	, in-	Influ	lenza	. 8	me- cus,	nia	litis	BVEL	ses	hoid	ugh
	Diphtheria (	Encephalitis fectious, ci	Cases	Deaths	Measles case	Meningitis, ningococ cases	Pneumo deaths	Poliomye cases	Bcarlet f	Smallpox ca	Typhoid paratypi fever cases	Whooping c
PACIFIC							1.1					
Washington: Seattle Spokane Tacoma Celiformia:	14 0 0	0 0 0		0000	3	0 0 0	0 0 0	3 4 0	2 2 1	0 0 0	0 0 0	6
Los Angeles Sacramento San Francisco	5 0 2	0 0 0	1	0 0 0	9 3	2 0 .0	0 1 2	64 0 1	9 3 4	0 0 0	0 0 0	6 4
Total	68	1	20	1	186	18	161	582	154	0	26	740
Corresponding week, 1945. Average, 1941-45	42 41		12 22	2 16	186 2255		171 1 219		192 194	0	31 32	651 969

<sup>1</sup> 3-year average, 1943–45. <sup>3</sup> 5-year median, 1941–45.

Dysentery, amebic.—Cases: New York 1; Newark 1; Philadelphia 1; Detroit 1; St. Louis 2; Los Angeles 3; San Francisco 1.

san Francisco 1.
 Dysentery, bacillary.—Cases: New York 1; Rochester 1; Detroit 1; Baltimore 1; Salt Lake City 1; Sacramento 4; San Francisco 7.
 Dysentery, unspecified.—Cases: Baltimore 1; San Antonio 4.
 Leprony.—Cases: New Orleans 1.
 Pocky Mountain spotted fever.—Cases: Philadelphia 1; Columbus 1; Richmond 1.
 Tularemia.—Cases: Nashville 1.
 Typhus fever, endemic.—Cases: New York 1; Savannah 2; Tampa 1; Mobile 2; New Orleans 18 (including monthly report from Charity Hospital); Houston 1; San Antonio 1.

Rates (annual basis) per 100,000 population, by geographic groups, for the 87 cities in the preceding table (estimated population, 1943, 34,285,000)

	ćase	, in-	Influ	ienza	rates	nen-	eath	itis	CBS6	CBS6	and id fe-	hgud
	Diphtheria rates	Encephalitis fectious, rates	Case rates	Death rates	M easles case	Meningitis, 1 ingococcus rates	Pneumonia d rates	Poliomyel case rate	Scarlet fever rates	Smallpox rates	Typhoid paratypho ver case ri	Whooping contracted cases rated
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific	5.3 6.9 8.6 6.0 8.2 5.9 20.2 15.9 33.2	0.0 0.5 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0.0 2.8 1.2 2.0 8.2 17.7 4.0 7.9 1.6	2.6 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	81 19 28 30 42 18 0 71 24	5.3 1.9 3.1 2.0 4.9 5.9 0.0 0.0 3.2	23. 6 22. 2 18. 4 50. 3 18. 0 53. 1 52. 6 103. 3 4. 7	31. 5 21. 8 84. 0 482. 7 18. 0 82. 6 66. 0 206. 5 113. 9	45 14 24 18 28 6 14 119 33	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	5.3 3.2 3.1 8.0 4.9 11.8 2.9 15.9 0.0	257 71 224 52 82 47 32 119 25
Total	10. 5	0.2	3.1	0. 2	29	2.8	24.9	88.8	23	0.0	4.0	115

### PLAGUE INFECTION IN KERN COUNTY, CALIF.

Under date of Aug. 23, 1946, plague infection was reported proved in pools of fleas and lice from ground squirrels, C. beecheyi, taken in Kern County, Calif., as follows: 200 fleas from 27 ground squirrels shot 4 miles west and 2 miles south of Tehachapi; 40 lice from 6 ground squirrels shot 6 miles west and 2 miles south of Tehachapi; and 217 fleas from 18 ground squirrels shot 2 miles south of Cummings Valley School.

### **TERRITORIES AND POSSESSIONS**

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### Virgin Islands of the United States

Notifiable diseases—April—June 1946.—During the months of April, May, and June 1946, cases of certain notifiable diseases were reported in the Virgin Islands of the United States as follows:

Disease	April	May	June	Disease	April	May	June
Chickenpox Filariasis Gonorrhea. Hookworm disease Schistosomiasis	11 9 15 7	2 15 6 3	2 19 4	Sprue Syphilis Tuberculosis (respiratory) Typhus fever (murine)	9 1 1	1 16 	10

### FOREIGN REPORTS

### NORWAY

Notifiable diseases—April 1946.—During the month of April 1946, cases of certain notifiable diseases were reported in Norway as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis Diphtheria Dysentery, unspecified Encephalitis, epidemic Gastroenteritis Gonorhea Hepatitis, epidemic Impetigo contagiosa Influenza Lymphogranuloma inguinale Malaria	24 292 11 404 3, 436 702 522 2, 891 9, 543 9, 543 2 1	Measles. Mumps. Paratyphoid fever. Pneumonia. Polionyeliitis. Rheumatic fever. Scables. Scarlet fever. Syphilis. Tuberculosis (all forms) Typhoid fever. Whooping cough.	679 155 2 2, 536 17 209 4, 436 646 123 449 1 3, 136

### CANADA

Provinces—Communicable diseases—Week ended August 3, 1946.— During the week ended August 3, 1946, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Bruns- wick	Que- bec	On- tario	Mani- toba	Sas- katch- ewan	Al- berta	British Colum- bia	Total
Chickenpox Diphtheria German measles Influenza Measles		15 3 4 3		29 1 105	118 6 3 1 73	5 1 	16  46	28 1 72	53 2 3 5 20	264 12 8 10 357
Meningitis, meningococ- cus		2 1 8	1 2 22	2 11 40 23 100	2 75 24 24 49	18 2 2 25	42 1 3 12	31 4 4 10	31 1 30	4 208 74 60 256
Typhoid and paraty- phoid fever			1	6	<b>4</b> 1		1		2	14 1
Gonorrhea Syphilis Whooping cough		22 11 10	10 5	124 91 13	131 94 69	44 8 3	<b>45</b> 11	59 14 3	64 36	499 270 98

### CUBA.

Habana—Communicable diseases—4 weeks ended July 20, 1946.— During the 4 weeks ended July 20, 1946, certain communicable diseases were reported in Habana, Cuba, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Chickenpox. Diphtheria Malaria. Measles	2 10 4 20	· · · · · · · · · · · · · · · · · · ·	Poliomyelitis Tuberculosis Typhoid fever	14 4 44	1 5 6

Provinces—Notifiable diseases—4 weeks ended July 13, 1946.— During the 4 weeks ended July 13, 1946, cases of certain notifiable diseases were reported in the Provinces of Cuba as follows:

Disease	Pinar del Rio	Habana <sup>1</sup>	Matan- zas	Santa Clara	Cama- guey	Oriente	Total
Cancer	3	12	13	16	2	18	64
Diphtheria.		13	2	2	i	2	3 20 17
Leprosy	4	14		3	2	3	17
Measles Poliomvelitis		18 24	4	10	37	3	21 62
Tuberculosis (respiratory) Typhoid fever	21 30	35 80	11 12	55 97	16 33	58 70	196 322
Typhus fever (murine)	1	1				2	4

<sup>1</sup> Includes the city of Habana.

### FINLAND

Notifiable diseases—June 1946.—During the month of June 1946, cases of certain notifiable diseases were reported in Finland as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis	10	Paratyphoid fever	262
Diphtheria	520	Poliomyelitis	17
Dysentery	10	Scarlet fever	171
Gonorrhea	1, 181	Syphilis.	383
Malaria	25	Typhoid fever	38

### JAMAICA

Notifiable diseases—4 weeks ended July 27, 1946.—During the 4 weeks ended July 27, 1946, cases of certain notifiable diseases were reported in Kingston, Jamaica, and in the island outside of Kingston, as follows:

Disease	King <del>s-</del> ton	Other localities	Disease	Kings- ton	Other localities
Cerebrospinal meningitis Ohlekenpox	1 4 2 2 1	1 9 3 2 2 1	Puerperal sepsis Scarlet fever Tuberculosis (pulmonary) Typhoid fever Typhus fever (murine)	28 6 5	4 1 55 89

### NEW ZEALAND

Notifiable diseases-4 weeks ended July 13, 1946.-During the 4 weeks ended July 13, 1946, certain notifiable diseases were reported in New Zealand as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Actinom ycosis Cerebrospinal menl ngitis Diphtheria Dysentery: Am ebic Bacillary Erys ipelas Mal aria	1 15 298 4 17 15 12	1 10	Poliomyelitis Puerperal fever Scarlet fever Tretanus Trachoma Tuberculosis (all forms) Typhold fever	8 7 125 4 5 184 8 1	1 1  45 1 

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

NOTE.—Except in cases of unusual incidence, only those places are included which had not previously reported any of the above-mentioned diseases, except yellow fever, during recent months. All reports of yellow fever are published currently. A table showing the accumulated figures for these diseases for the year to date is published in the PUBLIC HEALTH REPORTS for the last Friday in each month.

### Cholera

China.-Cholera has been reported in China as follows: Chekiang Province-July 1-10, 1946, 78 cases, 30 deaths including 73 cases with 29 deaths in Wenchow; July 11-20, 1946, 92 cases, 11 deaths; July 21-31, 1946, 68 cases; Fukien Province-July 11-20, 1946, 114 cases, 37 deaths including 112 cases with 36 deaths in Foochow: Kiangsu Province-July 11-20, 1946, 467 cases, 33 deaths including 75 cases with 2 deaths in Nanking, July 21-31, 1946, 199 cases, 3 deaths; Kwangtung Province-July 11-20, 1946, 60 cases, 12 deaths in Canton; July 21-31, 1946, 29 cases, 2 deaths, including 21 cases in Canton and 8 cases with 2 deaths in Swatow. During the month of June 1946, 136 cases of cholera were reported in the island of Formosa.

Indochina (French)-Cambodia.-During the month of July 1946, 109 cases of cholera were reported in Cambodia, French Indochina.

Manchuria.—For the period June 20 to July 31, 1946, 1,997 cases of cholera with 702 deaths were reported in Manchuria by Provinces as follows: Jehol, 7 cases; Kirin, 268 cases, 268 deaths; Liaoning, 1,025 cases, 434 deaths; Liaopeh, 697 cases.

### Plague

China.—During the month of July 1946, 110 cases of plague with 28 deaths were reported in Fukien Province, China, including 45 cases with 4 deaths in Amov and 60 cases with 23 deaths in Foochow. For the period June 21-30, 1946, 23 cases of plague with 14 deaths were reported in Kwangtung Province, China.

### Smallpox

Indochina (French)—Cambodia.—During the month of July 1946, 307 cases of smallpox were reported in Cambodia, French Indochina.

### **Typhus Fever**

*Ecuador.*—For the month of July 1946, 105 cases of typhus fever with 9 deaths were reported in Ecuador. Provinces reporting the highest incidence are: Chimborazo, 22 cases, 1 death; Pichincha, 17 cases, 1 death; Bolivar, 13 cases, 2 deaths; Tungurahua, 13 cases, 2 deaths.

Morocco (French).—For the period August 1–10, 1946, 37 cases of typhus fever were reported in French Morocco, including cases reported by regions as follows: Casablanca, 18; Marrakech, 8; Meknes, 8.